

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2021

Name(s) as shown on return

THE TAMIL ASSOCIATION OF GREATER DE VALLEY

Employer Identification Number

**** - *** 6273**

Entity address

P O Box 1116

Malvern, PA 19355

Thank you for participating in IRS e-file.

1. 2021 **990EZ** income tax return for **Federal** was filed electronically.
The electronic filing services were provided by **Protax and Accounting Services**.
2. **990EZ** income tax return was accepted on **05-12-2022** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is **52888820221321izmi35**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

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)

Open to Public Inspection

- ▶ 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.

A For the 2021 calendar year, or tax year beginning _____, 2021, and ending _____, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE TAMIL ASSOCIATION OF GREATER DE VALLEY Number and street (or P.O. box if mail is not delivered to street address) Room/suite P O Box 1116 City or town, state or province, country, and ZIP or foreign postal code Malvern, PA 19355	D Employer identification number 23-2286273 E Telephone number (732) 986-7112 F Group Exemption Number ▶
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990).

I Website: ▶ **TAGDV.ORG**

J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **111,370**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	10,277
	2 Program service revenue including government fees and contracts.	2	86,108
	3 Membership dues and assessments	3	14,914
	4 Investment income	4	71
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
Revenue	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
Revenue	8 Other revenue (describe in Schedule O)	8	
Revenue	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	111,370
Expenses	10 Grants and similar amounts paid (list in Schedule O).	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	3,707
	15 Printing, publications, postage, and shipping	15	1,390
	16 Other expenses (describe in Schedule O).	16	71,882
Expenses	17 Total expenses. Add lines 10 through 16 ▶	17	76,979
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	34,391
	19 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	193,082
	20 Other changes in net assets or fund balances (explain in Schedule O).	20	
Net Assets	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	227,473

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	193,082	227,473
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	193,082	227,473
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	193,082	227,473

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **EDUCATION AND COMMUNITY SERVICES**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Cultivate and promote Tamil Culture and friendship by organizing various cultural events and social activities. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	61,967
29 Promote and foster the knowledge of Tamil language and literature. operating Tamil Schools. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	15,012
30 Strive for and promote better understanding between people of Tamil and other cultures and organizations with compatible objectives. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	76,979

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Chandrasekar Shanmugavadivelu President	15.00	STMA01 0	0	0
Baskar Chinnusami Vice President	10.00	STMA02 0	0	0
Leena Paramanandam Secretary	10.00	STMA03 0	0	0
Kathiresan Kandasamy Treasurer	10.00	STMA04 0	0	0

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

Table with 3 columns: Question, Yes, No. Row 46: Yes (empty), No (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?

Table with 3 columns: Question, Yes, No. Row 47: Yes (empty), No (X). Row 48: Yes (empty), No (X). Row 49a: Yes (empty), No (X). Row 49b: Yes (empty), No (empty).

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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: 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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: 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

X 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 Chandrasekar Shanmugavadivelu Signature of officer Date Chandrasekar Shanmugavadivelu, President Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Peter Yeronimuse EA CFE Preparer's signature Date 05-12-2022 Check if self-employed PTIN P00656819 Firm's name Protax & Accounting Services Firm's address 701 Jackson Road Silver Spring MD 20904 Phone no. 301-573-8574

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

**SCHEDULE A
(Form 990)**

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

2021

**Open to Public
Inspection**

Name of the organization THE TAMIL ASSOCIATION OF GREATER DE VALLEY	Employer identification number 23-2286273
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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).)
- 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,781	30,515	22,595	11,214	14,914	108,019
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	53,087	115,459	115,459	88,518	86,108	458,631
3 Gross receipts from activities that are not an unrelated trade or business under section 513	4,120	4,826	41,029	18,873	10,277	79,125
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	85,988	150,800	179,083	118,605	111,299	645,775
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.)						645,775

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	85,988	150,800	179,083	118,605	111,299	645,775
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	188	214	221	134	71	828
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	188	214	221	134	71	828
11 Net income from unrelated business activities not included on 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.)	86,176	151,014	179,304	118,739	111,370	646,603
14 First 5 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.87 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	0.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0.00 %

- 19a 33 1/3% support tests - 2021.** 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 - 2020.** 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)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

THE TAMIL ASSOCIATION OF GREATER DE VALLEY

Employer identification number

23-2286273

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

Description	Amount
Program event expenses	2,460
Catering, Decorations, Snacks	9,215
Website Domain, hosting	390
AnnualDay Trophies,Awards,Giftcards	12,680
Tax filing Fee	700
TVU Exam Fee	1,700
Insurance	325
Books for Students, School Supplies	15,012
Bank Charges	12
ATA Membership	500
FeTNA Membership Fee	300
Life Membership Fee transfer	500
Volunteer Donations	500
Competition Events- prize etc	4,360
Laptop for office	622
Students fee refunds	409
Teaching Voluteers	972
TAGDV Membership Fees	13,325
Misc Exp tips paid	100
Covid Relief via TNF	7,800

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

2021

Name of filer

EIN or SSN

THE TAMIL ASSOCIATION OF GREATER DE VALLEY

23-2286273

Name and title of officer or person subject to tax

Chandrasekar Shanmugavadivelu, President

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	111,370
3a	Form 1120-POL check here. ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here.	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5).	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c).	5b	
6a	Form 990-T check here.	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1).	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19).	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Protax and Accounting Servi** to enter my PIN **31939** as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **05-09-2022**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

528888 19471
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **05-12-2022**

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Federal Supporting Statements

2021 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

Chandrasekar Shanmugavadivelu

Explanation

NO OFFICERS RECEIVE COMPENSATION. ALL HOURS ARE VOLUNTEER

Form 990EZ - Part IV
Compensation Explanation

PG01
Statement #A02

Name

Baskar Chinnusami

Explanation

NO OFFICERS RECEIVE COMPENSATION. ALL HOURS ARE VOLUNTEER

Form 990EZ - Part IV
Compensation Explanation

PG01
Statement #A03

Name

Leena Paramanandam

Explanation

NO OFFICERS RECEIVE COMPENSATION. ALL HOURS ARE VOLUNTEER

Federal Supporting Statements

2021 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

Kathiresan Kandasamy

Explanation

NO OFFICERS RECEIVE COMPENSATION. ALL HOURS ARE VOLUNTEER

Overflow Statement

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

THE TAMIL ASSOCIATION OF GREATER DE VALLEY

23-2286273

Contributions, donations

Description	Amount
Donations	\$ 8,510
Misc Receipts - Refunds	70
Donations and refunds	1,697
Total:	\$ 10,277

Program Revenue

Description	Amount
Ad Receipts	\$ 2,578
Event Receipts	3,286
Student Registration	78,039
TVA Exams Fee	2,105
Holiday event	100
Total:	\$ 86,108

Membership

Description	Amount
Life Membership	\$ 1,000
Annual Membership	13,414
Life Members Payment	500
Total:	\$ 14,914

Rental Expenses

Description	Amount
Event Rental	\$ 3,422
Postbox rental	100
Rent	185
Total:	\$ 3,707

990

Overflow Statement

(This page is not filed with the return. It is for your records only.)

2021

Page 2

Name(s) as shown on return

THE TAMIL ASSOCIATION OF GREATER DE VALLEY

FEIN

23-2286273

Bank Deposits_

Description	Amount
PNC Bank Checking 86-1992-9733	\$ 6,695
TD Bank Checking 4263389904 Board of Trust 35231	35,229
TD Bank Checking 42852442213 School Board	13,057
Well Fargo CD Account 3628 PMTS CD	5,234
Wells Fargo Checking 6054229403 ETP	49,840
Wells Fargo Checking 6054265050 DPT	39,954
Wells Fargo Checking 1141975241 PMTS	39,712
Wells Fargo Checking 5060242194 EC 12-29/21	29,084
Wells Fargo Savings 1559302060 PMTS CD	8,668
Total:	\$ 227,473

Protax & Accounting Services

701 Jackson Road
Silver Spring, MD 20904

Phone: (301)573-8574 | Fax:

May 12, 2022

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

THE TAMIL ASSOCIATION OF GREATER DE VALLEY:

Enclosed is the 2021 federal return for a tax-exempt organization, prepared for THE TAMIL ASSOCIATION OF GREATER DE VALLEY from the information provided. The return was e-filed with the IRS and was accepted on May 12, 2022.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (301)573-8574.

Sincerely,

Peter Yeronimuse EA CFE
Protax & Accounting Services

Protax & Accounting Services

701 Jackson Road
Silver Spring, MD 20904

Phone: (301)573-8574 | Fax:

May 12, 2022

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 at (301)573-8574.

Sincerely,

Peter Yeronimuse EA CFE
Protax & Accounting Services

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Tax Exempt
Diagnostic Summary

2021

Name
THE TAMIL ASSOCIATION OF GREATER DE VALLEY

Employer Identification #
23-2286273

Demographics

Mailing Address:
P O Box 1116
Malvern, PA 19355

Phone: (732)986-7112

Resident State: PA

Diagnostics

Preparer: Peter Yeronimuse

Invoice:

Date: 05-12-2022

Return Information

Item on Return	2021 Federal	2020 Federal (If available)
Total Revenue	111,370	
Total Expenses	76,979	
Net Excess (Deficit)	34,391	
Net Assets or Fund Balances	227,473	193,082

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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