SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

<b>Open to Public</b>
Inspection

# Name of the organization

Employer identification number

27-1167961

SOCALTAMIL ORG

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 X 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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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					0	0

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support			· •	•	,	
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	74,473	69,573	101,112	109,730	47,657	402,545
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	74,473	69,573	101,112	109,730	47,657	402,545
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						402,545
	on B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4	74,473	69,573	101,112	109,730	47,657	402,545
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						402,545
12	Gross receipts from related activities, etc	•	,			12	
13 Secti	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re		, third, fourth,			
14	Public support percentage for 2020 (line 6			11, column (f))		14	100 %
15	Public support percentage from 2019 Sch		•			15	%
16a	331/3% support test-2020. If the organi						
b							
17a	this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
b							
18	Private foundation. If the organization of instructions	did not check	a box on line	13, 16a, 16b,	17a, or 17b,	check this bo	x and see
						edule A (Form 99	

### 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	ion A. Public Support			,		.,	
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						0
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						0
с	Add lines 7a and 7b	0	0	0	0	0	0
8 8	Public support. (Subtract line 7c from	0	0	0	0	0	0
0							0
Secti	on B. Total Support						0
	idar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	<b>First 5 years.</b> If the Form 990 is for the	•			•		
Coot!	organization, check this box and stop he						· · F
<u>Secti</u> 15	on C. Computation of Public Suppor Public support percentage for 2020 (line a			12 oolume (f)		15	0 %
15 16	Public support percentage for 2020 (line a Public support percentage from 2019 Scl					15	<u> </u>
	ion D. Computation of Investment In						70
17	Investment income percentage for 2020 (		-	ov line 13 colu	mn (f))	17	0 %
18	Investment income percentage for 2020 ( Investment income percentage from 2019		1.7.	•	())	18	0 %
19a	33 <sup>1</sup> / <sub>3</sub> % support tests – 2020. If the organ					-	
190	17 is not more than $33^{1}/3\%$ , check this box						
b	<b>331</b> /3% support tests – 2019. If the organiz		-	-		-	
-	line 18 is not more than $33^{1/3}$ %, check this						
20	Private foundation. If the organization di		-	-			
				, , , , , , , , , , , , , , , , , , ,		edule A (Form 990	

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and
  - 11c below, the governing body of a supported organization?
  - **b** A family member of a person described in line 11a above?
  - c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

- Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have
- a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

Yes No

11a

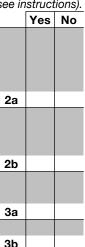
11b

11c

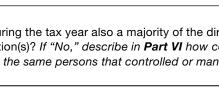
1

2

3



	Yes	No			
1					



### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4	0	0
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Secti	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	0	0
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6	Multiply line 5 by 0.035.	6	0	0
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	0	0
Secti	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2	Enter 0.85 of line 1.	2		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4	Enter greater of line 2 or line 3.	4		0
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		0
7	Check here if the current year is the organization's first as a non-functiona (see instructions).	ally i	ntegrated Type III supporti	ng organization

Excess from 2019

Excess from 2020 . . .

d

е

Schedu	e A (Form 990 or 990-EZ) 2020			Page I
Part	V Type III Non-Functionally Integrated 509(a)	3) Supporting Organi	izations (continued)	
Sect	on D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	1	(
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	inizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required	—provide details in <b>Part</b>	<i>VI</i> ) 5	
6	Other distributions (describe in Part VI). See instructions	•	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	ch the organization is res	sponsive 8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			C
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.		0	
3	Excess distributions carryover, if any, to 2020			
а	From 2015 0			
b	From 2016 0			
С	From 2017 0			
d	From 2018 0			
е	From 2019			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2020 distributable amount			(
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2020 from			
	Section D, line 7: \$ 0		-	
<u>a</u>	Applied to underdistributions of prior years		0	
b	Applied to 2020 distributable amount			(
С	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		0	
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI.</b> See instructions.			(
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
 	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018 0			
	Excess from 2010			

0

0

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)


SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047		
(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.	2020		
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	Open to Public Inspection		
Name of the organization SOCALTAMIL ORG	Emplo	oyer identification number 27-1167961		
TAMIL ACADEMY	KIDS EDUCATIONAL			
DIWALI	HINDU NEW YEAR			
PONGAL	RELIGIOUS CEREMONY			
FAMILY EVENTS	VARIOUS EVENTS			

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
SOCALTAMIL ORG	27-1167961

	000_E7	
Form	JJU-ET	

## Short Form

OMB No. 1545-0047

2020

Open to Public

# **Return of Organization Exempt From Income Tax**

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.

Inspection Department of the Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20 C Name of organization D Employer identification number B Check if applicable: SOCALTAMIL ORG 27-1167961 Address change Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return 700 E BIRCH STREET UNIT 8779 (310)938-2525 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Brea CA 92822 Number **>** Application pending Other (specify) Cash X Accrual **H** Check  $\blacktriangleright$  if the organization is **not G** Accounting Method: I Website:► required to attach Schedule B (Form 990, 990-EZ, or 990-PF). **J** Tax-exempt status (check only one) - **X** 501(c)(3) 🗌 501(c) ( 527 **K** Form of organization: Corporation Trust Other Association 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 47,657 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 1 2 Program service revenue including government fees and contracts 2 3 3 . . . 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a h Less: cost or other basis and sales expenses . . . . . . . . . . . . 5b С Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . 5c 0 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than а Revenue 0 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 Less: direct expenses from gaming and fundraising events . . . 6c С Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract d line 6c) . 6d 0 Gross sales of inventory, less returns and allowances . . . . 7a 7a Less: cost of goods sold 7b h Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 0 С 8 47.657 Other revenue (describe in Schedule O) . . . . . . . . . . . . 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . . . . . 9 47,657 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 Expenses 13 Professional fees and other payments to independent contractors . . . . . 13 14 Occupancy, rent, utilities, and maintenance . . . . . . . . . . . . 14 15 Printing, publications, postage, and shipping . . . . . . . . . . . . 15 34.380 16 16 17 17 34.380 13,277 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 19 0 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . 20 21 13,277 Net assets or fund balances at end of year. Combine lines 18 through 20 21 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form 990-EZ (2020)

	990-EZ (2020)					Page <b>2</b>
Ра	rt II Balance Sheets (see the instructions f Check if the organization used Schedule		ov aurostion in this			
	Check if the organization used Schedule	O to respond to ar	<b>7</b>	(A) Beginning of year	• •	
22	Cash, savings, and investments		-		22	
23	Land and buildings				22 23	
23	Other assets (describe in Schedule O)				23 24	
25	Total assets			0		0
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			0		0
Par		plishments (see th	e instructions for F	Part III)	1	Expenses
Wha	t is the organization's primary exempt purpose?	RELIGIOUS AND CU	LTURE AWARENESS			quired for section (c)(3) and 501(c)(4)
as n	ribe the organization's program service accompli- neasured by expenses. In a clear and concise months benefited, and other relevant information for ear	anner, describe the			org	anizations; optional for ers.)
28						
	TAMIL ACADEMY					
	(Grants \$ 21,587) If this amount	includes foreign gra	ints, check here .	🕨 🗌	28a	a 21,587
29	DIWALI					
	(Grants \$ 1,680) If this amount	includes foreign gra	ints, check here .	►	<b>29</b> a	<b>a</b> 1,680
30	POGAL					
	(Grants \$ 4,438) If this amount	includes foreign gra		▶ □	30a	4,438
31	Other program services (describe in Schedule O)					
	(Grants \$ 6,675) If this amount	includes foreign gra	ints, check here .	► 🗆	31a	a 6,675
32	Total program service expenses (add lines 28a t	hrough 31a)		🕨	32	34,380
Par						,
	Check if the organization used Schedule	O to respond to ar	(c) Reportable	Part IV	· ·	· · · · · <u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(Forms W-2/1099-MISC) (Forms W-2/1099-MISC)	contributions to employe		) Estimated amount of other compensation
	niappan Subramanian	6	_			
	SIDENT ra Rajkumar		0	(	)	0
		6	0			0
	lar Markandan	_			-	
SEC	RETARY	6	0		b	0
	ji Sriraghavan	6				
	IT SCRETARY		0	(	)	0
	araj Thangavel ASURER	6	0			0
	ph Selvaraj					<b>U</b>
JOIN	IT TREASURER	6	0	(	2	0
					_	
		-				
					+	
		1				

Form 99	90-EZ (2020)		P	age 3		
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		ν.			
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	Yes	No x		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×		
35a	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 c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		×		
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		×		
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions ►       37a         Did the organization file Form 1120-POL for this year?	37b		×		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×		
b 39 a b 40a	If "Yes," complete Schedule L, Part II, and enter the total amount involved       38b         Section 501(c)(7) organizations. Enter:       39a         Initiation fees and capital contributions included on line 9       39a         Gross receipts, included on line 9, for public use of club facilities       39a         Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       39b					
b	section 4911 ► ; section 4912 ► ; section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×		
c d	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					
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		×		
41	List the states with which a copy of this return is filed ►					
42a		408)33 928		8		
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)? 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).	42b		×		
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		×		
43	If "Yes," enter the name of the foreign country ► 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		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×		
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	44b		×		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		×		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×		
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	45b		×		

Form **990-EZ** (2020)

orm 9	90-EZ (2020)						Page
						Yes	N
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of						
Part		s Only				for lin	
	Check if the organization used Sc	hedule O to respond	I to any question in t	nis Part VI			
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	-		Yes	N
48	Is the organization a school as described i				. 48		
49a b	Did the organization make any transfers t If "Yes," was the related organization a se	to an exempt non-cha ection 527 organizatio	ritable related organiz	ation?	. <b>49</b> b		
50	Complete this table for the organization's employees) who each received more that						
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimat	ed amo	unt
		_					
		-					
		-					
		-					
		-					
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest compe	ensated independent	contractors who eac	h received	more	e t
	(a) Name and business address of each independent	dent contractor	(b) Type of serv	ice (c	c) Compensat	ion	
			-				
			-				
			-				
			_				
			-				
d 52	Total number of other independent contra Did the organization complete Scheduc completed Schedule A		ection 501(c)(3) orga		ha ▶ 🗶 Yes	s 🗌	N
	penalties of perjury, I declare that I have examined this rrect, and complete. Declaration of preparer (other that				nowledge an	d belief	, it
_	<b>.</b>						
ign lere	Signature of officer			Date		_	_
	Type or print name and title						

	, ., je e						
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗶 if	PTIN		
Preparer	Jainesh Patel CPA	Th Potal	05/01/2021	self-employed	P01074578		
Use Only	Firm's name 🕨 Jay Patel LLC		Firm's EIN ►	27-1508768			
	Firm's address ► 12 Casa Verde, Footh	ll Ranch,CA,92610		<sup>o</sup> hone no.	9496332835		
May the IRS discuss this return with the preparer shown above? See instructions							

TAXABLE YEAR

# California Exempt Organization Annual Information Return

Caterdar Verar 2020 of fiscal year beginning (mm/dd/yyy)	2020	) Annua	I Information	n Return				199
SOCALTAMLORG         3280451           Validional information. See instructions.         2         7         1         6         7         9         6           Sireet address (suite or noom)         700         Bits Path and         2         7         1         6         7         9         6           Sireet address (suite or noom)         700         Bits Path and         7         9         6         92822         7         1         1         6         7         9         6         92822         7         1         1         6         7         9         6         92822         7         1         1         6         7         9         6         92822         7         1         1         9         1<		, ,	jinning (mm/dd/yyyy)		, and e	nding (mm/dd/yyyy)		
Additional information. See instructions.          Street address (sule or room)       2 7 - 1 1 6 7 9 6         Street address (sule or room)       PMB no.         700 E BRCH STREET UNIT 8779       PMB no.         Gity       Street address (sule or room)       PMB no.         Bread       CA       92822         Foreign province/statistroutions.       Presign province/statistroutions.       Presign province/statistroutions.       Presign province/statistroutions.         B Amended return       Presign province/statistroutions.       <	Corporation/0	Organization name				California co	orporation number	
Since address (sulte or room)       700 E BIRCH STREET UNIT 8779       PMB no.         TOO E BIRCH STREET UNIT 8779       State       Zip code         Brea       CA       Zip code         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country         B Annended return	SOCALTA	MILORG					3290451	
Since a dotrese (subic or more)       PMB ng.         700 E BIRCH STREET UNIT 6779       Zip code         Gity       Since a dotrese (subic or more)       PAB ng.         Bread       CA       92822         Foreign postal code       Participation       Participation         A First return       Use of the organization have any changes to its guidelines on treported to the FIP3 See instructions.       Use of the organization have any changes to its guidelines on treported to the FIP3 See instructions.       Use of the organization and the org	Additional inf	ormation. See instruction	ns.			FEIN		
200 E BIRCH STREET UNIT 6779       State       Zp code         CRy       State       Zp code         Brea       CA       92822         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county         A First return       Uses       No       Id the organization have any changes to its guidelines not reported to the FIP3 See instructions.       Uses         B Amended return       Uses       Uses       No       Id the organization have any changes to its guidelines not reported to the FIP3 See instructions.       Uses         B Amended return       Uses       Uses       No       Vise inter organization exempt under RATC Section 237014, has the organization and interted Biblity company?       Uses       Vise it the organization and interted Biblity company?       Vise         Check accounting method:       (1) Class (2) El Accrual (3) Other       Vise it the organization in a group exemption       Vise it the organization under audit by the IRS or has the IRS         G Is this a group filing? See instructions.       Use is intervalue.       Vise is intervalue.       Vise is intervalue.         I''''ses, ''what is the parent's name?       Vise is intervalue.       Vise is intervalue.       Vise is intervalue.         G Is this a group station in a group exemption       Vise is intervalue.       Vise is intervalue.       Vise is inth						2 7	- 1 1 6 7	7961
City       State       Zip code         Bread       Creation province/state/county       Foreign postal code         A First return.       Ves       Not       Vid the organization have any changes to its guidelines         B Amended return.       Ves       Not       Vid the organization have any changes to its guidelines         B Amended return.       Ves       Not       Ves       Not         C IRO Section 4947(a)(1) trust.       Ves       Not       Ves       Not         D Final information return?       Ves       Not       Ves       Not         C IRO Section 4947(a)(1) trust.       Ves       Not       Ves       Not         D Final information return?       Ves       Not       Ves       Not         C Rock accounting method:       (1) Cash:       (2) Accound:       (3) Other       Ves       Not         F E Check accounting method:       (1) Cash:       (2) Merged/Reorganization       Widthe organization under audit by the IRS or has the IRS       0       Ves         H 'Yes, "what is the parent's name?       Ves       ENN       0       Ves       Not         Part 1       Complete Part I unless ont required to file this form. See General Information B.       1       1       2         C ross dusea ond assessments from me	Street addres	ss (suite or room)					PMB no.	
Brea       CA       92822         Foreign country name       Foreign province/state/county       Foreign postal code         A first return.       Yes       Not       I did the organization have any changes to its guidelines not reported to the FIB? See instructions.       I with the second sec	700 E BIR	CH STREET UNIT 87	779					
Foreign country name       Foreign province/state/country       Poreign postal code         A First return	City					Sta	ate Zip code	
A First return.       □ Yes       No       1       Did the organization have any changes to its guidelines not reported to the FIB 75 ee instructions.       □ Yes       No         B Amended return.       □ CIRC Section 4947(a)(1) trust.       □ Yes       No       □       Iteramination return?       □       Ves       No       Iteraminatine return?<	Brea					CA	A 92822	
B Amended return	Foreign coun	try name		Foreign province/s	state/county		Foreign posta	code
B Amended return	A First retu	m		YesNo	Did the organizatio	on have any changes	to its guidelines	
D       Final information return? <ul> <li>India information return?</li> <li>□ Dissolved</li> <li>Surrendered (Withdrawn)</li> <li>Merged/Reorganized</li> <li>Is the organization exempt under R&amp;IC Section 23701q?.</li> <li>Version in the organization in exempt under R&amp;IC Section 23701q?</li> <li>Version in the organization in exempt under R&amp;IC Section 23701q?</li> <li>Version in the organization in exempt under R&amp;IC Section 23701q?</li> <li>Version in the organization in exempt under R&amp;IC Section 23701q?</li> <li>Version in the organization in exempt under R&amp;IC Section 23701q?</li> <li>Version in a group pay (2) ● 1990F (3) ● 10 + 07 + 10 +</li></ul>	B Amended	return		●□Yes □No	not reported to the	e FTB? See instructio	ons	●□Yes 🗷 tion
D Final information return? <ul> <li>Internation return?</li> <li>Internation return?</li> <li>Internation return?</li> <li>It "yes," enter the gross receipts from nonmember sources.</li> <li>Is the organization a limited liability company?</li> <li>Is the organization under audit by the IRS or has the IRS</li> <li>Is the organization under audit by the IRS or has the IRS</li> <li>Is the organization under audit by the IRS or has the IRS</li> <li>Is the organization under audit by the IRS or has the IRS</li> <li>Is the organization under audit by the IRS or has the IRS</li> <li>Is the organization under audit by the IRS or has the IRS</li> <li>Is the organization under audit by the IRS or has the IRS</li> <li>Is the organization under audit by the IRS or has the IRS</li> <li>Is the organization under audit by the IRS or has the IRS</li> <li>Is the organization under audit by the IRS or has the IRS</li> <li>Is the organization under audit by the IRS or has the IRS</li> <li>Is the organization under audit by the IRS or has the IRS</li> <li>Is the organization under audit by the IRS or has the IRS</li> <li>Is the organizatin audit by the IRS or has the IRS</li> <li>Is the or</li></ul>	<b>C</b> IRC Secti	on 4947(a)(1) trust		∟Yes ∟No	engaged in politica	al activities? See inst	ructions.	• 🗆 Yes 🗵
Enter date: (mm/dd/yyy)      /      /      /      /       Yes       L is the organization a limited liability company?      /       Yes       W Did the organization file Form 100 or Form 100 to report taxable income?      /       W Did the organization file Form 100 or Form 100 to report      /       Yes       W Did the organization file Form 100 or Form 100 to report      /      /      /       W Did the organization file Form 100 or Form 100 to report      /      /      /       W Did the organization file Form 100 or Form 100 to report      /       _	• 🗌 Dis	solved 🗌 Surrende		ed/Reorganized	K Is the organization	exempt under R&T	C Section 23701g?	P●□Yes 🗵
F Federal return filed?       (1) ● □ 990T       (2) ● □ 990F       (3) ● □ Sch H (990)       Taxable income?       (9)         (4) ØUther 990 series       N       Is the organization in a prior year?       (9)       N       Is the organization in a prior year?       (9)         (1) B sthis organization in a group exemption       (9)       N       Is the organization in a prior year?       (9)       N       Is the organization in a prior year?       (9)         Part I       Complete Part I unless not required to file this form. See General Information B and C.       1       (1)       (2) <td></td> <td></td> <td></td> <td>(3) 🗌 Other</td> <td>L Is the organization</td> <td>a limited liability co</td> <td>mpany?</td> <td> • 🗆 Yes 🗶</td>				(3) 🗌 Other	L Is the organization	a limited liability co	mpany?	• 🗆 Yes 🗶
G is this a group filing? See instructions. <ul> <li>□ Yes</li> <li>waidited in a prior year?</li> <li>□ addited in a prior year?</li> <li>□ Is federal Form 1023/1024 pending?</li> <li>□ Date filed with IRS</li> <li>□ Date filed with IRS</li> <li>□ Date filed with IRS</li> <li>□ I Is formation and a complete complete.</li> <li>□ I Is formation and complete.</li> <li>□ Is formation and complete.</li> <li>□ Is formation and complete.</li> <li>□ I Is formation and complete.</li> <li>□ Is formation and complete.</li> <li>□</li></ul>	F Federal re	turn filed? $(1) \bullet \square$			taxable income?			• 🗆 Yes 🗵
H is this organization in a group exemption       □ Yes       □ No       • Is federal Form 1023/1024 pending?       □ Yes         Date filed with IRS       □       □       □       □       □         Part 1       Complete Part I unless not required to file this form. See General Information B and C.       □	( )					under audit by the I	RS or has the IRS	
If "Yes," what is the parent's name?       Date filed with IRS         Part I       Complete Part I unless not required to file this form. See General Information B and C.         I       Gross sales or receipts from other sources. From Side 2, Part II, line 8.         3       Gross contributions, gifts, grants, and similar amounts received.         4       Total gross receipts for filing requirement test. Add line 1 through line 3.         This line must be completed. If the result is less than \$50,000, see General Information B.       4         5       Cost of goods sold       5         6       O       0         7       Total costs. Add line 5 and line 6.         8       7         8       Total costs. Add line 5 and line 6.         7       Total costs. Add line 5 and line 6.         8       7         9       Total costs. Add line 5 and line 6.         9       Total costs. Add line 5 and line 6.         10       Total costs. Add line 5 and lisbursements. Subtract line 9 from line 8.         11       Total payments.         12       Use tax Alance. If line 12 is more than line 12, subtract line 12 from line 11.         13       Total payments.         14       Use tax Alance. If line 15. Then subtract line 11 from the result.         14       Signature	<b>G</b> is this a g	iroup filing? See instru	ICTIONS	. • 🗆 Yes 🔺 No				
Part 1       Complete Part I unless not required to file this form. See General Information B and C.         1       Gross sales or receipts from other sources. From Side 2, Part II, line 8.       1         2       Gross dues and assessments from members and affiliates       2         3       Gross contributions, gifts, grants, and similar amounts received.       3         4       Total gross receipts for filing requirement test. Add line 1 through line 3.       4         7       Total gross income. Subtract line 6.       6         6       O 00       6       0 00         7       Total gross income. Subtract line 7 from line 4.       8         Expenses       9       Total gross income. Subtract line 7 from line 4.       8         I       Total gross income. Subtract line 7 from line 4.       8       10         2       Jagross income. Subtract line 7 from line 8.       10       -3         11       Total gross income. Subtract line 1 from tine 1.       13       11         12       Use tax See General Information K       12       12         13       Payments balance. If line 12 is more than line 12, subtract line 11 from line 12.       14       14         14       Use tax balance. If line 15. Then subtract line 11 from the result.       16       16         14	H Is this or	ganization in a group e	xemption	🗆 Yes 💌 No	O IS lederal Form TO	23/1024 pending?		Li yes Lx
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.       1         2 Gross dues and assessments from members and affiliates.       2         3 Gross contributions, gifts, grants, and similar amounts received.       3         4 Total gross receipts for filling requirement test. Add line 1 through line 3.       4         5 Cost of goods sold.       5       0       0         6 Cost or other basis, and sales expenses of assets sold       5       0       0         7 Total costs. Add line 5 and line 6.       7       7       8         8 Total gross income. Subtract line 7 from line 4.       8       9         9 Total expenses and disbursements. From Side 2, Part II, line 18       9       9       3         10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10       -3         11 Total payments       11       11       12         12 Use tax. See General Information K       11       12       13         14 Use tax balance. If line 11 is more than line 12, subtract line 12 from line 12       14       14         15 Penalties and Interest. See General Information J.       15       15         16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result       18       19       10       7.4         16 Balance due. Add line 12 and line 1	II 165, V	what is the parent's ha	116 (		Date filed with IRS		_	
1       Gross sales or receipts from other sources. From Side 2, Part II, line 8.       1         2       Gross dues and assessments from members and affiliates       2         3       Gross contributions, gifts, grants, and similar amounts received       3         4       Total gross receipts for filing requirement test. Add line 1 through line 3.       4         7       This line must be completed. If the result is less than \$50,000, see General Information B.       4         8       Cost of goods sold       5       0       00         6       Cost or other basis, and sales expenses of assets sold       7       7         8       Total gross income. Subtract line 7 from line 4.       8         Expenses       9       Total expenses and disbursements. From Side 2, Part II, line 18       9       3         10       Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10       -3         11       Total apayments       11       11       11         12       Use tax. See General Information K       12       13         13       Payments balance. If line 12 is more than line 11, subtract line 11 from line 12       14       15         14       Use tax balance. If line 12 and line 15. Then subtract line 11 from the result       15       16       16		1						
2 Gross dues and assessments from members and affiliates       2         3 Gross contributions, gifts, grants, and similar amounts received.       3         4 Total gross receipts for filing requirement test. Add line 1 through line 3.       4         This line must be completed. If the result is less than \$50,000, see General Information B.       4         5 Cost of goods sold.       5       0         6 Cost or other basis, and sales expenses of assets sold       5       0         7 Total costs. Add line 5 and line 6.       7         8 Total gross income. Subtract line 7 from line 4.       8         Expenses       9 Total expenses and disbursements. Subtract line 9 from line 8       9         9 Total apprents       9       3         11 Total payments       11       11         12 Use tax. See General Information K       11         13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11       13         14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       14         15 Balance due. Add line 12 and line 15. Then subtract line 11 from the result       16         16 Under penalties of perjury. I declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be filtere, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	Part I Co	mplete Part I unless r	ot required to file this for	m. See General Inf	ormation B and C.			
2 Gross dues and assessments from members and affiliates       2         3 Gross contributions, gifts, grants, and similar amounts received.       3         4 Total gross receipts for filing requirement test. Add line 1 through line 3.       4         This line must be completed. If the result is less than \$50,000, see General Information B.       4         5 Cost of goods sold.       5       0         6 Cost or other basis, and sales expenses of assets sold       5       0         7 Total costs. Add line 6 and line 6.       7         8 Total gross income. Subtract line 7 from line 4.       8         9 Total expenses and disbursements. From Side 2, Part II, line 18       9         9 Total expenses and disbursements. Subtract line 9 from line 8       10         11 Total payments       11         12 Use tax. See General Information K       12         13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11       13         14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       16         14 Use tax balance. If line 12 and line 15. Then subtract line 11 from the result       16         16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result       16         17 data payments       16       16         18 ginature of officer       Telephone       16		1 Gross sales or rece	pipts from other sources. F	rom Side 2, Part II,	line 8			0
3 Gross contributions, gifts, grants, and similar amounts received.       3         Receipts and Revenues       4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.       4         5 Cost of goods sold       5       0.00         6 Cost or other basis, and sales expenses of assets sold       6       0.00         7 Total costs. Add line 5 and line 6.       7       7         8 Total gross income. Subtract line 7 from line 4.       8         Expenses       9 Total expenses and disbursements. Srom Side 2, Part II, line 18       9         10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10         11 Total payments       11         12 Use tax. See General Information K       12         13 Payments balance. If line 12 is more than line 12, subtract line 12 from line 11       13         14 Use tax balance. If line 12 is more than line 11, subtract line 11 from the result       16         15 Balance due. Add line 12 and line 15. Then subtract line 11 from the result       16         16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result       16         16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result       16         17 Inder peralties of preparer (signature of officer)       Title		2 Gross dues and as	sessments from members	and affiliates				0
Receipts and Revenues       4 Total gross receipts for filing requirement test. Add line 1 through line 3.         This line must be completed. If the result is less than \$50,000, see General Information B.       4         6 Cost of goods sold       5       0       00         6 Cost or other basis, and sales expenses of assets sold       6       0       00         7 Total costs. Add line 5 and line 6.       7       8       7       7         8 Total gross income. Subtract line 7 from line 4.       8       9       3         9 Total expenses and disbursements. From Side 2, Part II, line 18       9       9       3         10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10       -3         11 Total payments       11       11       12         12 Use tax. See General Information K       12       13       14       13         13 Payments balance. If line 12 is more than line 12, subtract line 12 from line 12       14       14       15         14 Use tax balance. If line 12 and line 15. Then subtract line 11 from the result       16       16       10       14         14 Use tax dal line 12 and line 15. Then subtract line 11 from the result       16       16       17       16         15 Fenalties and Interest. See General Information J.       16       16		3 Gross contribution	s, gifts, grants, and similar	r amounts received .				0
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S Cost of glous sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses of assets sold       S Cost of other basis, and sales expenses and disbursements. Subtract line 18       S S S Cost of cost of other basis, and sales expenses and disbursements. Subtract line 12 from line 11       S Cost of other basis, and sales expenses and disbursements. Subtract line 12 from line 11       S Cost of other basis, and sales expenses and disbursements. Subtract line 12 from line 11       S Cost of other basis, and sales expenses and disbursements. Subtract line 12 from line 12       S Cost of other basis, and sales expenses and disbursements. Subtract line 11 from line 12       S Cost of other basis, and to the basis of my knowledge and based on all information of which prepare has any knowledge.       S Cost of my knowledge.       S Cost of my knowledge.       S Cost of other basis, and to the basis of my kno		This line must be (	completed. If the result is	less than \$50,000, s	see General Infor <u>matic</u>	on B		0
7       Total costs. Add line 5 and line 6.       7         8       Total costs. Add line 5 and line 6.       8         Expenses       9       3         10       Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.       9         11       Total agyments       10         12       Use tax. See General Information K       11         13       Payments balance. If line 11 is more than line 12, subtract line 12 from line 11       12         14       Use tax. See General Information K       14         15       14       15         16       Balance ule. Add line 12 and line 15. Then subtract line 11 from the result       14         15       16       Information of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.         Signature of officer       Title       Date       Of/O1/2021         Preparer's signature if self-employed and address       JAY PATEL LLC       2       7       1       5       0       8         Paid Preparer's if self-employed and address       JAY PATEL LLC       2       7       1       5       0       8	Revenues	5 Cost of goods sold						
7 Total costs. Add line 5 and line 6.       7         8 Total gross income. Subtract line 7 from line 4.       8         9 Total expenses       9 Total expenses and disbursements. From Side 2, Part II, line 18       9         10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10         11 Total payments       11         12 Use tax. See General Information K       12         13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11       13         14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       14         15 Penalties and Interest. See General Information J.       15         16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result       16         10 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 be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare has any knowledge.         Signature of officer       Title       Date       • PTIN         Preparer's signature of officer       JAY PATEL LLC       • Telephone       • Telephone         Visio Conty       I 2 Casa Verde       • Telephone       • Telephone		6 Cost or other basis	, and sales expenses of as	sets sold	6		0 00	
8 Total gross income. Subtract line 7 from line 4		7 Total costs. Add lin	e 5 and line 6				7	0
Expenses       9 Total expenses and disbursements. From Side 2, Part II, line 18       9       3         10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8       10       -3         11 Total payments       11       12       11         12 Use tax. See General Information K       12       13         13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11       13       14         14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       14       15         15 Penalties and Interest. See General Information J.       16       16       16         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 be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.       16         Signature of officer       Title       Date       PTIN         Preparer's signature of officer       Title       Date       PTIN         Preparer's back only and address       JAY PATEL LLC       2 7 1 5 0 8 7       7 1 5 0 8 7         Ise Only       Total explored       Telephone       Telephone       Telephone								0
ID Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	Evnonsos							34380
Filing Fee       11       11         Filing Fee       12       12         Filing Fee       13       12         12       Use tax. See General Information K       13         13       14       13         14       Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       14         15       Penalties and Interest. See General Information J.       15         16       Balance due. Add line 12 and line 15. Then subtract line 11 from the result       16         Inder penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.         Sign Here       Title       Date       P elephone         Signature of officer       Title       Date       P 0 1 0 7 4 5         Signature and address       JAY PATEL LLC       2 7 1 5 0 8 7         If self-employed) and address       JAY PATEL LLC       P ot 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Lybenses .							-34380
12       Use tax. See General Information K       12         13       Payments balance. If line 11 is more than line 12, subtract line 12 from line 11       13         14       Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12       14         15       14       15         16       16       16         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 be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.         Sign there       Title       Date       Telephone         Preparer's signature of officer       MAMAA       05/01/2021       P on 1 0 7 4 5         Firm's name (or yours, if self-employed) and address       JAY PATEL LLC       P on 1 0 7 4 5       P on 1 0 7 4 5         12       12 Casa Verde       Telephone       Telephone       P on 1 0 7 4 5								10
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Sign Here of officer       Signature of officer       Title       Date       ● Telephone         Preparer's signature       Preparer's signature       M       M       Date       Check if self- employed ► I       ● PTIN         Paid Preparer's Use Only       Firm's name (or yours, if self-employed) and address       JAY PATEL LLC       ● Firm's FEIN 12 Casa Verde       ● Telephone		Under penalties of perju	ry, I declare that I have examine	ed this return, including	accompanying schedules	s and statements, and to	the best of my know	
Here     Signature of officer     Date     Check if self- employed ▶ ▲       Preparer's signature     MRR/LLL     Date     Check if self- employed ▶ ▲     P 0 1 0 7 4 5       Preparer's Use Only     Firm's name (or yours, if self-employed) and address     JAY PATEL LLC     P 0 1 0 7 4 5	Sian	true, correct, and comple	ete. Declaration of preparer (oth		sed on all information of v		-	-
Preparer's signature       M       M       M       Date 05/01/2021       Check if self-employed ▶ ■       ● PTIN         Preparer's signature       M       M       M       0       7       4       5         Firm's name (or yours, if self-employed) and address       JAY PATEL LLC       2       7       1       5       0       8       6         Telephone       0       1       0<		Signatura		Title		Date	Telephone	
Preparer's signature       M       M       M       Date 05/01/2021       Check if self-employed ► I       ● PTIN         Preparer's signature       Firm's name (or yours, if self-employed) and address       JAY PATEL LLC       05/01/2021       ● Firm's FEIN       2       7       1       5       0       8       0         Use Only       and address       JAY PATEL LLC       12 Casa Verde       ● Telephone       ● Telephone		of officer						
Preparer's signature       MAAAA       05/01/2021       employed N I       P 0 1 0 7 4 5         Preparer's signature       Firm's name (or yours, if self-employed) and address       JAY PATEL LLC       2 7 1 5 0 8 7         12 Casa Verde       Telephone			·/ フ . 1		Date	Check if self-	● PTIN	
Paid Preparer's Use Only       Firm's name (or yours, if self-employed) and address       JAY PATEL LLC       2 7 1 5 0 8 7         12 Casa Verde       • Telephone		Preparer's	hital		05/01/2021		P 0 1 0	7457
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#### Organizations with gross receipts of more than \$50,000 and private foundations Part II regardless of amount of gross receipts - complete Part II or furnish substitute information. 1 2 2 Interest 3 Dividends 3 Receipts from Other Sources 7 8 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 ... Expenses and Disburse-ments

Sc	18 Total expenses and disbursements. Add line hedule L Balance Sheet	9 through line 17. Enter Beainning o	<u>here and on Side 1, Part I</u> if taxable year	, line 9 <b>18</b> End of tax	34380 00 xable year
	sets	(a)	(b)	(C)	(d)
	Cash	(")	(8)	(0)	(")
	Net accounts receivable				
_	Federal and state government obligations				
5	<b>č</b>				
6	Investments in other bonds				
1	Investments in stock				
ŏ	Mortgage loans				
9	Other investments. Attach schedule				
10	a Depreciable assets		0		0
	<b>b</b> Less accumulated depreciation		0		
	Land				
	Other assets. Attach schedule		0		•
	Total assets		0		0
	bilities and net worth				
	Accounts payable				•
	Contributions, gifts, or grants payable				•
	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund				•
	Total liabilities and net worth		0		0
Sc	hedule M-1 Reconciliation of income per books w Do not complete this schedule if the a		ie 13, column (d), is less t	han \$50,000	
1	Net income per books	•	7 Income recorded on	books this year	
2	Federal income tax	•	not included in this r	•	
3	Excess of capital losses over capital gains	•	8 Deductions in this re		
	Income not recorded on books this year.		against book income		
	Attach schedule	•	Attach schedule	•	
5	Expenses recorded on books this year not		<b>9</b> Total. Add line 7 and	0	
5	deducted in this return. Attach schedule	•	10 Net income per retur		
6	Total. Add line 1 through line 5	0	- ·	0	

6 Total. Add line 1 through line 5.

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