990EF	EF Transmission Status					2022
N ()		(K	eep for your records)		
Name(s) as shown on return Valluvan Tamil Acad	demy					number -4051298
The following will be transi	mitted to the IRS.	x 990	990-T	Amended 990	Amende	ed 990-T
		8868	4720	FinCEN 114		
The following state returns	will be transmitted:					
The following returns have	been suppressed or a	re not eligib	le and will NOT be	transmitted.		
EF Notes						

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

ganization Exempt From Income Tax
4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Δ	For the	2022 calendar year, or tax year beginning , 2022, and ending		, 20			
	Check if an		D Employer	identification number			
	Address	s change Valluvan Tamil Academy 45-4051298					
	Name ch	-	E Telephone				
	nitial retu	urn 3001 Emerald Chase Drive	(571)24				
		return/terminated City or town state or province sounts, and 7/D or foreign postel ends					
	Amended Application	on pending Herndon, VA 20171	Number	inpuon			
				ne organization is not			
_	Website						
				ach Schedule B			
-			Form 990).				
		organization: 🗵 Corporation 🗌 Trust 🔲 Association 🔲 Other_ s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ote				
		umn (B)) are \$500,000 or more file Form 990 instead of Form 990-F7	_	E4 E04			
				74,784			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in		,			
	1 .	Check if the organization used Schedule O to respond to any question in this Part I					
	1	Contributions, gifts, grants, and similar amounts received		2,206			
	2	Program service revenue including government fees and contracts		72,202			
	3	Membership dues and assessments					
	4	Investment income	4	82			
	5a	Gross amount from sale of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c				
	6	Gaming and fundraising events:					
	а	Gross income from gaming (attach Schedule G if greater than					
Jue		\$15,000)					
Revenue	b	Gross income from fundraising events (not including \$ of contributions					
8		from fundraising events reported on line 1) (attach Schedule G if the					
		sum of such gross income and contributions exceeds \$15,000) 6b					
	С	Less: direct expenses from gaming and fundraising events 6c					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract					
		line 6c)	6d				
	7a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c				
	8	Other revenue (describe in Schedule O)	8	294			
	9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and &	. 9	74,784			
	10	Grants and similar amounts paid (list in Schedule O)	10				
	11	Benefits paid to or for members					
	12	Salaries, other compensation, and employee benefits	12				
ses	13	Professional fees and other payments to independent contractors	13	12,503			
Expenses	14	Occupancy, rent, utilities, and maintenance	14	42,920			
X	15	Printing, publications, postage, and shipping	15	19,241			
	16	Other expenses (describe in Schedule O)	16	20,996			
	17	Total expenses. Add lines 10 through 16	. 17	95,660			
	18	Excess or (deficit) for the year (subtract line 17 from line 9)		(20,876			
Sts	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					
SSE		end-of-year figure reported on prior year's return)	19	305,837			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		,			
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		284,961			

Form 990-EZ (2022) Valluvan Tamil Academy 45-4051298 Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O	to respond to any qu	estion in this Part	<u> </u>		
			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			305,837	22	284,961
23 Land and buildings			0	23	(
24 Other assets (describe in Schedule O)			0		(
25 Total assets			305,837		284,961
26 Total liabilities (describe in Schedule O)			0	_	(
27 Net assets or fund balances (line 27 of column (B) must			305,837	27	284,961
Part III Statement of Program Service Accompli	`		·		Expenses
Check if the organization used Schedule O				(Re	quired for section
What is the organization's primary exempt purpose? Teachin Describe the organization's program service accomplishments for as measured by expenses. In a clear and concise manner, describersons benefited, and other relevant information for each program.	or each of its three larg	est program services		orga	(c)(3) and 501(c)(4) anizations; optional for ers.)
28For the current school year, Valluvan					
about 700 children in 8 different leve					
also organizes various cultural and ed					
(Grants \$ 74,408) If this amou	nt includes foreign gran	ts, check here .		28a	95,648
29					
(Grants \$) If this amount	nt includes foreign grant	ts, check here .		29 a	1
30					
	nt includes foreign grant	<u> </u>	· · · · · · · <u> </u>	30a	1
31 Other program services (describe in Schedule O)					
	nt includes foreign grant	· · · · · · · · · · · · · · · · · · ·		31a	
32 Total program service expenses (add lines 28a through				32	
Part IV List of Officers, Directors, Trustees, and Key		·			· -
Check if the organization used Schedule O to res	spond to any question in			• •	
(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 employed benefit plans, and deferred compensation		(e) Estimated amount of other compensation
Lekshmi Velraj					
President	20.00	0		,	0
Rashmi Palaniappan					
Vice President	20.00	0		o	0
Kishore Shankar Singh					
Secretary	20.00	0)	0
Vanjinathan Sanjeevi					
Joint Secretary	20.00	0)	0
Sripriya Jayaraman					
Treasurer	20.00	0)	0
Eswari Sivaraj					
Parents Representative	20.00	0	(ַ	0
Bavani Chidambaram					
Teachers Representative	20.00	0	(ַ	0

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🛛	
			Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a				
	detailed description of each activity in Schedule O	33		х	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed				
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				
	change on Schedule O. See instructions	34		х	
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business				
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х	
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b			
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000			
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330			
30	during the year? If "Yes," complete applicable parts of Schedule N	36		v	
27.0	Enter amount of political expenditures, direct or indirect, as described in the instructions	30		Х	
		276		37	
	Did the organization file Form 1120-POL for this year?	37b		X	
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	00.			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х	
	If "Yes," complete Schedule L, Part II, and enter the total amount involved				
39	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on line 9				
	Gross receipts, included on line 9, for public use of club facilities				
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
L-	section 4911: ; section 4912: ; section 4955:				
D	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I				
_	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
٨	4955, and 4958				
u	40c reimbursed by the organization				
_	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		х	
41	List the states with which a copy of this return is filed:	400		A	
	The approximation is the state of the state	46-39	966		
u	Located at: 4323 Galesbury Lane, Chantilly, VA ZIP+4 20151	10 0.	, , ,		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х	
	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
	Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х	
	If "Yes," enter the name of the foreign country:				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	· · ·			
	and enter the amount of tax-exempt interest received or accrued during the tax year				
			Yes	No	
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ	44a		Х	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ	44b		X	
	Did the organization receive any payments for indoor tanning services during the year?	44c		X	
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				
	explanation in Schedule O	44d			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х	
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		Х	

45-4051298

							Ye	s No
46 [Did the organization engage, directly or indirect	ly, in political campaign a	ctivities on behalt	of or in opp	osition			
t	o candidates for public office? If "Yes," comple	ete Schedule C, Part I .		. .			46	х
Part V					-			
	All section 501(c)(3) organization	s must answer ques	tions 47 - 49k	and 52, a	and complete t	the table	es for li	nes
	50 and 51.							
	Check if the organization used So	chedule O to respon	d to any ques	tion in this	s Part VI			🗆
			, , , , , , , , , , , , , , , , , , ,				Ye	
47 [Did the organization engage in lobbying activition	es or have a section 501/	h) election in effe	ct during the	tax	Γ		
	year? If "Yes," complete Schedule C, Part II .			-			47	х
	s the organization a school as described in sec					-		
	_	, ,, ,, ,, ,	•				48	Х
	Did the organization make any transfers to an e	•	•				49a	X
	f "Yes," was the related organization a section	-				L	49b	
	Complete this table for the organization's five hig		` `	•	•	•		
€	employees) who each received more than \$100	,000 of compensation from	n the organizatio	n. If there is	none, enter "None	e."		
		(b) Average	(c) Reportat		d) Health benefits,	(-) [
	(a) Name and title of each employee	hours per week	compensati (Forms W-2/1099		tributions to employee efit plans, and deferred	1 ' '	stimated am ther comper	
		devoted to position	1099-NEC		compensation			
							-	
NONE								
NONE								
f 7	Fotal number of other employees paid over \$10	0.000		l .				
				o who coch	raccivad mara tha	_		
	Complete this table for the organization's five high			s who each	received more that	11		
	\$100,000 of compensation from the organization	n. It there is none, enter "	None."					
	(a) Name and business address of each independent contra	ctor	(b) Type	of service		(c) Compe	ensation	
	(-)		(, -, -, -, -, -, -, -, -, -, -, -, -,			(-,		
NONE								
ď	Total number of other independent contractors	each receiving over \$100	,000					
52 [Did the organization complete Schedule A? No	ote: All section 501(c)(3)	organizations mu	ist attach a				
C	completed Schedule A					X	Yes	No
	ties of perjury, I declare that I have examined this retu							e
•	• • • •				•	wicage and	beller, it i	3
ilue, correct,	, and complete. Declaration of preparer (other than o	ilicer) is based on all informa	tion of which prepa	rei nas any ki	lowledge.			
٥.	Lekshmi Velraj							
Sign	Signature of officer				Date			
Here	Lekshmi Velraj, President	<u>:</u>						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date		Check if	PTIN		
Paid	Peter Yeronimuse EA, CFE		h4-	27-2023	self-employed		656819	
r ald Prepare	,	inting Committee	ρ4-	_, _,,		FUU	220019	
•					Firm's EIN			
Use Onl	-				-			
	Silver Spring MI					<u>-573-</u> 8		-
May the IR	S discuss this retum with the preparer shown a	bove? See instructions		· • • • • •		X	Yes	No
EEA						Fο	rm 990-E	Z (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** Valluvan Tamil Academy 45-4051298 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 🛮 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. С Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing support (see other support (see instructions) instructions) above (see instructions)) document? Yes No (A) (B) (C) (D)

(E) Total

45-4051298

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	38,864	15,813	1,865	4,431	2,206	63,179
2	Gross receipts from admissions, merchandise	·	•	,	,	·	
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose	119,705	121,902	117,790	78,230	72,202	509,829
3	Gross receipts from activities that are not an		111/301		75,255	12/202	303,023
Ū	unrelated trade or business under section 513	15,259	31,200	10,606	23,332		80,397
4	Tax revenues levied for the	13,239	31,200	10,000	23,332		80,391
7	organization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5	173,828	168,915	130,261	105,993	74,408	653,405
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						653,405
Secti	on B. Total Support				1		,
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	173,828	168,915	130,261	105,993	74,408	653,405
10a	Gross income from interest, dividends, .	,	,	,	,	,	,
	payments received on securities loans, rents,						
	royalties, and income from similar sources .		25	36	85	82	228
b	Unrelated business taxable income (less			30	- 00	02	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b		25	36	85	82	228
C 44			25	36	85	82	228
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	173,828	168,940	130,297	106,078	74,490	653,633
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as	a section 501(c	:)(3)
	organization, check this box and stop her	e					<u>x</u>
Secti	on C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2022 (line 8	, column (f), di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2021 Scho	edule A, Part II	II, line 15 .			16	%
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2022 (I	ine 10c, colum	n (f), divided b	y line 13, colur	mn (f))	17	%
18	Investment income percentage from 2021			-		18	%
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2021. If the organizati	' -	-				
~	line 18 is not more than 33 1/3%, check this box						
20	Private foundation. If the organization did		-			-	
	ato roundation. Il tile organization til	a not one on a r	ON OH HIT 14,	100,01 100,0	TOOK IIIIS DUX C	and Joe manuc	

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Name	of organization			Employer iden	tification number	
Vallu	uvan Tamil Academy			45-4051298		
Part	I-A Complete if the	e organization is exempt ur	nder section 501	(c) or is a section 527	organization.	
1	Provide a description of the o	organization's direct and indirect politi	cal campaign activities	s in Part IV. See instructions fo	or	
	definition of "political campai	•				
2		penditures. See instructions				
3		ampaign activities. See instructions				
Part	I-B Complete if the	e organization is exempt ur	nder section 501	(c)(3).		
1	Enter the amount of any exci	se tax incurred by the organization ur	nder section 4955	\$		
2		se tax incurred by organization mana				
3	S .	section 4955 tax, did it file Form 472	•			
4a				• • • • • • • • • • • • • • • • • • • •	Yes No)
b	If "Yes," describe in Part IV.			() () ()	() (0)	_
Part		e organization is exempt ur		· · · · · · · · · · · · · · · · · · ·	(c)(3).	_
1	•	pended by the filing organization for so	•			
2	-	organization's funds contributed to o	•			
_	•	s				_
3		ditures. Add lines 1 and 2. Enter here				
_						_
4		Form 1120-POL for this year?)
5		and employer identification number (E		· -		
		. For each organization listed, enter the	•	• •		
	•	outions received that were promptly a	•			
	as a separate segregated tu	nd or a political action committee (PA ⊺	AC). If additional space	s needed, provide information	n in Part IV.	_
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political	
				filing organization's funds. If none, enter -0	contributions received and promptly and directly	
				idilds. If florie, effici -0	delivered to a separate	
					political organization. If none, enter -0	
					ii none, enter -o	_
(1)						
(2)						
						_
(3)						
						_
(4)			\dashv			
(5)						
						_
(6)						

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Employer identification number Name of the organization Valluvan Tamil Academy 45-4051298 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Solicitation of government grants Internet and email solicitations h Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a ☐ Yes ☐ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be b compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Valluvan Tamil Academy 45-4051298 01. Description of other revenue (Part I, line 8) Description Amount 294 Other types Income 02. List of grants and similar amounts paid (Part I, line 10) Covid Relief Activity Grantee Tamil Nadu Relationship Community 03. Description of other expenses (Part I, line 16) Description Amount 143 Domain Name VTA Registration Renewal Fee 55 Student Competitions 1,798 Web Hosting 170 370 Annual Day Expenses 4,216 Meeting Expenses Teachers Fund 2,072 Students' activities 1,510 Credit Card Processing Fee 132 481 Dues and Subscriptions 8,350 Trophy, Gift 1,624 Insurance Lia

75

Quickbooks

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022 Page 1
Name(s) as shown on return		FEIN
/alluvan Tamil	l Academy	45-405129
	Contribution Etc	
	Contribution Etc	
Description		Amount
Corporate Cont	tributions siness contributions	\$ 2,1
<u> </u>	Total:	: \$ 2,2
	iotai.	. 9
	Program Service Revenue	
Description		Amount
Students Fee		\$ 123,7
Discount		(50,0
Processing Fee		(1,5
	Total:	: \$ 72,2
	Professional Fee etc.,	
Description		Amount
Camil Virtual	University Exam Fee	\$ 4,9
Outside Servi		7,5 : \$ 12,5
	Total:	: \$ <u>12,5</u>
	Occupancy etc	
Description		Amount
Facility rent		\$ 39,9
Rent, Parking		2,9
	Total:	2,9 : \$ 42,9
	Printing Etc	
	Printing Etc	
Description	<u>-</u>	<u>Amount</u>
ext Book Purd	<u>-</u>	\$ 18,1
Text Book Puro Printing	<u>-</u>	
Description Text Book Puro Printing Postage Classroom Supp	chases	\$ 18,1

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022	Page 2
Name(s) as shown on return		FEIN	_
Valluvan Tai	4.5	5-4051298	

Bank Balance

Description	Amount
Bank of America Checking (2714)	\$ 43,322
Bank of America Savings (2222)	205,237
Paypal Account 37075 minus prior period adjustment 673	36,402
Total:	\$ 284,961

Protax and Accounting Services

701 Jackson Road Silver Spring, MD 20904

Phone: (301)573-8574 Fax:
April 27, 2023
Valluvan Tamil Academy 3001 Emerald Chase Drive Herndon, VA 20171
Valluvan Tamil Academy:
Enclosed is the 2022 federal return for a tax-exempt organization, prepared for Valluvan Tamil Academy from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.
The federal return reflects neither a refund nor a balance due.
Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (301)573-8574.
Sincerely,
Peter Yeronimuse EA, CFE Protax and Accounting Services

Protax and Accounting Services

701 Jackson Road Silver Spring, MD 20904

Phone: (301)573-8574 | Fax:

April 27, 2023

Valluvan Tamil Academy 3001 Emerald Chase Drive Herndon, VA 20171

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (301)573-8574.

Sincerely,

Peter Yeronimuse EA, CFE Protax and Accounting Services

Tax Exempt Diagnostic Summary Name Employer Identification # 45-4051298

Demographics

Mailing Address: Phone: (571) 246-3966

3001 Emerald Chase Drive

Herndon, VA 20171

Resident State: VA

Diagnostics

Preparer: Peter Yeronimuse Invoice: Date: 04-27-2023

Return Information

Have an Dataver	2022	2021 Federal
Item on Return	Federal	(If available)
Total Revenue	74,784	
Total Expenses	95,660	
Net Excess (Deficit)	(20,876)	
Net Assets or Fund		
Balances	284,961	305,837

State/City Information

State/City	<u>Taxable</u>	<u>Total</u>	Change Fund	<u>UBIT</u>	<u>Total</u>	Refund/
	Revenue	Expenses	<u>Balance</u>		<u>Tax</u>	(Balance Due)