Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150 2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Open to Public Inspection

Α	For the 2	2018 calenda	ar year, or tax year beginning	, 2018, an	d ending			, 20
В	Check if ap	oplicable:	C Name of organization			D Employ	yer ident	ification number
	Address ch	nange	THE TAMIL ASSOCIATION OF GREATER DE VA	LLEY		23-	22862	73
	Name chan	nge	Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Teleph	one num	ber
	Initial return	n						
	Final return	n/terminated	P O Box 1116			(x)	xx)xxx	-xxxx
	Amended re	return	City or town, state or province, country, and ZIP or foreign postal code			F Group	Exemption	on
	Application	pending	Malvern, PA 19355			Numbe	er ▶	
G	Accounti	ing Method:			Н	Check ►	X if the	e organization is not
ı	Website	: ► TAGD				required to		
J	Tax-exe	empt status (check only one) - 501(c)(3) 501(c)() (insert no.)	4947(a)(1)	or 527	(Form 990,	990-EZ,	or 990-PF).
_				Other		,		,
		•	7b to line 9 to determine gross receipts. If gross receipts are \$	 200,000 or r	nore, or if total	assets		
(Pa	art II, colu	umn (B)) are S	\$500,000 or more, file Form 990 instead of Form 990-EZ				. ▶ \$	153,366
	art I		e, Expenses, and Changes in Net Assets or Fu					
			the organization used Schedule O to respond to any qu					
	1		s, gifts, grants, and similar amounts received				1	15,915
	2		rvice revenue including government fees and contracts				2	120,285
	3	_	dues and assessments				3	14,600
	4	•	ncome				4	214
	5a		int from sale of assets other than inventory	1				
			r other basis and sales expenses				-	
	1	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						
		Gaming and		5c				
		_						
ē	"		ne from gaming (attach Schedule G if greater than	6a	. 1			
Revenue	b		ne from fundraising events (not including \$		of contributio	ins	-	
Rev			sing events reported on line 1) (attach Schedule G if the					
			gross income and contributions exceeds \$15,000)	6b	.			
			expenses from gaming and fundraising events				-	
			or (loss) from gaming and fundraising events (add lines 6a and		l		-	
	"		· · · · · · · · · · · · · · · · · · ·				6d	
	7a		of inventory, less returns and allowances	1	1			
			f goods sold	-			-	
			or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8		ue (describe in Schedule O)				8	2,352
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	153,366
	10		similar amounts paid (list in Schedule O)				10	133,300
	11		d to or for members				11	
	12	•	er compensation, and employee benefits				12	
es	13		fees and other payments to independent contractors				13	
ens	14						14	25,872
Expense	15	Occupancy, rent, utilities, and maintenance					15	25,072
_	16	• .	ses (describe in Schedule O)				16	95,284
	17		ses. Add lines 10 through 16				17	121,156
_	18		deficit) for the year (Subtract line 17 from line 9)				18	
ţ	19							32,210
Net Assets	13	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)					19	148,475
¥	20	-	es in net assets or fund balances (explain in Schedule O).				20	140,4/3
Ž	21	_	or fund balances at end of year. Combine lines 18 through 20.				21	180,685
	41	ו אבו מססבוס ל	or rand balances at end or year. Combine lines to through 20.				41	TOU,083

Form 990-E		F GREATER DE VA	LLEY	23-	2286	273 Page 2
Part II	Balance Sheets (see the instructions for Part II)					FF
	Check if the organization used Schedule O to resp	pond to any questior				
00 01	and the second throughout			Beginning of year	00	(B) End of year
	savings, and investments			149,304	22	180,685
	and buildings			0	23	0
	assets (describe in Schedule O)			558	24	0
	assets			149,862	25	180,685
	liabilities (describe in Schedule O)			1,387	26	0
	ssets or fund balances (line 27 of column (B) must agree	•		148,475	27	180,685
Part III		•				Expenses
	Check if the organization used Schedule O to res				(Red	quired for section
What is the	e organization's primary exempt purpose? EDUCATION A	AND COMMUNITY S	ERVICES		501((c)(3) and 501(c)(4)
as measu	the organization's program service accomplishments for each red by expenses. In a clear and concise manner, describe the enefited, and other relevant information for each program title	e services provided, the	•		orga	anizations; optional for
28 Ther	e are three Tamil Schools for our comm	unity children				
(Gran	ts \$) If this amount inc	cludes foreign grants, ch	neck here	▶ □	28a	0
29						
(Gran	ts \$) If this amount inc	cludes foreign grants, ch	neck here	▶ □	29a	
30						
(0.000	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	aluata faraian aranta al	l. h		20-	
	program services (describe in Schedule O)				30a	
(Gran		cludes foreign grants, ch			31a	
	program service expenses (add lines 28a through 31a).				32	
Part IV						
	Check if the organization used Schedule O to respond to	o any question in this P ⊤	art IV			
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS		ployee	(e) Estimated amount of other compensation
	an Dadha Waishaan		(if not paid, enter -0)-) deferred compens	ation	
	nan Radha Krishnan	15.00	STMA01			•
Preside		15.00		U	0	0
	lharan Radhakrishnan		STMA02			_
	resident	10.00		0	0	0
	Venkataraman		STMA03			
Secreta	*	10.00		0	0	0
Shyam S	Sundar Vaithiyanathan		STMA04			
Treasui	rer	10.00		0	0	0

Form	990-EZ (2018) THE TAMIL ASSOCIATION OF GREATER DE VALLEY 23-22862	73	F	Page		
Pa	Tt 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					
			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a					
	detailed description of each activity in Schedule O	33		X		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed					
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the					
	change on Schedule O. See instructions					
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business					
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b				
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,					
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets					
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions					
	Did the organization file Form 1120-POL for this year?	37b		Х		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved					
39	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on line 9					
	Gross receipts, included on line 9, for public use of club facilities	•				
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	•				
	section 4911 ► ; section 4912 ► ; section 4955 ►					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958					
_	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year					
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		Х		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed					
·	on organization managers or disqualified persons during the year under sections 4912,					
	4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line					
_	40c reimbursed by the organization					
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					
·	transaction? If "Yes," complete Form 8886-T	40e		Х		
41	List the states with which a copy of this return is filed			21		
	The organization's books are in care of ▶ Narayanan Radha Krishnan Telephone no. ▶ xxx-x	VV - V	vvv			
u	Located at ▶ P O Box 1116, Malvern, PA ZIP+4 ▶ 19355		nn.			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No		
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X		
	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and					
	Financial Accounts (FBAR).					
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х		
·	If "Voc " enter the name of the foreign country.		- 1			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here		•			
	and enter the amount of tax-exempt interest received or accrued during the tax year	 	• • •	L		
	The annual of the experimental received of accided during the tax year.		Yes	No		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		100			
u	completed instead of Form 990-EZ	44a		Х		
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			21		
J	completed instead of Form 990-EZ	44b		Х		
_	Did the organization receive any payments for indoor tanning services during the year?			X		
		44c		Λ		
a	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	111				
AE -	explanation in Schedule O	44d		v		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X		
Ŋ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of					
	meaning of section of z(b)(ro): If thes, inclining a data schedule in may need to be completed instead of					

45b

Form 990-EZ. See instructions

23-2286273

										162	NO
		organization engage, directly or indirectly, ir									
		idates for public office? If "Yes," complete S						• •	46		X
Part		Section 501(c)(3) Organizations	_	47 4	0		1 4 4				
		All section 501(c)(3) organizations	must answer questi	ons 47 - 4	9b and 52	, and	complete the	table	es for I	ines	
		50 and 51.									
		Check if the organization used Sch	edule O to respond	to any qu	estion in t	nis Pa	rt VI				. Ц
										Yes	No
		organization engage in lobbying activities o			_						
	•	"Yes," complete Schedule C, Part II							47		
48	Is the o	rganization a school as described in section	170(b)(1)(A)(ii)? If "Yes,"	' complete S	chedule E.				48		X
49 a	Did the	organization make any transfers to an exem	npt non-charitable related	organization	1?				49a		
b	If "Yes,	was the related organization a section 527	organization?						49b		
50	Comple	te this table for the organization's five highes	t compensated employees	s (other than	officers, dire	ctors, tr	ustees and key				
	employe	ees) who each received more than \$100,000	of compensation from th	e organizatio	on. If there is	none, e	enter "None."				
			(b) Average	(c) Re	eportable		lealth benefits,				
		(a) Name and title of each employee	hours per week		ensation		utions to employee plans, and deferred	(e)	Estimated other com		
			devoted to position	(Forms W-2	/1099-MISC)		compensation		01.101 00.1	porioda	0
NONE	!										
	=										
	T-1-1		100								
		umber of other employees paid over \$100,00	· · · · · · · · · · · · · · · · · · ·								
	•	te this table for the organization's five highes			rs who each	receive	d more than				
	\$100,00	00 of compensation from the organization. If	there is none, enter "Non	e." 							
	(a)	Name and business address of each independent contra	ctor	(b) Type of service		(c) Com	pensation		
		·		`			`				
NONE	!										
d	Total nu	umber of other independent contractors each	receiving over \$100,000		>						
52	Did the	organization complete Schedule A? Note:	All section 501(c)(3) orga	anizations m	ust attach a						
		ted Schedule A	(/ (/ 0					▼ X	Yes	П	No
Under	-	s of perjury, I declare that I have examined this reti						edge a	nd belief.	it is	
	•	nd complete. Declaration of preparer (other than o					•	9			
	1	Narayanan Radhakrishnan			p. opa. o ao a	,	.ougo.				
Sign	.	Signature of officer				Da	te				
Here			Dwogidont								
11016		Narayanan Radhakrishnan, Type or print name and title	rresident								
		<i>y</i>	Preparer's signature		Date		O	PT	IN		
ام:م	I		. opaioi o oignaturo			1.0	Check if self-employed			1.0	
Paid		Peter Yeronimuse EA CFE			05-13-20			₽0	06568	т9	
	arer	Firm's name Protax & Account				Fi	irm's EIN				
use	Only	Firm's address ► 701 Jackson Road									
		Silver Spring MI				P	hone no. XXX-		-xxxx		_
May t	he IRS o	discuss this return with the preparer shown a	bove? See instructions					∑	Yes	∐ I	No

SCHEDULE A

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.

2018
Open to Public

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Employer identification number

THE	TA	MIL ASSOCIATION OF GREAT	ER DE VALLEY				23-22862	73	
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The	ne 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	П	A hospital or a cooperative hospital s		•	,	•			
4	П	A medical research organization ope	•				(1)(A)(iii) Enter the		
7	Ш	hospital's name, city, and state:	rated in conjunctio	ii wiiii a nospital acsono	ca iii scci	1011 17 0(B)	(I)(A)(III). LIIIOI IIIO		
_		· · · · · · · · · · · · · · · · · · ·	ofit of a college or .	university owned or energ	tod by a a		tal unit departhed in		
5	Ш	An organization operated for the bene	_	iniversity owned or opera	ated by a g	jovernmen	iai unii described in		
		section 170(b)(1)(A)(iv). (Complete	,						
6	Н	A federal, state, or local government	•						
7	Ш	An organization that normally receive	•		ernmental	unit or fro	m the general public		
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
8	Ш	A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)					
9		An agricultural research organization	described in secti	i on 170(b)(1)(A)(ix) ope	rated in co	onjunction	with a land-grant coll	ege	
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, cit	ty, and stat	e of the college or		
		university:							
10	X	An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributi	ons, memb	ership fees, and gros	S	
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its		
		support from gross investment income	e and unrelated but	siness taxable income (le	ess section	n 511 tax) f	rom businesses		
		acquired by the organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Comp	plete Part	III.)			
11		An organization organized and opera	ated exclusively to	test for public safety. See	e section	509(a)(4).			
12	$\overline{\Box}$	An organization organized and operat	ted exclusively for t	the benefit of, to perform t	the functio	ns of, or to	carry out the purpos	es	
		of one or more publicly supported org	•	•					
		Check the box in lines 12a through 12	-	. , , ,			•		
	а	Type I. A supporting organization						•	
	u	the supported organization(s) the		•		•		viilg	
		supporting organization. You mu			ity of the c	ill ectors or	trustees of the		
	L	_ `` ` ` `	•		ith ita ayaan	orted orac	nization(a) by bayin	~	
	b	Type II. A supporting organization	•			_	. , ,	-	
		control or management of the sup		•	rsons that (control of r	nanage the supporte	a	
		organization(s). You must comp							
	С	Type III functionally integrated		•				with,	
		its supported organization(s) (see	•	•					
	d							٠,,	
		that is not functionally integrated.	The organization g	enerally must satisfy a di	istribution i	requiremer	nt and an attentivenes	S	
		requirement (see instructions). Y	-						
	е	Check this box if the organization	received a written	determination from the IR	RS that it is	a Type I,	Type II, Type III		
		functionally integrated, or Type III	non-functionally in	ntegrated supporting orga	anization.				
	f	Enter the number of supported organ	izations						
	g	Provide the following information about	ut the supported or	ganization(s).					
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	` '	rganization	(v) Amount of monetary	(vi) Amo	
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing	support (see	other sup instruc	
				above (see instructions))	docum	letit!	instructions)	IIISIIUC	ctions)
					Yes	No			
/ A \									
(A)									
(D)									
(B)									
(C)									
. ,									
(D)									
(E)									
Tota									

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.)

Se	ction A. Public Support			· •	•	,	
Cal	endar 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		.,	10,001		33,323	
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						476,000
Se	ction B. Total Support	l					170,000
	endar 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			476,000
102	Gross income from interest, dividends,						
104	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						
С	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 o				as a section 501(c)(3)	
Se	organization, check this box and stop here ction C. Computation of Public Su						· · · · · - <u> </u>
15	Public support percentage for 2018 (line 8, co))		15	99.84 %
16	Public support percentage from 2017 Schedu					16	99.86 %
Se	ction D. Computation of Investme						
17	Investment income percentage for 2018 (line	e 10c, column (f), d	livided by line 13,	column (f))		17	0.00 %
18	Investment income percentage from 2017 S	chedule A, Part III,	line 1.7			18	0.00 %
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2017. If the organization line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box	and see instructior	ıs	<u> </u> ►

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

Name of the organization THE TAMIL ASSOCIATION OF GREATER DE VALLEY

23-2286273

Employer identification number

THE TAMIL ASSOCIATION OF GREATER DE VA	LLEY	23-2286273	
01. Description of other revenue (Part	: I, line 8)		
Description	Amount		
Gaja Cyclone Relief	2,352		
02. Description of other expenses (Par	t 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	
and the deposit	330	5	

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

PG01

Form 990EZ - Part IV Compensation Explanation

Statement #A02

Name

Baranidharan Radhakrishnan

Explanation

NO OFFICERS RECEIVE COMPENSATION. ALL HOURS ARE VOLUNTEER

PG01

Form 990EZ - Part IV Compensation Explanation

Statement #A03

Name

Venkat Venkataraman

Explanation

NO OFFICERS RECEIVE COMPENSATION. ALL HOURS ARE VOLUNTEER

Federal Supporting Statements Name(s) as shown on return THE TAMIL ASSOCIATION OF GREATER DE VALLEY 2018 PG01 Tax ID Number 23-2286273

Form 990EZ - Part IV Compensation Explanation

Statement #A04

Name		
Shyam	Sundar	Vaithiyanathan

Explanation NO OFFICERS RECEIVE COMPENSATION. ALL HOURS ARE VOLUNTEER

990	Overflow Statement	2018 Page 1
lame(s) as shown on return		FEIN
HE TAMIL A	SSOCIATION OF GREATER DE VALLEY	23-2286273
	Contributions, donations	
escription		Amount
Donations		_ \$ 1,410
<u> Misc Receip</u>		805
<u> Jolunteering</u>		13,700
	Total:	\$ 15,915
	Program Revenue	
Description		Amount
Ad Receipts		\$ 4,826
Event Recei		32,677
Student Reg		81,807
TVA Exams F	ee	975
	Total:	\$ 120,285
	Membership	
	Membership	
<u>Description</u>		Amount
<u>Life Member:</u>		\$ 2,994
Annual Membe		11,606
	Total:	\$ 14,600
	Interest Income	
Description		Amount
CD		\$ 29
Savings		185
	Total:	\$ 214
	Rental Expenses	
Description		Amount
	lass Room Rental	\$ 23,972
Audio Renta	1	1,900
	Total:	

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 Name THE TAMIL ASSOCIATION OF GREATER DE VALLEY Diagnostic Summary Employer Identification # 23-2286273

Demographics

Mailing Address: Phone: XXX-XXX-XXXX

P O Box 1116

Malvern, PA 19355

Resident State: PA

Diagnostics

Preparer: Peter Yeronimuse Invoice: Date: 05-13-2019

Return Information

Item on Return	2018	2017 Federal
item on Return	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

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