

**Return of Organization Exempt From Income Tax**

**2021**

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
 SOCALTAMIL ORG  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 700 E BIRCH STREET UNIT 8779  
 City or town, state or province, country, and ZIP or foreign postal code  
 Brea , CA , 92822

**D** Employer identification number  
 27-1167961

**E** Telephone number  
 (310)938-2525

**F** Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

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

**I** Website: \_\_\_\_\_

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

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ 77,688

**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 . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																											
	2	Program service revenue including government fees and contracts . . . . .																											
	3	Membership dues and assessments . . . . .																											
	4	Investment income . . . . .																											
	5a	Gross amount from sale of assets other than inventory . . . . .																		5a									
	b	Less: cost or other basis and sales expenses . . . . .																		5b									
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . . 0																											
	6	Gaming and fundraising events:																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																		6a		0							
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .																		6b									
c	Less: direct expenses from gaming and fundraising events . . . . .																		6c										
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . 0																												
7a	Gross sales of inventory, less returns and allowances . . . . .																		7a										
b	Less: cost of goods sold . . . . .																		7b										
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . . 0																												
8	Other revenue (describe in Schedule O) . . . . . 77,688																												
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . 77,688																												
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																											
	11	Benefits paid to or for members . . . . .																											
	12	Salaries, other compensation, and employee benefits . . . . .																											
	13	Professional fees and other payments to independent contractors . . . . .																											
	14	Occupancy, rent, utilities, and maintenance . . . . .																											
	15	Printing, publications, postage, and shipping . . . . .																											
	16	Other expenses (describe in Schedule O) . . . . . 26,519																											
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . 26,519																												
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . 51,169																											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . 113,183																											
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . 164,352																											

**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
<b>22</b> Cash, savings, and investments . . . . .	113,183	<b>22</b> 164,352
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	113,183	<b>25</b> 164,352
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	113,183	<b>27</b> 164,352

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

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

What is the organization's primary exempt purpose? RELIGIOUS AND CULTURE AWARENESS

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

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.

<b>28</b> TAMIL ACADEMY		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b> DIWALI		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> POGAL		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	0

**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
Nachiappan Subramanian PRESIDENT	6	0	0	0
Nithya Rajkumar EXECUTIVE VP	6	0	0	0
Sundar Markandan SECRETARY	6	0	0	0
Balaji Sriraghavan JOINT SCRETARY	6	0	0	0
Satayaraj Thangavel TREASURER	6	0	0	0
Joseph Selvaraj JOINT TREASURER	6	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

		Yes	No
<b>33</b>	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		<b>x</b>
<b>34</b>	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		<b>x</b>
<b>35a</b>	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>x</b>
<b>b</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		<b>x</b>
<b>c</b>	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		<b>x</b>
<b>36</b>	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		<b>x</b>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	<b>x</b>
<b>38a</b>	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>38a</b>	<b>x</b>
<b>b</b>	If "Yes," complete Schedule L, Part II, and enter the total amount involved	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 _____; section 4912 _____; section 4955 _____		
<b>b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>40b</b>	<b>x</b>
<b>c</b>	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		
<b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b>	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	<b>40e</b>	<b>x</b>
<b>41</b>	List the states with which a copy of this return is filed _____		
<b>42a</b>	The organization's books are in care of <u>JOSEPH SELVARAJ</u> Telephone no. <u>(408)332-0428</u> Located at <u>700 E BIRCH STREE 8879, Brea, CA</u> ZIP + 4 <u>92822</u>		
<b>b</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).	<b>42b</b>	<b>x</b>
<b>c</b>	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 _____	<b>42c</b>	<b>x</b>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	<b>43</b>	
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	<b>x</b>
<b>b</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	<b>44b</b>	<b>x</b>
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	<b>x</b>
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	<b>x</b>
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	<b>x</b>
<b>b</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	<b>45b</b>	<b>x</b>

	<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<b>46</b>	<b>x</b>

**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

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	<b>x</b>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<b>x</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	<b>x</b>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	<b>x</b>
<b>50</b> 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

**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

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

**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>	Signature of officer	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Jainesh Patel CPA	Preparer's signature <i>J.P. Patel</i>	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01074578
	Firm's name Jay Patel LLC	Firm's EIN 27-1508768		Firm's address 12 Casa Verde, Foothill Ranch, CA, 92610	
	Firm's address 12 Casa Verde, Foothill Ranch, CA, 92610		Phone no. 9496332835		

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

TAXABLE YEAR

2021

# California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

SOCALTAMIL ORG

Identifying number

27-1167961

### Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4) .....	1	0
2 Total gross income (Form 199, line 8) .....	2	0
3 Total expenses and disbursements (Form 199, line 9) .....	3	26519

### Part II Settle Your Account Electronically for Taxable Year 2021

4  Electronic funds withdrawal      4a Amount \_\_\_\_\_ 10      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_ 04/15/2022

### Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number 322271627

6 Account number 844304394

7 Type of account:  Checking     Savings

### Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**

Signature of officer	Date	Title

### Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO Must Sign**

ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN	
Firm's name (or yours if self-employed) and address	Firm's FEIN	ZIP code			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid Preparer Must Sign**

Paid preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Paid preparer's PTIN		
Firm's name (or yours if self-employed) and address	Firm's FEIN	ZIP code			

JAY PATEL LLC      27-1508768  
12 Casa Verde      Foothill Ranch      CA      92610

California Exempt Organization Annual Information Return

2021

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization name: SOCALTAMIL ORG; California corporation number: 3290451

Additional information: See instructions.; FEIN: 27-1167961

Street address (suite or room): 700 E BIRCH STREET UNIT 8779; PMB no.:

City: Brea; State: CA; Zip code: 92822

Foreign country name; Foreign province/state/county; Foreign postal code

- A First return... B Amended return... C IRC Section 4947(a)(1) trust... D Final information return... E Check accounting method... F Federal return filed... G Is this a group filing... H Is this organization in a group exemption... I Did the organization have any changes to its guidelines... J If exempt under R&TC Section 23701d... K Is the organization exempt under R&TC Section 23701g... L Is the organization a limited liability company... M Did the organization file Form 100 or Form 109... N Is the organization under audit... O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 16 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line numbers and amounts.

Sign Here section with signature of officer and Paid Preparer's Use Only section with preparer signature and firm information.

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions . . . . .	●	1		00
	2	Interest . . . . .	●	2		00
	3	Dividends . . . . .	●	3		00
	4	Gross rents . . . . .	●	4		0 00
	5	Gross royalties . . . . .	●	5		0 00
	6	Gross amount received from sale of assets (See instructions) . . . . .	●	6		00
	7	Other income. Attach schedule . . . . .	●	7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .		8		0 00
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	●	9		0 00
	10	Disbursements to or for members . . . . .	●	10		0 00
	11	Compensation of officers, directors, and trustees. Attach schedule . . . . .	●	11		0 00
	12	Other salaries and wages . . . . .	●	12		0 00
	13	Interest . . . . .	●	13		0 00
	14	Taxes . . . . .	●	14		0 00
	15	Rents . . . . .	●	15		0 00
	16	Depreciation and depletion (See instructions) . . . . .	●	16		0 00
	17	Other expenses and disbursements. Attach schedule . . . . .	●	17		26519 00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .		18		26519 00

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
<b>Assets</b>	(a)	(b)	(c)	(d)	
1	Cash . . . . .				●
2	Net accounts receivable . . . . .				●
3	Net notes receivable . . . . .				●
4	Inventories . . . . .				●
5	Federal and state government obligations . . . . .				●
6	Investments in other bonds . . . . .				●
7	Investments in stock . . . . .				●
8	Mortgage loans . . . . .				●
9	Other investments. Attach schedule . . . . .				●
10	<b>a</b> Depreciable assets . . . . .				
	<b>b</b> Less accumulated depreciation . . . . .		0		0
11	Land . . . . .				●
12	Other assets. Attach schedule . . . . .				●
13	<b>Total assets</b> . . . . .		0		0
<b>Liabilities and net worth</b>					
14	Accounts payable . . . . .				●
15	Contributions, gifts, or grants payable . . . . .				●
16	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 . . . . .				●
22	<b>Total liabilities and net worth</b> . . . . .		0		0

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books . . . . .	●	
2	Federal income tax . . . . .	●	
3	Excess of capital losses over capital gains . . . . .	●	
4	Income not recorded on books this year. Attach schedule . . . . .	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .	●	
6	<b>Total.</b> Add line 1 through line 5. . . . .		0
7	Income recorded on books this year not included in this return. Attach schedule . . . . .	●	
8	Deductions in this return not charged against book income this year. Attach schedule . . . . .	●	
9	<b>Total.</b> Add line 7 and line 8. . . . .		0
10	<b>Net income per return.</b> Subtract line 9 from line 6 . . . . .		0