

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		
48		X
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Narayanan Radhakrishnan Signature of officer	Date
	Narayanan Radhakrishnan, President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Peter Yeronimuse EA CFE		05-13-2019		P00656819
	Firm's name ▶ Protax & Accounting Services	Firm's EIN ▶			
	Firm's address ▶ 701 Jackson Road Silver Spring MD 20904	Phone no. xxx-xxx-xxxx			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

THE TAMIL ASSOCIATION OF GREATER DE VALLEY

23-2286273

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,172	7,010	40,091	28,781	30,515	116,569
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	39,665	40,985	68,079	53,087	115,459	317,275
3 Gross receipts from activities that are not an unrelated trade or business under section 513		26,560	6,650	4,120	4,826	42,156
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	49,837	74,555	114,820	85,988	150,800	476,000
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						476,000

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	49,837	74,555	114,820	85,988	150,800	476,000
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	147	130	86	188	214	765
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	147	130	86	188	214	765
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	49,984	74,685	114,906	86,176	151,014	476,765

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	99.84	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.86	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	0.00	%
18 Investment income percentage from 2017 Schedule A, Part III, line 1.7	18	0.00	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

THE TAMIL ASSOCIATION OF GREATER DE VALLEY

23-2286273

01. Description of other revenue (Part I, line 8)

Description	Amount
Gaja Cyclone Relief	2,352

02. Description of other expenses (Part I, line 16)

Description	Amount
Program event expenses	17,174
Catering Services	26,896
Website Domain	343
AnnualDay Trophies,Awards,Giftcards	9,101
Printing and Stationery	2,339
TVU Exam Fee	755
Insurance	325
Books for Students, School Supplies	22,249
Bank Charges	31
ATA Membership	100
Picnic, field trips	1,368
Membership CIO	50
Volunteering Deposit Refund	13,700
Miscellaneous	853

03. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
Checks received but not deposi	558	0

Federal Supporting Statements

2018 PG01

Name(s) as shown on return

Tax ID Number

THE TAMIL ASSOCIATION OF GREATER DE VALLEY

23-2286273

Form 990EZ - Part IV
Compensation Explanation

Statement #A01

Name

Narayanan Radha Krishnan

Explanation

NO OFFICERS RECEIVE COMPENSATION. ALL HOURS ARE VOLUNTEER

Form 990EZ - Part IV
Compensation Explanation

PG01
Statement #A02

Name

Baranidharan Radhakrishnan

Explanation

NO OFFICERS RECEIVE COMPENSATION. ALL HOURS ARE VOLUNTEER

Form 990EZ - Part IV
Compensation Explanation

PG01
Statement #A03

Name

Venkat Venkataraman

Explanation

NO OFFICERS RECEIVE COMPENSATION. ALL HOURS ARE VOLUNTEER

Federal Supporting Statements

2018 PG01

Name(s) as shown on return

Tax ID Number

THE TAMIL ASSOCIATION OF GREATER DE VALLEY

23-2286273

Form 990EZ - Part IV
Compensation Explanation

Statement #A04

Name

Shyam Sundar Vaithiyanathan

Explanation

NO OFFICERS RECEIVE COMPENSATION. ALL HOURS ARE VOLUNTEER

Name(s) as shown on return

FEIN

THE TAMIL ASSOCIATION OF GREATER DE VALLEY

23-2286273

Contributions, donations

Description	Amount
Donations	\$ 1,410
Misc Receipts	805
Volunteering Deposits	13,700
Total:	\$ 15,915

Program Revenue

Description	Amount
Ad Receipts	\$ 4,826
Event Receipts	32,677
Student Registration	81,807
TVA Exams Fee	975
Total:	\$ 120,285

Membership

Description	Amount
Life Membership	\$ 2,994
Annual Membership	11,606
Total:	\$ 14,600

Interest Income

Description	Amount
CD	\$ 29
Savings	185
Total:	\$ 214

Rental Expenses

Description	Amount
Event and Class Room Rental	\$ 23,972
Audio Rental	1,900
Total:	\$ 25,872

Protax & Accounting Services

701 Jackson Road
Silver Spring, MD 20904

xxxxx: (xxx)xxx-xxxx | Fax:

May 13, 2019

THE TAMIL ASSOCIATION OF GREATER DE VALLEY
P O Box 1116
Malvern, PA 19355

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office xx (xxx)xxx-xxxx.

Sincerely,

Peter Yeronimuse EA CFE
Protax & Accounting Services

990

Tax Exempt
Diagnostic Summary

2018

Name
THE TAMIL ASSOCIATION OF GREATER DE VALLEY

Employer Identification #
23-2286273

Demographics

Mailing Address:

P O Box 1116
Malvern, PA 19355

Phone: XXX-XXX-XXXX

Resident State: PA

Diagnostics

Preparer: Peter Yeronimuse

Invoice:

Date: 05-13-2019

Return Information

Item on Return	2018 Federal	2017 Federal (If available)
Total Revenue	153,366	
Total Expenses	121,156	
Net Excess (Deficit)	32,210	
Net Assets or Fund Balances	180,685	148,475

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
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