



990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2020

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.

Open to Public Inspection

A	or the	2020 calend	ar year, or tax year beginning , 2020, and ending		, 20
В	Check if ap	plicable	C Name of organization D E	nployer id	entification number
	Address c	hange	5	2-1790110	
	Name cha	nge	elephone n	umber	
=	Initial retu				
$\overline{}$		n/terminated	23 SINCLAIR ROAD City or town, state or province, country, and ZIP or foreign postal code	roup Exe	mption
=	Amended Applicatio	lumber			
		ing Method.	EDISON,NJ 08817 ☐ Cash ☐ Accrual Other (specify) ► H Chec	k > 🗸	f the organization is not
	Vebsite	•			ach Schedule B
		<u> </u>			0-EZ, or 990-PF)
		_	☐ Corporation ☐ Trust ☐ Association ☑ Other Non Profit		
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assi	nts	
			\$500,000 or more, file Form 990 instead of Form 990-EZ		
<u> </u>	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst		for Part I
_	arti		the organization used Schedule O to respond to any question in this Part I.		
	1		ons, gifts, grants, and similar amounts received	11	
	2		ervice revenue including government fees and contracts	2	16,526
	3	-	ip dues and assessments	3	40.000
	4	Investmen		4	12,822
	1			· 	2,641
	5a		ount from sale of assets other than inventory	\dashv $'$ \mid	
	b		or other basis and sales expenses		
	6 6	•	ss) from sale of assets other than inventory (subtract line 5b from line 5a) and fundraising events:		
	a	_	ome from gaming (attach Schedule G if greater than		
9	-	A			
Revenue	Ь	Gross inco	ime from fundraising events (not including \$ of contributions		
<u>§</u>	-		aising events reported on line 1) (attach Schedule G if the	1301	
			ch gross income and contributions exceeds \$15,000) 6b 13,2	25	
	c	Less: direc		38	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
		line 6c)		6d	-6,513
	7a	Gross sale	s of inventory, less returns and allowances 7a	11/2	0,010
	Ь		of goods sold		
	c		it or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8		nue (describe in Schedule O)	8	
	9	Total reve	nue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	25,476
	10	Grants and	d similar amounts paid (list in Schedule O) RECEIVED	10	17,174
	11	Benefits of	aid to or for members	, 11	
Š	12		ther compensation, and employee benefits		
enses	13		ther compensation, and employee benefits	13	250
	14	Occupanc	v. rent. utilities, and maintenance		2,748
EXP	15	Printing, pr	ublications, postage, and shipping OGDEN, UT	15	46
	16	Other expe	enses (describe in Schedule O)	16	3,981
	17		enses. Add lines 10 through 16		24,199
	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	18	1,277
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		1,211
SS	-		ar figure reported on prior year's return)		261,692
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)	<u> </u>	
ž	21		or fund balances at end of year. Combine lines 18 through 20	$\overline{}$	262.060
	<u>. – • </u>	. 10. 400010	or raine believed of the or your combined need to undergrape	121	262,969



Pa	t II Balance Sheets (see the instructions f	or Part II)				
•	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
				(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			261,692		262,969
23	Land and buildings				23	_ .
24	Other assets (describe in Schedule O)				24	<u> </u>
25	Total assets	· · · · · ·		261,692		262,969
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column	(P) must sares with			26	
Par		· · · _ · _ ·		261,692 Part III)	21	262,96
	Check if the organization used Schedule					Expenses
What		Social, Cultural, Reli				quired for section
Desc as m	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	shments for each o	f its three largest p	program services,	orga	(c)(3) and 501(c)(4) anizations, optional fo ers)
28	DURGA PUJA (Fall Festival): A major cultural-cum-re	ligious festival for A	sian-Indian commun	ity is organized		
	by this organization for two full days. Each day the p		orship of Mother Du	rga & ends with		1
	Cultural program (limited activity due to COVID19)		••			
		includes foreign gra			28a	8,44
29	SARASWATI PUJA (Winter Festival): This is the 2nd n					1
	spring. It is a full day program - starts with worship o			and ends with		
	a community dinner and a cultural program. Approxi				-	
20		includes foreign gra			29 a	8,473
30	HOLIDAY/ CHRISTMAS EVENT: The third major even suitable for the event. A dinner is also served to our					
	(Grants \$) If this amount	includes foreign gra	nts check here	▶ □	30a	2,404
31	Other program services (describe in Schedule O)				000	2,40
	· ·	includes foreign gra		▶ □	31a	414
32	Total program service expenses (add lines 28a t				32	19,73
Par					nstruc	
	Check if the organization used Schedule	O to respond to ar	ny 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 (if not paid, enter -0-)		6	Estimated amount of other compensation
1. Ta	pas Sanyal (Chairman)				1	-
4 K	Kady Lane, Kendali Park, NJ 08824		1	<u> </u>	\perp	
2. Sa	dhan Guha (Vice Chairman)					
	Sinclair Road, Edison, NJ 08820	<u> </u>	11	D		
	Irasish Basuroychowdhuri (General Secretary)					
	9 Wood Avenue, Edison, NJ 08820		1	<u> </u>	+	
	bhamoy Sen (Treasurer)					
	9 Compton Avenue, Edison, NJ 08820		1	<u> </u>	+	.
	mal Saha (Trustee)					
	Balsam Way South, Union, NJ 07083			<u> </u>	+	
	nud Roy (Trustee) Forest Haven Blvd. Edison, NJ 08817					
	ndip Saha (Trustee)			<u> </u>	+	
	Harding Avenue, Edison, NJ 08820			5		
	Harding Avonac, Edison, No 00020				\top	
		1				
					\top	• • • • • • • • • • • • • • • • • • • •
				1		
					\perp	

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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Fart V.) Check if the organization used Schedule O to respond to any question in thi	s Pari	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	103	√
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		1
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		1
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b		1
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		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		√ √
39 a b 40a	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
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		
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	9.77.	
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
_	Located at ZIP + 4			
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 ▶		9/// 1 2/2	₩
	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? If "Yes," enter the name of the foreign country	42c		
43	Section 4947(a)(1) nonexempt chantable 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
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		 ✓
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 44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	illilline.	V Consumi.
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		

46 '	Did t	he organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or i	n opposit	tion 🕵		NO
		ndidates for public office? If "Yes," c		, Part I	<u> </u>	<u> </u>	<u></u>	. 4	16	✓
Part \	VI	Section 501(c)(3) Organizations		-V 47 40b					- 61	
		All section 501(c)(3) organizations 50 and 51.	s must answer que	stions 47–49b ar	10 52, and	a con	ipiete tri	e table	S for III	ies
		Check if the organization used Sch	edule O to respond	to any question i	n this Par	- \/I				
		Check if the organization used oci	leadie O to respond	to any question	II diis i ai	VI		<u>· · · · · · · · · · · · · · · · · · · </u>	Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	ction in eff	ect du	unna the	tax [100	110
		If "Yes," complete Schedule C, Part							17	1
48	Is the	organization a school as described in							18	1
49a		he organization make any transfers to						. 4	9a	1
b		es," was the related organization a se							9b	1
50		plete this table for the organization's								
	empl	oyees) who each received more than	\$100,000 of comper	sation from the or	ganızation	. If the	re is non	e, enter	"None.	"
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu		employee nd deferred		nated amo	
None			••			•				
3331111		·····								
										_
					1					
							-			
f	Total	number of other employees paid over	or \$100 000	<u> </u>						
51		plete this table for the organization's			ent contrac	— ctors i	who each	receiv	ed mor	e than
٠.		,000 of compensation from the organ			3/10 OO/10/00		Wile cae		00 11101	O LIIGII
	(a)	Name and business address of each independ	ent contractor	(b) Type of	SANICA		(c)	Compen	eation	
				(a) Type of				- Compon		
None										
		· 		ļ						
		· ·				-				
										
	-					-				
						1				
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶					
52	Did 1	the organization complete Schedu	le A? Note: All se	ction 501(c)(3) or	rganization	s mu	st attach	n a		
	comp	oleted Schedule A	· · · · · · ·				<u> l</u>	► ☑ Y	<u>′es □</u>	No
		of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than						owledge	and belief	f, it is
	Tect, an	d complete Declaration of preparer (other trial)	officer) is based on all fillo	mation of which prepa		T				
Sign		Signature of office	·			Date	00/			
Here	1	▲ SUBHAMOY SEN, Treasurer				Date	03/5	31 /	202	/
		Type or print name and title						. / 6		<u>/</u>
De: 7		Print/Type preparer's name	Preparer's signature		Date	1	Obasii 🗆	_ PTI	N	
Paid Prepa	aror	And England a variable				- 1	Check L	yed		
Use (Firm's name ▶	<u> </u>			Firm's	EIN ▶			
		Firm's address ▶				Phone				
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions				► □ ∨	/es 🗍	No

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

2020

Name of the organization

Employer identification number

	_	STATE CULTURAL ASSOCIATION						90110
Pai	t l	Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	oart.) See instructi	ons.
The o	organ	iization is not a private founda	ition because it i	s: (For lines 1 through	12, ched	ck only or	ne box.)	
1		A church, convention of churc	hes, or associati	on of churches descri	ibed ın se	ection 17	0(b)(1)(A)(i).	~ CI
2		A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	1)4
3		A hospital or a cooperative hos	spital service org	ganızation described ı	n sectio r	170(b)(1	I)(A)(iii).	0 1
4		A medical research organization in medical research organization of the medical research organization in medical research organization of the medical research organization of the medical research organization of the medical research organization or medical research or medical r		onjunction with a hosp	oital desc	nbed in s	section 170(b)(1)(A)	(iii). Enter the
5		An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7		A federal, state, or local gover An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	□A	community trust described i	n section 170(b)	(1)(A)(vi). (Complete				
9	0	An agricultural research organ or university or a non-land-gra university:						
10	res	An organization that normally in eceipts from activities related support from gross investment acquired by the organization a	to its exempt full income and uni	nctions, subject to ce related business taxal	rtain exc ble incom	eptions; a ne (less si	and (2) no more than ection 511 tax) from	331/3% of its
11		An organization organized and	operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
12		An organization organized and						
		of one or more publicly support						
	_	Check the box in lines 12a thro	•			-	•	_
а	L	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	yonty of t	•	
b		Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of organization(s). You must	the supporting o	rganization vested in	the same		• •	
С		Type III functionally integ its supported organization(ally integrated with,
d		Type III non-functionally is that is not functionally integ requirement (see instruction)	grated. The orga	nization generally mu	st satisfy	a distribi	tion requirement an	
е		Check this box if the organ functionally integrated, or ?						e II, Type III
f		ter the number of supported o						
<u>g</u>	Pro	ovide the following information	about the supp	orted organization(s).	·			
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)		-						
(C)		-						
(D)								
(E)								
			l		1	ı	İ	l

Total

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Page	Z

Part ,	(Complete only if you checked the						
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.) /	
	on A. Public Support	1					
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not					/	
	include any "unusual grants.")					/	
2	Tax revenues levied for the					/	-
	organization's benefit and either paid to				/	1	
	or expended on its behalf						
3	The value of services or facilities	_					
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	19, 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1		1751 / 1/2 / 1/2	k 177 " 10, 592	**************************************	
5	The portion of total contributions by	19 19		San Shire I Shire			
	each person (other than a governmental unit or publicly						
	supported organization) included on	1. 14.61-31					
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4					sa a l	
	on B. Total Support					· ·	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	/ (c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,		/				
	payments received on securities loans, rents, royalties, and income from		/				
	similar sources		/ .				
9	Net income from unrelated business						
	activities, whether or not the business		/				
	is regularly carried on						
10	Other income. Do not include gain or		/				
	loss from the sale of capital assets	/					
	(Explain in Part VI.)	urioni, icinima (crisima	22-4////4//////////////////////////////	16 × 81111111111111111111111111111111111	er. CC iii al areellazosadiiiilias	MANAGERIANIA PAR MINISTERIA PARAMIA	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc						
13	First 5 years. If the Form 990 is for the			third fourth	or fifth tax ve	12 ar as a section	n 501(c)(3)
	organization, check this box and stop he	- /					
Secti	on C. Computation of Public Suppor	. 1					
14	Public support percentage for 2020 (line (6 column (f), d	ivided by line	11, column (f))		14	%
15	Public support percentage from 2019 Sch					15	%
16a	331/3% support test—2020. If the organi						check this
_	box and stop here. The organization qua			-			· · · 🟲 🗆
Ь	331/3% support test—2019. If the organization					is 331/3% or m	ore, cneck
170	- /			_			
17a	10%-facts-and-circumstances/test - 20 10% or more, and if the organization m						
	Part VI how the organization meets the						
	organization						▶ □
b	10%-facts-and-circumstances test-26	019. If the ora	anızatıon dıd n	ot check a bo	x on line 13. 1	6a, 16b. or 17	a, and line
	15 is 10% or more, and if the organizatio	n meets the fa	cts-and-circur	nstances test,	check this bo	x and stop he	re. Explain
	in Part VI how the organization meets the						
4.5	organization						▶ 🗆
18	Private foundation of the organization of				•		x and see
	instructions /	· · · · <u> </u>	<u> </u>	<u></u>	<u> </u>	<u></u>	▶ □

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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			· · · · · · · · · · · · · · · · · · ·			
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	\.,'-,'		<u> </u>	(=, =====	,	
	received. (Do not include any "unusual grants.")	13906	19905	21409	25640	24363	105223
2	Gross receipts from admissions, merchandise	1,555,5		27,100			
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	86234	115151	123273	145792	18211	488661
3	Gross receipts from activities that are not an	33237					
	unrelated trade or business under section 513	100140	135056	144682	171432	42574	593884
4	Tax revenues levied for the					1	
	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	100140	135056	144682	171432	42574	593884
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	i				,	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			•			593884
8	Public support. (Subtract line 7c from		44.4				\checkmark
	line 6.)	Be L L	i i		14		
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	100140	135056	144682	171432	42574	593884
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	1540	1511	3186	3802	2641	12680
Ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b	4540	4544	0400	2222	9944	
11	Net income from unrelated business	1540	1511	3186	3802	2641	12680
••	activities not included in 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.)	101680	136567	147868	175235	45215	606564
14	First 5 years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop he						▶ □
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2020 (line	8, column (f), di	vided by line	13, column (f))		15	97.91 %
16	Public support percentage from 2019 Sc	hedule A, Part I	II, line 15 .			16	98.22 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2020					17	2.09 %
18	Investment income percentage from 201					18	1.52 %
19a	331/3% support tests—2020. If the organ			•			•
	17 is not more than 331/3%, check this box					=	_
b	331/3% support tests - 2019. If the organization						
	line 18 is not more than 331/3%, check this	box and stop he	ere. The organi	zation qualifies	as a publicly su	upported organi	zation 🕨 🔽
20	Private foundation. If the organization d	id not check a b	oox on line 14.	. 19a. or 19b. c	heck this box	and see instruc	tions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- C Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	V Supporting Organizations (continued)			
41			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		16 1/4	
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		97 der/	
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	4		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	£#33/./	iil	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	Gr.	1 1	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			35.5
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Con ?	14 %	
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
		William 200	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		They is the	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1. 19	7
	or management of the supporting organization was vested in the same persons that controlled or managed			2969
Casti	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			·
_		WWW.	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1 / 1/4	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	2		
2	•	1		1 14/20
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	Willia.		
	the organization maintained a close and continuous working relationship with the supported organization(s).	<u>###</u> 2	9096	
3		2 822/4	1 1977	18.111.1111111111111111111111111111111
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's		* / /	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		2.35 <i>(111)</i> 3
Section	on E. Type III Functionally Integrated Supporting Organizations	, •		_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			- 7·
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see ın	struct	ions).
2	Activities Test. Answer lines 2a and 2b below.	` [Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	10///	v :	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			* ,
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2535-77	", , ,	2/3///S
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		Silk a	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1.	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	10		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	2.40		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		/
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	Control of the state of the	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).		integrated Type III support	ing organization

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continue	d)	
Sečt	ion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish		•	1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations -	3	
4	Amounts paid to acquire exempt-use assets		·	4	
5	Qualified set-aside amounts (pnor IRS approval required	provide details in Part	: VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	ch the organization is re:	sponsive	_	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	-1
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016	Ba Alandi Salar Salar Salar			
	From 2017	Three Tales Aller of Bullet in Parties Internation			llas i Bliefe i Bas Sillas Blutte i Staries
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e	- THE SHAPE HE PARTY AND THE SHAPE S	Bear Such State Company	Willes.	
g	Applied to underdistributions of prior years	A The Marie Marie Marie	Commence of the Commence of th	,,,,,,	Marit Marie Standiller Miller Miller
h	Applied to 2020 distributable amount			1 p	
i	Carryover from 2015 not applied (see instructions)	3,000	(4) (3) (4) (5) (5) (6) (6) (7) (7) (8) (8) (8) (7)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from		A Albert As Albert Albert	(Milita	thing the Star test in the State
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				THE THIRD I I TO STORY SHOWS
	Remainder. Subtract lines 4a and 4b from line 4.	The state of the s			Alle St. Alle Billion College
5	Remaining underdistributions for years prior to 2020, if	13 19 19 19 19 19 19 19 19 19 19 19 19 19	4111 C.	vannan	
_	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.		,		
6	Remaining underdistributions for 2020. Subtract lines 3h				Mary Constitute - 2011 C 2000 C 1 2 May 1 1 1 May 1 1 1 May 1 1 May 1
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3	more contine seems of many from all the			
-	and 4c.				
8	Breakdown of line 7:	THE SHALL PHILIPPING	Maria Suran	10 00 5°	oman mena yararan serranan (samunin dan da Militar Malifa Bara Militar (dan dan dan dan dan dan dan dan dan dan
a	Excess from 2016 .			78	Maria e communication de la communicación del communicación del communicación de la co
<u></u>	Excess from 2017		The second secon	37	en en exemple de la companya del companya del companya de la compa
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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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.

2020

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number **GARDEN STATE CULTURAL ASSOCIATION** 52-1790110 Grants and similar amounts paid (Line 10) Scholarships to Plainfield High School \$ 3,000 Scholarships to Other Students \$ 6,259 Donation (Covid19) 87,915 Total Scholarships paid 8 17,174 Other expenses (Line 16) Bank Fees 8 305 Board Election Expenses 8 495 Meeting Expenses 8 145 **Bylaws Revision \$ 1,260** Insurance & PO BOX rent \$ 569 Other Administrative Expenses \$ 1,207 \$ 3,981 Other program services (Line 31) Baisakhı (spring Event) 8 414