STATE OF CALIFORNIA

RRF-1 (Rev. 01/20/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447

Sacramento, CA 94203-4470 STREET ADDRESS:

WEBSITE ADDRESS: www.oag.ca.gov/charities

1300 I Street Sacramento, CA 95814 ANNUAL REGISTRATION RENEWAL FEE REPORT

DEPARTMENT OF JUSTICE
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(For Registry Use Only)

TO ATTORNEY GENERAL OF CALIFORNIA Sections 12586 and 12587, California Government Code

11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

GOSUMEC FOUNDATION USA				Check it: Change of address				
Name of Organization				Amended report				
List all DBAs and names the organization uses or has used				Organization requests email notifications				
177 TELLES LN				Organization requests email notifications				
Address (Number and Street)				State Charity Registration Number CT0287193				
FREMONT, CA 94539 City or Town, State, and ZIP Code				Corporation or Organization No. 5422111				
(510) 516-7677 BINDRAEP@GMAIL.COM Telephone Number Email Address								
				Federal Employer ID No. 92-1826702				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310) Make Check Payable to Department of Justice								
Total Revenue	rnue <u>Fee</u> <u>Total Revenue</u>			Fee Total Revenue Fee				
Less than \$50,000	\$25	\$25 Between \$250,001 and \$1 millio \$50 Between \$1,000,001 and \$5 mil						
Between \$50,000 and \$100,000 Between \$100,001 and \$250,000			en \$100,000,001 and \$500 mi r than \$500 million		1,000 1,200			
	\$75	Between \$5,000,001	μπα ψ20 ππ		arcate	Than 4000 million	Ψ	.,200
PART A — ACTIVITIES For your most recent full accounts	ounting pori	od (hoginning	1 /01 /2/	onding	127	′31/24) list:		
Total Revenue \$	building pen	ou (beginning	1/01/24	enumy _	12/	31/24) list.		
(including noncash contributions)	724,71	5. Noncash Contrib	outions \$		0.	Total Assets \$ 1,0	52,08	38.
Program Exper	ıses \$	70,219.		Total Expense	s \$	70,688.		
PART B — STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page								
providing an explanation an	d details for	each "yes" response.	Please rev	iew RRF-1 ins	truction	ns for information required.	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?							Χ	
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?								Χ
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?								X
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?								Χ
5 During this reporting period, did the organization receive any governmental funding?								X
6 During this reporting period, did the organization hold a raffle for charitable purposes?								X
7 Does the organization conduct a vehicle donation program?								X
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?								X
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?								X
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.								
	SAN	JAY BINDRA		PRESIDENT	. & CF	EO		
Signature of Authorized Agent	Printed			Title		Date		