### Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

ΑI	For the	2020 calend	ar year, or tax year beginning , 2020, and ending			, 20
В	Check if ap	oplicable:	C Name of organization	D Emple	oyer ide	ntification number
X	Address c	hange	CHICAGO TAMIL SANGAM	36-	32866	687
	Name cha	inge	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	E Telep	hone nur	mber
=	Initial retu		PO Box 9606	847	62808	362
=	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exem	ption
=	Applicatio		Naperville, IL 60567		ber 🕨	
_		ting Method:		Check D	▶ X if	the organization is <b>not</b>
	<b>Nebsite</b>	· ·				ch Schedule B
J T	ax-exen		eck only one) — 🗵 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 99	90, 990-	·EZ, or 990-PF).
			☐ Corporation ☒ Trust ☐ Association ☐ Other			· · · · · · · · · · · · · · · · · · ·
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets		
			6500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	35,754.
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	tions	
			the organization used Schedule O to respond to any question in this Part I			
	1		ons, gifts, grants, and similar amounts received		1	10,320.
	2		ervice revenue including government fees and contracts		2	22,519.
	3	-	ip dues and assessments		3	2,408.
	4	Investmen	•		4	507.
	5a		bunt from sale of assets other than inventory   5a			
	b		or other basis and sales expenses			
Revenue	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	•	d fundraising events:			
	a	•	ome from gaming (attach Schedule G if greater than			
		\$15,000)				
Š	b		me from fundraising events (not including \$of contribution)	ns		
æ			aising events reported on line 1) (attach Schedule G if the			
			ch gross income and contributions exceeds \$15,000) 6b			
	С		t expenses from gaming and fundraising events 6c			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract		
		line 6c) .			6d	
	7a		s of inventory, less returns and allowances			
	b		of goods sold			
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8		nue (describe in Schedule O)		8	
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	35,754.
	10		I similar amounts paid (list in Schedule O)		10	1,000.
	11	•	aid to or for members		11	
Expenses	12		ther compensation, and employee benefits		12	
ens.	13		al fees and other payments to independent contractors		13	600.
ğ	14	· ·	y, rent, utilities, and maintenance		14	
Ш	15		ublications, postage, and shipping		15	
	16		enses (describe in Schedule O) See. Line 16. St		16	28,006.
	17		enses. Add lines 10 through 16		17	29,606.
ţ	18		(deficit) for the year (subtract line 17 from line 9)		18	6,148.
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agre			
As		-	r figure reported on prior year's return)		19	110,631.
ē	20		nges in net assets or fund balances (explain in Schedule O)		20	
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶	21	116,779.

Form 990-EZ (2020) Page **2** 

Pa	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	•	ny question in this I	Part II		🗆
	-			(A) Beginning of year	(	B) End of year
22	Cash, savings, and investments		[	110,631.	22	116,779.
23	Land and buildings		[		23	
24	Other assets (describe in Schedule O)		[		24	
25	Total assets		[	110,631.	25	116,779.
26	Total liabilities (describe in Schedule O)		[		26	
27	Net assets or fund balances (line 27 of column	n (B) <b>must</b> agree with	n line 21) 🦳	110,631.	27	116,779.
Par	Statement of Program Service Accom	plishments (see th	e instructions for F	art III)		
	Check if the organization used Schedule	e O to respond to ar	ny question in this I	Part III 🗌		Expenses
What	: is the organization's primary exempt purpose?	Ethnic Cultur	е		' '	ired for section )(3) and 501(c)(4)
as m	ribe the organization's program service accomplicasured by expenses. In a clear and concise nons benefited, and other relevant information for expenses.	nanner, describe the			,	izations; optional for
28	Tamil Pongal Vizha- celebration a	ttended by pat	rons			
	which is similar to Thanksgiving	day in US. Cu	ltural			
	programs including music, and dan	ice.				
	(Grants \$ 0. ) If this amount	: includes foreign gra	ints, check here .	▶ 🗆	28a	23,416.
29						
	(Grants \$ ) If this amount	: includes foreign gra	ints, check here .	▶ 🗆	29a	
30						
	(Grants \$ ) If this amount	: includes foreign gra	ints, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	: includes foreign gra	ints, check here .	▶ 🗆	31a	
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	23,416.
Par	List of Officers, Directors, Trustees, and Ke	y Employees (list each	n one even if not comp	pensated—see the in	nstruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part IV		🗆
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	a a (a) [	Tation at a diament at
	(a) Name and title	hours per week	(Forms W-2/1099-MISC)		, ,	her compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	n	•
Pra	sad Rajaraman					
Pre	sident	10.00	0.	0	.	0.
Aru	l Balu					
Vic	e President	10.00	0.	0	.	0.
Nam	birajan Vaithilingam					
Sec	<del></del>	8.00	0.	0	.	0.
Tha	nujja Natesa					
	asurer	8.00	0.	0		0.
Sar	avanakumar Manian					
	nt Secretary	3.00	0.	0		0.
	ali Venugopalan	0,110				<u> </u>
	nt Treasurer	3.00	0.	0		0.
	nmugapriya Viswanathan	3.00	0.	Ŭ	•	0.
	ector	2.00	0.	0		0
	nar Shanmuganathan	2.00	0.	0	•	0.
		-				
	ector	2.00	0.	0	-	0.
	esan Kamatchipillai		_	_		
	ector	2.00	0.	0	•	0.
	mala Pandidurai 					
	ector	2.00	0.	0		0.
	mmu Ravi	_				
Dir	ector	2.00	0.	0	•	0.
	Part IV Stmt	4.00	0.	0	1	0.

Part V

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	Δ .	<u> </u>
rait	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Fart v.) Oneck if the organization used Schedule O to respond to any question in this	o i ait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	×
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)?	35a		×
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	35b		
С	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	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	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	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	If "Yes," complete Schedule L, Part II, and enter the total amount involved   38b			
39 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Thanujja Natesa Telephone no. ▶ (84)		8 - 0 8	62
	Located at ▶ 1816 Baybrook ct, Naperville IL ZIP + 4 ▶ 6056	54		
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)?	42b	Yes	No ×
	If "Yes," enter the name of the foreign country ▶	720		^
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		×
40	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. , ,	N <sub>a</sub>
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	Yes	No
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		^
4-	explanation in Schedule O	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-F7. See instructions	15h		~

Form 990-EZ (2020) Page **4** 

								Yes	S NO
46		ne organization engage, directly or ir							
	_	ndidates for public office? If "Yes," o		, Part I			. 4	46	×
Part '		Section 501(c)(3) Organizations		ations 47 40b and	CO		- 4-6-1-		
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47–49b and	52, and cor	npiete tn	e table	s for iir	ies
		So and S1. Check if the organization used Scl	nedule () to respond	I to any question in t	thic Part VI				
		Officer if the organization used oci	ledule O to respond	to any question in t	illis i ait vi		· · ·	Yes	No
47	Did th	ne organization engage in lobbying	activities or have a	section 501(h) election	on in effect o	lurina the	tax 🗀	103	110
		If "Yes," complete Schedule C, Par						47	×
48	-	organization a school as described in		i)? If "Yes." complete	Schedule E		-	48	×
49a		ne organization make any transfers to	. , , , , , ,	•				9a	×
b		s," was the related organization a se		_				9b	
50		plete this table for the organization's		sated employees (oth	ner than offic	ers, direct			
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the orga	nization. If th	ere is non	e, enter	"None.	"
	(a)	Name and title of each employee	<b>(b)</b> Average hours per week	(c) Reportable compensation	(d) Health contributions to benefit plans, a	o employee		nated amo	
			devoted to position	(Forms W-2/1099-MISC)	compen			•	
None									
f	Total	number of other employees paid ov	er \$100,000	. ▶					
51		plete this table for the organization			contractors	who each	n receiv	ed mor	e than
•		000 of compensation from the organ							
	(a)	Name and business address of each independ	lent contractor	(b) Type of ser	vice	(c	) Comper	sation	
				(-, -, -, -					
None				_					
				_					
				-					
				†					
d	Total	number of other independent contra	actors each receiving	over \$100,000	<b>&gt;</b>				
52	Did t	he organization complete Schedu	ıle A? <b>Note:</b> All se	ection 501(c)(3) orga	anizations m	ust attacl	n a		
	comp	leted Schedule A						∕es 🗌	No
		of perjury, I declare that I have examined this					nowledge	and belief	f, it is
true, cor	rect, and	d complete. Declaration of preparer (other than	n oπicer) is based on all info	ormation of which preparer					
C:		Circulture of officers	10/21/2021						
Sign		Signature of officer Thanuis Natega Trea	Date 11/7/2021						
Here		Thanujja Natesa, Trea  Type or print name and title	purer		Į.	1/1/202	1		
			Preparer's signature	ın:	ate	T =	PT	IN	
Paid		Print/Type preparer's name Bala S Iyer			1/06/2021	Check self-emplo	if		24
Prep		Firm's name ► Sankar Financi	al Services Tr			's EIN ▶20			
Use (	Unly	Firm's address ▶ 11542 Legacy I						6-090	9
May th	na IRS	discuss this return with the prepare			[ F1101	10 110. VO		/os	

CHICAGO TAMIL SANGAM

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part IV: List of Officers, Directors, Trustees, and Key Employees	mployees		Cor	Continuation Statement
Name and Title	Average hours per week devoted to position	Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
Tamizhmani Velayutham				
Director	2.00	.0	0.	.0
Vijayakumar Santhalingam				
Director	2.00	0.	0.	0.
	4.00	• 0	0.	0

CHICAGO TAMIL SANGAM 36-3286687 1

### Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

#### **Continuation Statement**

Description	Amount
Program Expenses	23,417.
Insurance	1,716.
Supplies and Office Expenses	2,873.
Total	28,006.