

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning		, 2011, and ending	, 20
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Federation of Tamil Sangams of North America		D Employer identification no.
	Doing Business As FETNA		36-3759132
	Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number
	222 Mossy Oak Way		(843) 814-7581
City or town, state or country, and ZIP + 4		G Gross receipts \$	
Mount Pleasant, SC 29464		258,350	
F Name and address of principal officer:		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ www.fetna.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1987	M State of legal domicile: 0

Part I Summary

A G o v e r n a n c e & A c t i v i t i e s	1 Briefly describe the organization's mission or most significant activities: Coordination of Tamil (Sangams) Associations of North America for social and cultural development.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	72
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	72
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
R e v e n u e	8 Contributions and grants (Part VIII, line 1h)	Prior Year 128,112	Current Year 98,103
	9 Program service revenue (Part VIII, line 2g)	163,952	158,671
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	356	576
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,704	1,000
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	295,124	258,350
	E x p e n s e s	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		249,985	189,535
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		249,985	219,104
19 Revenue less expenses. Subtract line 18 from line 12	45,139	39,246	
N e t A s s e t s o r F u n d B a l a n c e s	20 Total assets (Part X, line 16)	Beginning of Current Year 90,719	End of Year 129,965
	21 Total liabilities (Part X, line 26)		0
	22 Net assets or fund balances. Subtract line 21 from line 20	90,719	129,965

Part II Signature Block

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.

S i g n H e r e	Dhandapani Kuppaswamy	
	Signature of officer	Date
	Dhandapani Kuppaswamy, President	
	Type or print name and title	

P a i d P r e p a r e r U s e O n l y	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Peter Yeronimuse E A		03-14-2012		P00656819
	Firm's name ▶ Protax and Accounting Services	Firm's EIN ▶		Phone no.	
	Firm's address ▶ 701 Jackson Road			301-573-8574	
	Silver Spring MD 20904				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

Coordination of Tamil (Sangams) Associations of North America for social and cultural development.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 219,104 including grants of \$ 29,569) (Revenue \$ 258,350)

Coordination of Tamil Associations of North America for community development and conducted its annual convention.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 219,104