Acknowledgement and General Information for 2022 **Entities That File Returns Electronically** Name(s) as shown on return Employer Identification Number THE TAMIL ASSOCIATION OF GREATER DE VALLEY **-***6273 Entity address P O Box 1116 Malvern, PA 19355 Thank you for participating in IRS e-file. 1. X 2022 990EZ income tax return for Federal was filed electronically. The electronic filing services were provided by Protax and Accounting Services 2. **x** 990EZ using a Personal Identification Number (PIN) as income tax return was accepted on 05-04-2023 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 52888820231241n2mokt

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.

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)

2022

OMB No. 1545-0047

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

A F	or the	2022 calendar year, or tax year beginning , 2022, and ending		, 20
	heck if ap	Employer	identification number	
	Address	change THE TAMIL ASSOCIATION OF GREATER DE VALLEY	23-2286	5273
	Name ch	Telephone	number	
	nitial retu	(732)98	36-7112	
-	Amended	Irn/terminated City or town, state or province, country, and ZIP or foreign postal code	Group Exe	emption
-			Number	•
G /	Account	ing Method: x Cash Accrual Other (specify)	ck if th	ne organization is not
	Vebsite			ach Schedule B
J T	ax-exe		m 990).	
		organization: X Corporation Trust Association Other	,	
LA	dd line	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	3	
(Pa	rt II, col	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	106,139
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the insti		
		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received		1,458
	2	Program service revenue including government fees and contracts	. 2	95,054
	3	Membership dues and assessments	. 3	9,627
	4	Investment income	. 4	
	5a	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses		
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5c	
	6	Gaming and fundraising events:		
	а	Gross income from gaming (attach Schedule G if greater than		
ā		\$15,000)		
enr	b	Gross income from fundraising events (not including \$ of contributions		
Revenue		from fundraising events reported on line 1) (attach Schedule G if the		
_		sum of such gross income and contributions exceeds \$15,000) 6b		
	С	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	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c	
	8	Other revenue (describe in Schedule O)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	106,139
	10	Grants and similar amounts paid (list in Schedule O)		
	11	Benefits paid to or for members	. 11	
	12	Salaries, other compensation, and employee benefits	. 12	
ses	13	Professional fees and other payments to independent contractors	. 13	
Expenses	14	Occupancy, rent, utilities, and maintenance		15,773
Ř	15	Printing, publications, postage, and shipping		23,384
	16	Other expenses (describe in Schedule O)		53,621
	17	Total expenses. Add lines 10 through 16		92,778
	18	Excess or (deficit) for the year (subtract line 17 from line 9)		13,361
şts.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
SSE		end-of-year figure reported on prior year's return)	. 19	220,778
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		-
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	234,139

Par	rt II Balance Sheets (see the instructions for Pa	ırt II)				
	Check if the organization used Schedule O t	o respond to any qu	estion in this Part I			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			220,778	22	234,139
23	Land and buildings			0	23	(
24	Other assets (describe in Schedule O)			0	24	(
25	Total assets		[220,778	25	234,139
26	Total liabilities (describe in Schedule O)			0	26	
	Net assets or fund balances (line 27 of column (B) mus			220,778	27	234,139
	rt III Statement of Program Service Accompli				-	
	Check if the organization used Schedule O	•		·		Expenses
What	t is the organization's primary exempt purpose? EDUCAT				(Requ	uired for section
					501(c	e)(3) and 501(c)(4)
as me	ribe the organization's program service accomplishments for easured by expenses. In a clear and concise manner, descr ons benefited, and other relevant information for each progra	ribe the services provid		·	organ	izations; optional for s.)
28C	Cultivate and promote Tamil Culture an	d friendship by	7			
0	organizing					
v	various cultural events and social act	ivities.				
	(Grants \$) If this amour	nt includes foreign grant	s, check here		28a	92,778
29₽	Promote and foster the knowledge of Ta	mil language ar	nd			
1	literature.					
0	operating Tamil Schools.					
_	-	nt includes foreign grant	s. check here		29a	0
305	Strive for and promote better understa					
_	of Tamil and	naing between p	PCOPIC			
_	other cultures and organizations with	compatible obje	actives			
<u></u>		nt includes foreign grant		<u> </u>	30a	0
31					30a	0
31	```				31a	
,, <u> </u>		nt includes foreign grant	•			00 770
	Total program service expenses (add lines 28a through 3 rt IV List of Officers, Directors, Trustees, and Key				32	92,778
rai						
	Check if the organization used Schedule O to res	pond to any question in			• • •	
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title			contributions to employe	_ (6	e) Estimated amount of
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC/	contributions to employe benefit plans, and	e (6	e) Estimated amount of other compensation
	(a) Name and the		compensation (Forms W-2/1099-MISC/ 1099-NEC)		e (€	•
7h	(a) Name and une	hours per week	compensation (Forms W-2/1099-MISC/	benefit plans, and	е (€	•
Jual	ndrasekar Shanmugavadivelu	hours per week	compensation (Forms W-2/1099-MISC/ 1099-NEC)	benefit plans, and	e (6	•
		hours per week	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	benefit plans, and		•
Pres	ndrasekar Shanmugavadivelu	hours per week devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01	benefit plans, and deferred compensation		•
Pres Bask	ndrasekar Shanmugavadivelu sident	hours per week devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 0	benefit plans, and deferred compensation		•
Pres Bask Vice	ndrasekar Shanmugavadivelu sident kar Chinnusami	hours per week devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 0 STMA02	benefit plans, and deferred compensation		other compensation
Pres Bask Vice Leer	ndrasekar Shanmugavadivelu sident kar Chinnusami e President	hours per week devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 0 STMA02	benefit plans, and deferred compensation		other compensation
Pres Bask Vice Leer Secr	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam	hours per week devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 0 STMA02 0 STMA03	benefit plans, and deferred compensation		other compensation 0
Pres Bask Vice Leer Secr	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary	hours per week devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 0 STMA02 0 STMA03	benefit plans, and deferred compensation		other compensation 0
Pres Bask Vice Leer Secr Kath	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary hiresan Kandasamy	hours per week devoted to position 15.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 STMA02 0 STMA03 0 STMA04	benefit plans, and deferred compensation		other compensation 0 0
Pres Bask Vice Leer Secr Kath Irea Bala	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary hiresan Kandasamy asurer aji Singaram K Singaram	15.00 10.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 STMA02 0 STMA03 0 STMA04	benefit plans, and deferred compensation		other compensation 0 0 0
Pres Bask Vice Leer Secr Kath Tres Bals	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary hiresan Kandasamy asurer aji Singaram K Singaram	hours per week devoted to position 15.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 STMA02 0 STMA03 0 STMA04	benefit plans, and deferred compensation		other compensation 0 0
Pres Bask Vice Leer Secr Kath Trea Bala EC M	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary hiresan Kandasamy asurer aji Singaram K Singaram Member rathi Ponnappan	15.00 10.00 10.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 STMA02 STMA03 O STMA04 0	benefit plans, and deferred compensation 0 0 0		other compensation 0 0 0 0
Pres Bask Vice Leer Secr Kath Irea Bala EC M	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary hiresan Kandasamy asurer aji Singaram K Singaram Member rathi Ponnappan	15.00 10.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 STMA02 0 STMA03 0 STMA04	benefit plans, and deferred compensation		other compensation 0 0 0
Pres Bask Vice Leer Secr Kath Tres Bals EC M Bhar EC M	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary hiresan Kandasamy asurer aji Singaram K Singaram Member rathi Ponnappan Member mkumar Chelladurai	15.00 10.00 10.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 STMA02 STMA03 0 STMA04 0 0	benefit plans, and deferred compensation 0 0 0 0 0 0 0 0		other compensation 0 0 0 0 0
Pres Bask Vice Leer Secr Kath Irea Bala EC M Bhar EC M Pren	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary hiresan Kandasamy asurer aji Singaram K Singaram Member rathi Ponnappan Member mkumar Chelladurai	15.00 10.00 10.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 STMA02 STMA03 O STMA04 0	benefit plans, and deferred compensation 0 0 0		other compensation 0 0 0 0
Pres Bask Vice Leer Kath Irea Bala EC M Bhar EC M	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary hiresan Kandasamy asurer aji Singaram K Singaram Member rathi Ponnappan Member mkumar Chelladurai Member okkumar Gopi Kuppusamy	15.00 10.00 10.00 10.00 10.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 0 STMA02 0 STMA03 0 STMA04 0 0	benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0 0		other compensation 0 0 0 0 0 0
Pres Bask Vice Leer Kath Trea Bala Bhar Pren Pren EC M	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary hiresan Kandasamy asurer aji Singaram K Singaram Member rathi Ponnappan Member mkumar Chelladurai Member okkumar Gopi Kuppusamy	15.00 10.00 10.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 STMA02 STMA03 0 STMA04 0 0	benefit plans, and deferred compensation 0 0 0 0 0 0 0 0		other compensation 0 0 0 0 0
Presser Secritaria Sec	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary hiresan Kandasamy asurer aji Singaram K Singaram Member rathi Ponnappan Member mkumar Chelladurai Member okkumar Gopi Kuppusamy Member bha Shankar Kannusamy	15.00 10.00 10.00 10.00 10.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 STMA02 STMA03 O STMA04 O 0	benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0		other compensation 0 0 0 0 0 0 0 0
Presser Secritaria Sec	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary hiresan Kandasamy asurer aji Singaram K Singaram Member rathi Ponnappan Member mkumar Chelladurai Member okkumar Gopi Kuppusamy	15.00 10.00 10.00 10.00 10.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 0 STMA02 0 STMA03 0 STMA04 0 0	benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0 0		other compensation 0 0 0 0 0 0
Presser Secritaria Sec	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary hiresan Kandasamy asurer aji Singaram K Singaram Member rathi Ponnappan Member mkumar Chelladurai Member okkumar Gopi Kuppusamy Member bha Shankar Kannusamy	15.00 10.00 10.00 10.00 10.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 STMA02 STMA03 O STMA04 O 0	benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0		other compensation 0 0 0 0 0 0 0 0
Presser Secritaria Sec	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary hiresan Kandasamy asurer aji Singaram K Singaram Member rathi Ponnappan Member mkumar Chelladurai Member okkumar Gopi Kuppusamy Member bha Shankar Kannusamy	15.00 10.00 10.00 10.00 10.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 STMA02 STMA03 O STMA04 O 0	benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0		other compensation 0 0 0 0 0 0 0 0
Presser Secritaria Sec	ndrasekar Shanmugavadivelu sident kar Chinnusami e President na Paramanandam retary hiresan Kandasamy asurer aji Singaram K Singaram Member rathi Ponnappan Member mkumar Chelladurai Member okkumar Gopi Kuppusamy Member bha Shankar Kannusamy	15.00 10.00 10.00 10.00 10.00 10.00	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) STMA01 STMA02 STMA03 O STMA04 O 0	benefit plans, and deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0		other compensation 0 0 0 0 0 0 0 0

THE TAMIL ASSOCIATION OF GREATER DE VALLEY 23-2286273 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	٧				
			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		Х		
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	24				
25.0	change on Schedule O. See instructions	34		X		
ss 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		37		
h	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		Х		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330				
·	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		x		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved					
39	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities					
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:					
	section 4911: ; section 4912 : ; section 49 <u>55</u> :					
b	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					
С	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	-				
е	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		37		
41	List the states with which a copy of this return is filed:	400		Х		
	The organization's books are in care of: Chandrasekar Shanmugavadivelu Telephone no. 732-	986-7	112			
72 a	Located at: P O Box 1116, Malvern, PA ZIP +4 1935		112			
b	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		х		
	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).					
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x		
	If "Yes," enter the name of the foreign country:					
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					
			Yes	No		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be					
	completed instead of Form 990-EZ	44a		Х		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	441				
_	completed instead of Form 990-EZ	44b		X		
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х		
a	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d				
45 a	explanation in Schedule O	440 45a		v		
45 a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	-Ja		Х		
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of					
	Form 990-EZ. See instructions	45b		х		

23-2286273

							_		Yes	No
46	Did the organization engage, directly or indirect	ly, in political campaign a	ctivities on b	ehalf of or in	opposition	on				
	to candidates for public office? If "Yes," comple	te Schedule C, Part I .						46		x
Part	VI Section 501(c)(3) Organizations	Only				-				
	All section 501(c)(3) organization	s must answer ques	tions 47 -	49b and 5	52, and	complete the	e tabl	es for	lines	3
	50 and 51.					-				
	Check if the organization used So	hedule O to respon	d to any q	uestion in	this Pa	rt VI				П
	<u> </u>		, , , ,							No
47	Did the organization engage in lobbying activities	es or have a section 501/	h) election in	effect during	n the tax					
••										
40							+			X
48	Is the organization a school as described in sec							48		x
49a								49a		Х
b	If "Yes," was the related organization a section 527 organization?									
50	Complete this table for the organization's five high	' '	• •	-			ЭУ			
	employees) who each received more than \$100	,000 of compensation from	m the organiz	zation. If the	re is none	, enter "None."				
		(b) Average		portable		alth benefits,	(a) F	-		-4
	(a) Name and title of each employee	hours per week		ensation /1099-MISC/		ons to employee ns, and deferred		stimated ther comp		
		devoted to position		9-NEC)		npensation			portoatio	
ONE										
10112										
f	Total number of other employees paid over \$10	0,000								
51	Complete this table for the organization's five high	phest compensated indepe	endent contra	actors who ea	ach recei	ved more than				
	\$100,000 of compensation from the organization	n. If there is none, enter "	None."							
			4.	_ , .		,	٠. ٥			
	(a) Name and business address of each independent contract	ctor	(b)	Type of service		(0	c) Comp	ensation		
ONE										
d	Total number of other independent contractors	each receiving over \$100	,000	•						
52	Did the organization complete Schedule A? No	te: All section 501(c)(3)	organization	s must attac	h a					
	completed Schedule A						. X	Yes	N	lo
Jnder pen	alties of perjury, I declare that I have examined this retu	urn, including accompanying	schedules and	d statements, a	and to the I	est of my knowle	dge and	d belief,	it is	
rue, correc	ct, and complete. Declaration of preparer (other than o	fficer) is based on all informa	tion of which p	oreparer has a	ny knowled	dge.				
	Chandrasekar Shanmugavadi	•			<u>, </u>	-				
Sign	Signature of officer				Da	te				-
Here		welu Procidont			Da					
1016	Chandrasekar Shanmugavadi	veru, President								-
	Type or print name and title	Proparorie eignoture		Date		T 🗆	PTIN			
.		reparer's signature				Check if				
Paid	Peter Yeronimuse EA CFE			06-01-20	23	self-employed	Þ00	65681	L9	
Prepare		ing Services			Firm	's EIN				
Jse On										
	Firm's address 701 Jackson Road									
	Silver Spring MD				Pho	ne no. 301-	573-8	8574		

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name of the organization **Employer identification number** THE TAMIL ASSOCIATION OF GREATER DE VALLEY 23-2286273 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 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: 🗵 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes (A) (B) (C) (D) (E) Total

23-2286273

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	30,515	22,595	11,214	14,914	1,458	80,696
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	_		-	-		
	fumished in any activity that is related to the	115 450	115 450	00 510	06 100	05 054	F00 F00
2	organization's tax-exempt purpose	115,459	115,459	88,518	86,108	95,054	500,598
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	4,826	41,029	18,873	10,277	9,627	84,632
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	150,800	179,083	118,605	111,299	106,139	665,926
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						
	Public support. (Subtract line 7c from						
8	• • `						
<u> </u>	line 6.)						665,926
	on B. Total Support	()		()	(1)	() 2222	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	150,800	179,083	118,605	111,299	106,139	665,926
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	214	221	134	71		640
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	214	221	134	71		640
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						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
40	· · ·						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	151,014	179,304	118,739	111,370	106,139	666,566
14	First 5 years. If the Form 990 is for the or	•		•	•	•	· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stop her						
	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8		•			15	99.90 %
<u> 16</u>	Public support percentage from 2021 Sch					16	99.87 %
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2022 (I	ine 10c, colum	n (f), divided b	y line 13, colu	mn (f))	17	0.00 %
18	Investment income percentage from 2021	Schedule A, F	Part III, line 17			18	0.00%
19a	33 1/3% support tests - 2022. If the orga					ore than 33 1/3	%, and line
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2021. If the organizati	-	_	-			
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization did	-	-			-	
	a.o ioaniaationi ii tilo organization di	a not oncon a t	70 X 011 1110 1 4 ,	.54, 5, 155, 6	TOOK THIS DOX E	555 11151146	

Schedule A (Form 990) 2022

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE TAMIL ASSOCIATION OF GREATER DE VALLEY

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Open to Public Inspection

Employer identification number

23-2286273

01. Description of other expenses (Part I, line 16) Description Amount Program- Guest exp 3,129 Catering, Decorations, Snacks 28,964 Website Domain, hosting 742 AnnualDay Trophies, Awards, Giftcards 6,091 951 Refunds students fee etc., 1,442 TVU Exam Fee 650 Insurance Membership fee to EC 5,955 24 Bank Charges Competitions- prizes, plaques etc 2,928 Chithirai Vizha exp 1,565 Life Membership Fee transfer to EC 1,000 CIO Membership 50 30 TVA Exam Fee Misc Exp tips paid 100

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

Form 990EZ - Part IV
Compensation Explanation

Statement #A01

Name

Chandrasekar Shanmugavadivelu

Explanation

NO OFFICERS RECEIVE COMPENSATION. ALL HOURS ARE VOLUNTEER

PG01

Form 990EZ - Part IV
Compensation Explanation

Statement #A02

Name

Baskar Chinnusami

Explanation

NO OFFICERS RECEIVE COMPENSATION. ALL HOURS ARE VOLUNTEER

PG01

Form 990EZ - Part IV

Compensation Explanation

Statement #A03

Name

Leena Paramanandam

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 2022 PG01 Tax ID Number 23-2286273

Form 990EZ - Part IV Compensation Explanation

Statement #A04

Name Kathiresan Kandasamy

Explanation NO OFFICERS RECEIVE COMPENSATION. ALL HOURS ARE VOLUNTEER

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022 Page 1	
Name(s) as shown on return THE TAMIL ASS	OCIATION OF GREATER DE VALLEY	FEIN 23-22862	73
	Contributions, donations		
Description		Amount	0.5
<u>Donations</u> Misc Receipts	- Refunds 354 + 49	\$ 1,	
1100 110001600	Total	1: \$1,	458
	Program Revenue		
Description		Amount	
<u>Ad Receipts </u>		\$ 6,	
Event Receipt:			
<u>Student Regis</u> TVA Exams Fee	tration	2,	
Chithirai Viz	ha	1,	320
	Total	1: \$ <u>95,</u>	054
	Membership		
Description		Amount	
Life Membersh		\$ 1,	
Annual Member:	<u>Total</u>	1: \$ <u>9,</u>	62'
	Rental Expenses etc.,		
Description		Amount	
<u>Event Rental</u>			749
Postbox renta	1		108
<u>School Rent</u> Security Serv	ices	6, i	
occurry berv		1: \$ 15,	
	Printing etc.,		
Description		Amount	
	printing etc.,	\$ 23,	384
	Total	1: \$ 23,	<u>38</u> 4

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022 Page 2	
Name(s) as shown on return		FEIN	
THE TAMIL A	SSOCIATION OF GREATER DE VALLEY	23-228627	13

Bank Balance

Description		Amount
Bank Balance	\$	227,473
NC account is closed and added with 5050		(6,695)
	Total: \$	220,778

Bank Deposits_

Description	Amount
Paypal DTP School	\$ 3,660
TD Bank Checking 4263389904 Board of Trust 35231	34,269
TD Bank Checking 42852442213 School Board	13,060
Well Fargo CD Account 3628 PMTS CD	5,247
Wells Fargo Checking 6054229403 ETP	67,872
Wells Fargo Checking 6054265050 DPT	38,315
Wells Fargo Checking 1141975241 PMTS	<u>26,485</u>
Wells Fargo Checking 5060242194 EC 12-29/21	<u>36,561</u>
Wells Fargo Savings 1559302060 PMTS CD	8,670
Total: S	\$ 234,139

Protax & Accounting Services

701 Jackson Road Silver Spring, MD 20904

Phone: (301)573-8574 | Fax:

June 01, 2023

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

Tax Exempt Diagnostic Summary Name Employer Identification # 2022 2022 2022 Employer Identification # 23-2286273

Demographics

Mailing Address: Phone: (732)986-7112

P O Box 1116

Malvern, PA 19355

Resident State: PA

Diagnostics

Preparer: Peter Yeronimuse Invoice: Date: 06-01-2023

Return Information

Maria an Batum	2022	2021 Federal
Item on Return	Federal	(If available)
Total Revenue	106,139	
Total Expenses	92,778	
Net Excess (Deficit)	13,361	
Net Assets or Fund		
Balances	234,139	220,778

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)