

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

**2022**

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.  2022 **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 **05-04-2023** 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 **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.**

Short Form

Return of Organization Exempt From Income Tax

2022

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

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

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning, 2022, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: THE TAMIL ASSOCIATION OF GREATER DE VALLEY. D Employer identification number: 23-2286273. E Telephone number: (732) 986-7112. F Group Exemption Number.

G Accounting Method: [X] 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) [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] 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. \$ 106,139

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 [X]

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Revenue total: 106,139. Expenses total: 92,778. Net Assets total: 234,139.

**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	220,778	22	234,139
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	220,778	25	234,139
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	220,778	27	234,139

**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

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

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.

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	92,778
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	0
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	92,778

**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
Balaji Singaram K Singaram EC Member	10.00	0	0	0
Bharathi Ponnappan EC Member	10.00	0	0	0
Premkumar Chelladurai EC Member	10.00	0	0	0
Ashokkumar Gopi Kuppusamy EC Member	10.00	0	0	0
Prabha Shankar Kannusamy EC Member	10.00	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

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
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)?
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
c 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
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38 a 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?
b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a 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 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
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
41 List the states with which a copy of this return is filed:
42 a The organization's books are in care of: Chandrasekar Shanmugavadivelu Telephone no. 732-986-7112 Located at: P O Box 1116, Malvern, PA ZIP + 4 19355
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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? 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. 43
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
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b 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 Form 990-EZ. See instructions

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

	Yes	No
46		X

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

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

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

	Yes	No
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 . . . . .	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	X
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	

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

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

f Total number of other employees paid over \$100,000 . . . . . \_\_\_\_\_

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

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

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

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

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

<b>Sign Here</b>	<b>Chandrasekar Shanmugavadivelu</b>				
	Signature of officer	Date			
<b>Paid Preparer Use Only</b>	<b>Chandrasekar Shanmugavadivelu, President</b>				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>Peter Yeronimuse EA CFE</b>		<b>06-01-2023</b>		<b>P00656819</b>
Firm's name <b>Protax &amp; Accounting Services</b>		Firm's EIN			
Firm's address <b>701 Jackson Road</b>		Phone no. <b>301-573-8574</b>			
<b>Silver Spring MD 20904</b>					

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization <b>THE TAMIL ASSOCIATION OF GREATER DE VALLEY</b>	Employer identification number <b>23-2286273</b>
-------------------------------------------------------------------------------	-----------------------------------------------------

**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 on 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)						
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> 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
<b>2</b> 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 . . . . .	115,459	115,459	88,518	86,108	95,054	500,598
<b>3</b> 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
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	150,800	179,083	118,605	111,299	106,139	665,926
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						665,926

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . . .	150,800	179,083	118,605	111,299	106,139	665,926
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	214	221	134	71		640
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	214	221	134	71		640
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	151,014	179,304	118,739	111,370	106,139	666,566
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	99.90 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.87 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00 %
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00 %

- 19a 33 1/3% support tests - 2022.** 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 - 2021.** 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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



**Federal Supporting Statements**

**2022 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**

**2022 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	\$ 1,055
Misc Receipts - Refunds 354 + 49	403
<b>Total:</b>	<b>\$ 1,458</b>

## Program Revenue

Description	Amount
Ad Receipts	\$ 6,007
Event Receipts	17,648
Student Registration	67,776
TVA Exams Fee	2,303
Chithirai Vizha	1,320
<b>Total:</b>	<b>\$ 95,054</b>

## Membership

Description	Amount
Life Membership	\$ 1,000
Annual Membership	8,627
<b>Total:</b>	<b>\$ 9,627</b>

## Rental Expenses etc.,

Description	Amount
Event Rental	\$ 5,749
Postbox rental	108
School Rent	6,725
Security Services	3,191
<b>Total:</b>	<b>\$ 15,773</b>

## Printing etc.,

Description	Amount
School books, printing etc.,	\$ 23,384
<b>Total:</b>	<b>\$ 23,384</b>

990

Overflow Statement

2022

Page 2

(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

Bank Balance

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

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	26,485
Wells Fargo Checking 5060242194 EC 12-29/21	36,561
Wells Fargo Savings 1559302060 PMTS CD	8,670
<b>Total:</b>	<b>\$ 234,139</b>

# 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

990

Tax Exempt  
Diagnostic Summary

2022

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: 06-01-2023

Return Information

Item on Return	2022 Federal	2021 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

<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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