OMB No. 1545-1150

Form	990-EZ
Form	990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	Code (except private foundations)
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• Do not enter social security numbers on this form as it may be made public.

2016

to Dublia

		 Do not enter social security n Information about Form 990- 				-		Inspection		
Internal Revenue Service		· · · · · · · · · · · · · · · · · · ·					2_21	2016		
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	.9-		leet address)		100m/suite					
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	otum		ostal code					n		
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	0	X Cash Accrual Other (specify) ►				-		organization is not		
				7		•				
			, , _		or 527	(Form 990, 9	990-EZ,	or 990-PF).		
	-									
								13,546		
't I										
	Check if the	e organization used Schedule O to resp	bond to any qu	estion in t	his Part I			<u>x</u>		
1	Contributions,	gifts, grants, and similar amounts received				[1			
2	Program servi	ice revenue including government fees and cc	ontracts			[2	13,546		
3	Membership d	lues and assessments					3			
4	Investment inc	come	• • • • • • • •			[4			
5a	Gross amount	t from sale of assets other than inventory .	• • • • • • • •	5a	1					
b	Less: cost or c	other basis and sales expenses		5k)					
с	Gain or (loss)	from sale of assets other than inventory (Sub	stract line 5b fror	n line 5a)			5c			
6				,						
а	-	-	nan							
				6a	1					
b					of contribu	utions				
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16						H	16	10,127		
17		-					17	10,127		
18						•••••	18	3,419		
19			27, column (A))	(must agree	e with					
					• • • • •	•••••	19			
~~	Other changes	s in net assets or fund balances (explain in Se	chedule O)				20			
20	-	fund balances at end of year. Combine lines			• • • • • •					
	I Revenue or the 2 eck if ap dress ch me char itial return hended r plication counti ebsite ax-exe orm of dd lines II, colu- t I 1 2 3 4 5 a b c 6 a b c 6 a b c 6 a 10 11 12 13 14 15 16 17 18	ar the 2016 calendar reck if applicable: dress change me change ital return hal return/terminated hended return plication pending ccounting Method: ebsite: base ax-exempt status (cform of organization: cd lines 5b, 6c, and 7k II, column (B) below) t1 Check if th 1 Contributions, 2 Program servi 3 Membership of 4 Investment income 5a Gross amound b Less: cost or of c Gain or (loss) 6 Gaming and fr a Gross income from fundraisir sum of such g c Less: cost or of c Gross profit o b Gross sales o b Less: cost of g c Gross profit o g Total revenue g Total revenue g Total revenue g	Information about Form 990- or the 2016 calendar year, or tax year beginning eck if applicable: C Name of organization dress change Dallas Tamil Manram Number and street (or P.O. box, if mail is not delivered to st dress change mail return/terminated 6869 Shadow Glen Dr City or town, state or province, country, and ZIP or foreign p pilcation pending Frisco, TX 75035 Coccounting Method: Cash Accrual Other (specify) ► ebsite:	Information about Form 990-E2 and its inst or the 2016 calendar year, or tax year beginning 01-01 eck if applicable: C Name of organization 01-01 dress change Dallas Tamil Manram 01-01 me change Number and street (or P.O. box, if mail is not delivered to street address) 01 ial return/terminated 6869 Shadow Glen Dr 01 City or town, state or province, country, and ZIP or foreign postal code Prisco, TX 75035 cccounting Method: IC Cash Accrual Other (specify) ▶ ebsite: ▶ xxe-exempt status (check only one) - 501(0(3) 501(c)() ↓ (msert no.) organization: Corporation Trust Association Association dd lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$2 II. Check if the organization used Schedule O to respond to any qu 1 Contributions, gifts, grants, and similar amounts received	intervenue Service Information about Form 990-EZ and its instructions is one or the 2016 calendar year, or tax year beginning 01-01_,2016, and 01-01_,2016, and exit applicable: dress change Dallas Tamil Manram Dallas Tamil Manram me change Number and street (or P.O. box, if mail is not delivered to street address) isi return 6869 Shadow Glen Dr City or town, state or province, country, and ZIP or foreign postal code Prisco, TX 75035 countring Method: XC Cash Accrual Other (specify) > ebsite: > inx-exempt status (check only one) - 501(c)(3) S01(c)() 4 (insert no.) Mino granization: Corporation Trust Association Other dilenes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ I Revenue, Expenses, and Changes in Net Assects or Fund Bala Check if the organization used Schedule O to respond to any question in t 1 Cortibutions, gifts, grants, and similar amounts received 53 2 Program service revenue including government fees and contracts 54 3 Membership dues and as	Intervenues Service Intervenues Service Intervenues Service Intervenues Service Intervenues Service (C) Intervenues Intervenues Intervenues Intervenues Intervenues Intervenues Intervenues Intervenue Intervenue Intervenue Intervenue Intervenue Intervenue Intervenue Intervenues Intervenues	Intervence Service Information about Porm 990-E2 and its instructions is at www.rs.gen/orm990. cok if applicable: C Name of organization D Employ desk atrage Dallas Tamil Manram Roonvisule E Telephone at advances D Employ 417 desk atrage Dallas Tamil Manram Roonvisule E Telephone at advances E Telephone Roonvisule E Telephone desk atrage Differences Roonvisule E Telephone desk atrage Frisco., TX 75035 Number Roenvisule F Group E Number obsite: - - Roenvisule F Group E Number Roenvisule Roenvisule tice exempt status (check only one) - isot(c) isot(c) I group exempt status (check only one) - isot(c) I group exempt status (check only one) - isot(c) I group exempt status (check only one) - isot(c) I group exempt status (check only one) - isot(c) I group exempt	Information about Form 990-E2 and its instructions is at www.rs.gov/rom990. Information about Form 990-E2 and its instructions is at www.rs.gov/rom990. exit application: C Name of organization D Employer identity exit application: D Employer identity D Employer identity is a stange D Employer identity D Employer identity is a common organization: D Employer identity E Telephone numbers is a common E3659 Shadow Glen Dr E Formation E Telephone numbers is a common Figures D Employer identity E H Check L if the required to attach Sc is a common organization: Check ID Check ID if the required to attach Sc Sc is common organization: Check ID If the Stoce Sto		

Form 990-EZ (2016) Dallas Tamil Manram			47-5	0310	93 Page 2
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to resp	pond to any questior	n in this Part II .			
		(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments			0	22	3,419
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			0	24	0
25 Total assets			0	25	3,419
			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree			0	27	3,419
Part III Statement of Program Service Accomplishme			Ŭ		5,115
Check if the organization used Schedule O to res			[]		Expenses
What is the organization's primary exempt purpose? Applied for			••••	(Req	uired for section
what is the organizations primary exempt purpose: Appried 101	Exempt-Public	Charity		501(c	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each				orgar	nizations; optional for
as measured by expenses. In a clear and concise manner, describe the		e number of		other	s.)
persons benefited, and other relevant information for each program title	9.				
28					
(Grants \$) If this amount inc	cludes foreign grants, ch	neck here	▶ 📋	28a	
29					
(Grants \$) If this amount inc	cludes foreign grants, ch	neck here	► 🗌	29a	
30					
(Grants \$) If this amount inc	cludes foreign grants, cł	neck here	► 🔲	30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount inc	cludes foreign grants, cł	neck here	► 🗌	31a	
32 Total program service expenses (add lines 28a through 31a)				32	
Part IV List of Officers, Directors, Trustees, and Key Emplo				uctior	hs for Part IV)
Check if the organization used Schedule O to respond to					
		(c) Reportable	(d) Health benefits,		
(a) Name and title	(b) Average hours per week	compensation	contributions to emplo		(e) Estimated amount of
(-)	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensat		other compensation
		(il not paid, enter -0-)	deletted compensat		
Director	3.00	0		o	0
Rajesh Murugiah	5.00		1		<u> </u>
Director	3.00			0	0
Karthikeyan Neelamegam	3.00	(-	0
	2.00				0
Director	3.00	(0	0
Muniraj Janagrajan	2.00				•
Director	3.00	(/	0	0
				T	

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Pa	t 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
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			
04	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
		24		v
~-	change on Schedule O (see instructions)	34		X
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
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		Х
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		Х
37 a	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		Х
		5/15		<u></u>
30 d	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	00-		37
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	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:			
	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		
		400		
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			
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		Х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of Padmanabhan Gopalakrishnan Telephone no. 469-2	74-2	176	
	Located at ► 6869 Shadow Glen Dr, Frisco, TX ZIP + 4 ► 75035			
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		X
				- 21
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for EinCEN Form 114. Report of Foreign Bank and			
	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		X
	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
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
5		446		v
_	completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Χ
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		
45 a	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

Form 990-EZ (2016)

Form 9	990-EZ (201	6) Dallas Tamil Mar	nram				47-50	3109	3	F	Page 4	
										Yes	No	
46		organization engage, directly or indirectly, ir									77	
Dor		idates for public office? If "Yes," complete S Section 501(c)(3) organizations (•					•	46		X	
rai		All section 501(c)(3) organizations		ons 47-49	b and 52	and com	lete the ta	hles fi	or lir	105		
		50 and 51.			5 ana 52,				01 111	100		
		Check if the organization used Sch	edule O to respond	to any qu	estion in t	his Part V	Ι				. 🗆	
			•							Yes	No	
47		organization engage in lobbying activities o	r have a section 501(h) e	lection in eff	ect during th	e tax						
		"Yes," complete Schedule C, Part II						-	47			
48		rganization a school as described in section				• • • • •		. –	48			
49a		organization make any transfers to an exem		-		• • • • • •		-	49a			
b		was the related organization a section 527	0					• •	49b			
50	•	te this table for the organization's five highes ees) who each received more than \$100,000		•			•					
	employ					(d) Health						
		(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		contributions benefit plans,		(e) Est		l amour		
			devoted to position	(Forms W-2	/1099-MISC)	compe		our	er com	ipensai	1011	
f	Total nu	umber of other employees paid over \$100,00)0▶									
51		te this table for the organization's five highes		ent contracto	rs who each	received mo	ore than					
	\$100,00	00 of compensation from the organization. If	there is none, enter "Non	e."								
		Name and business address of each independent centre	ataz	(1)			(2)					
	(a)	Name and business address of each independent contra		(b) Type of service (c			(c) Compensation					
d	Total nu	umber of other independent contractors each	n receiving over \$100,000)	•							
52	Did the	organization complete Schedule A? Note:	All section 501(c)(3) orga	anizations m	ust attach a			_		_		
		ed Schedule A							Yes		No	
Unde	r penalties	of perjury, I declare that I have examined this ret	urn, including accompanying	schedules an	d statements,	and to the bes	t of my knowled	dge and	belief,	it is		
true, o	correct, an	d complete. Declaration of preparer (other than c	· ·	ation of which	preparer has a	any knowledge						
C:~-	<u> </u>	Priya Kalyanasundaram JR, Signature of officer	CPA			Date						
Sig												
Her	e	Priya Kalyanasundaram JR, Type or print name and title	CPA, CPA									
		51 1	Preparer's signature		Date		heck if	PTIN				
Paid		Priya Kalyanasundaram	.,	08-08-2017			Check if PTIN self-employed P01644631					
Prep		Firm's name VL Tax Services			00-00-20		Firm's EIN ►					
Use		Firm's address 14561 Kelmscot I	Dr									
	,	Frisco TX 75035				Phone r	no. 214-4	149-2	397			
May	the IRS of	discuss this return with the preparer shown a	bove? See instructions				· · · · · •		Yes	Χ	No	
EEA)-EZ	(2016)	

SCHEDULE O

(Form 990 or 990-EZ)

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.

Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016 **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Dallas Tamil Manram

Employer identification number

47-5031093 01. Description of other expenses (Part I, line 16) Description Amount Event Expenses 3,601 Website 169 Rent 2,168 2,517 Sponsorship sent 1,114 App Development Service Charges 33 500 Insurance 25 Tax