TAX YEAR: 2020

PREPARED FOR: SANGSANGAI CORP

PREPARED BY: JITENDRA RANA

Following is a copy of your 2020 Federal and State Income Tax Returns for your records. Thank you for your business. С

RETURN STATUS LETTER

JJ TAX AND ACCOUNTING INC Jitendra B. Rana 5555 N Sheridan Rd Ste 3 Chicago, IL 60640 <u>info@jjtax.net</u> PHONE (224)208-8299

04/09/2021

Sangsangai Corp P O Box 170428 Brooklyn, NY 11217 SHARDA@SANG-SANGAI.ORG PHONE: (312)953-7192

Dear Sangsangai Corp,

Below you will find the status of your Federal and/or state income tax returns, which were prepared from the information you provided. You are not required to mail these returns, as they have been e-filed. Please retain the paper copies in your files for a minimum of 3 years, per IRS guidelines. Below is the status of your e-filed return(s).

FED/ST	RETURN STATUS	REFUND	BALANCE DUE
FED		\$0	\$0
		\$	\$0

We kindly ask that you review these records and if you have any questions about your 2020 return(s), feel free to give us a call. We are available throughout the year should you require further assistance.

Thank you for your business!

Sincerely,

Jj Tax And Accounting Inc

(773)944 - 9044

Return of Organization Exempt From Income Tax Made section 501(6), 527, or 4917(8(1)) of the Internal Revenue Code (except private foundation) Description Colspan="2">Description Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Col		00		Short Form			OMB No. 1545-0047
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For Paperwork Reduction Act Notice, see the separate instructions	2	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. 🕨	21	837

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

	990-EZ (2020) rt II Balance Sheets (see the instructions the second sec	for Part II)				Page 2
10	Check if the organization used Schedule		ny question in this I	Part II		
			<u> </u>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			., ,	22	837
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			5388	25	837
26				5500	26	051
27	Net assets or fund balances (line 27 of column			5388	27	837
Par		., .	,			
	Check if the organization used Schedule					Expenses
Wha		STATEMENT#3	., queener			quired for section
	5 1 5 111		· · · · · · · · · · · · · · · · · · ·			(c)(3) and 501(c)(4) anizations; optional for
as n	cribe the organization's program service accompli neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the			- U	ers.)
28	VILLAGE DEVELOPMENT PROGRAMS					
	(Grants \$ 4035) If this amount	includes foreign gra	nts. check here	► □	28a	a 0
29				· · · · · ·	200	- <u>-</u>
	(Grants \$) If this amount	includes foreign gra	nts check here	▶ □	298	
30				· · · · ·	230	
31	Other program services (describe in Schedule O)				30a	
		includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	
Par	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				nstru	ictions for 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-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation) Estimated amount of other compensation
NAT	ASHA WOZNIAK	-				
EXE	CUTIVE DIRECTOR	10	0		0	0
SAN	JAY SHRESTHA	_				
SEC	RETARY AND DIRECTOR	5	0		0	0
SHA	RDA J THAPA	_				
TRE	ASURER AND DIRECTOR	5	0		0	0
GAU	RAV SHARMA	_				
DIRI	ECTOR	1	0		0	0
MAF	K DOREMAN					
DIRI	ECTOR	1	0		0	0
					_	
		-			_	
		-				
		-				
		-				
		-				

Form 99	90-EZ (2020)			age 3
Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
			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		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	00		- 11
	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		X
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		X
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		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
~ 7	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	076		v
b 38a	Did the organization file Form 1120-POL for this year?	37b		Х
oou	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 0	004		71
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			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright 0 ; section 4912 \triangleright 0 ; section 4955 \triangleright 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 \ldots			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization \ldots			
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 ►			
42a	The organization's books are in care of ► SHARDA J THAPA Telephone no. ► 312		92	
	Located at \blacktriangleright 2835 W FARGO AV CHICAGO IL ZIP + 4 \blacktriangleright 6064 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	5		
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401-	Yes	NO X
	If "Yes," enter the name of the foreign country >	42b		Λ
	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		. I	
	and enter the amount of tax-exempt interest received or accrued during the tax year		V-	-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
ττα	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	a		
~	completed instead of Form 990-EZ	44b		Х
с	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		Х
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Χ
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	4		37
	Form 990-EZ. See instructions	45b		X

	Did the organization engage, directly or in					Yes	Ma
to		and the state of the second state and the				162	No
art VI	o candidates for public office? If "Yes," of		, Part I		· 46		X
/		-					
	All section 501(c)(3) organization	s must answer que	stions 47–49b and	52, and complete the	e tables f	or line	ЭS
	50 and 51.						
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI			
						Yes	No
	Did the organization engage in lobbying						
y	vear? If "Yes," complete Schedule C, Par	tll			· 47		X
8 Is	s the organization a school as described in	n section 170(b)(1)(A)(ii	i)? If "Yes," complete S	Schedule E	. 48		X
9a D	Did the organization make any transfers t	o an exempt non-cha	ritable related organiz	ation?	. 49a		X
b If	f "Yes," was the related organization a se	ection 527 organizatio	on?		. 49b		
0 C	Complete this table for the organization's	five highest compens	sated employees (oth	er than officers, directo	ors, trustee	es, an	d ke
e	employees) who each received more than	n \$100,000 of comper	nsation from the organ	nization. If there is none	e, enter "N	lone."	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee	(e) Estimate		
		devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other corr	ipensat	1011

f Total number of other employees paid ov	er \$100,000		

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over 100,000 . . \blacktriangleright

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

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.

					04/12/2021	
Sign	Signature of officer			Date		
Here	SHARDA J THAPA, TREASUR	ER				
	Type or print name and title					
Paid	Print/Type preparer's name	Preparer's signature	Date		Check if	PTIN
Preparer	JITENDRA RANA		04/09/2021			P0-1535199
Use Only	Firm's name 🕒 JJ TAX AND ACCOU	JNTING INC		Firm's	EIN ► 81-45	28308
	Firm's address Firm's			Phone	eno. 773-9	449044
May the IRS	discuss this return with the preparer s	shown above? See instructions			🕨 [Yes No

SCHEDULE A (Form 990 or 990-EZ)

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.

2020 **Open to Public**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

....

ploye	r identification	
81	2507405	

S	ANGS	SANGAI CORP					81 250/405				
Par	tl	Reason for Public Cha	r ity Status. (All	l organizations mus	t comple	ete this p	oart.) See instructio	ons.			
The o	organiz	zation is not a private founda	tion because it i	s: (For lines 1 through	12, chec	k only or	ne box.)				
1	A	church, convention of church	nes, or associati	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).				
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the										
	hc	ospital's name, city, and state) :								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		federal, state, or local govern	nment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).				
7		n organization that normally escribed in section 170(b)(1)			port from	a gover	nmental unit or from	the general public			
8	A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)						
9		n agricultural research organi				erated in	conjunction with a la	and-grant college			
	or	university or a non-land-gra									
10	X Ar	n organization that normally r	eceives (1) more	than 331/3% of its su	pport fro	m contrib	outions, membership	fees, and gross			
	re	ceipts from activities related pport from gross investment	to its exempt fur	nctions, subject to ce	rtain exce	eptions; a	and (2) no more than	33 ¹ /3% of its			
	ac	equired by the organization a	fter June 30, 197	75. See section 509(a	a)(2). (Cor	nplete Pa	art III.)	DUSINESSES			
11		n organization organized and				-					
12	🗌 Ar	n organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes			
	of	one or more publicly suppo	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).			
	Cł	heck the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting c	organizatio	on and complete line	s 12e, 12f, and 12g.			
а		Type I. A supporting organ	ization operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving			
		the supported organization					he directors or truste	ees of the			
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.						
b		Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organization	on(s), by having			
		control or management of				persons	that control or mana	age the supported			
		organization(s). You must	complete Part I	V, Sections A and C.	,						
С		Type III functionally integ						Ily integrated with,			
		its supported organization(s) (see instructio	ns). You must compl	lete Part	IV, Secti	ons A, D, and E.				
d		Type III non-functionally i	-		•			• • • • • • • • • • • • • • • • • • • •			
		that is not functionally integ						d an attentiveness			
		requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.				
е		Check this box if the organ functionally integrated, or T						II, Type III			
f	Ente	er the number of supported o	organizations .								
g	Prov	vide the following informatior	n about the supp	orted organization(s).				,			
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1–10 above (see instructions))	listed in you docur	r governing ment?	support (see instructions)	other support (see instructions)			
				above (see instructions))			instructions)	instructions)			
					Yes	No					
(A)											
(B)											
(C)											

0

0

(D)

(E) Total

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	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.")	0	0	0	0	0	0
2	Tax revenues levied for the	0	0	0	0	0	0
2	organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4						0
-	on B. Total Support						<u>_</u>
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business	0	0	0	0	0	0
	activities, whether or not the business		0				0
10	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10	0	0	0	0	0	0
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	0
13	First 5 years. If the Form 990 is for the						-
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2020 (line 6	6, column (f), d	ivided by line	11, column (f))		14	0 %
15	Public support percentage from 2019 Sch	nedule A, Part I	I, line 14 .			15	0 %
16a	331/3% support test-2020. If the organi						
	box and stop here. The organization qua			-			
b	33 ¹ / ₃ % support test-2019. If the organi this box and stop here. The organization						
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization meta Part VI how the organization meets the organization	eets the facts	-and-circumsta umstances tes	ances test, ch st. The organiz	eck this box a ation qualifies	nd stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa e facts-and-cire	cts-and-circur cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and stop he s as a publicly	re. Explain supported
18	Private foundation. If the organization						
	instructions						🟲 📘

Schedule A (Form 990 or 990-EZ) 2020

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			, <u> </u>	1	/				
Calen	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.")	50402	77350	44362	6875	4035	183024			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
3	organization's tax-exempt purpose	0	0	0	0	0	0			
	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0			
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0			
6	Total. Add lines 1 through 5	50402	77350	44362	6875	4035	183024			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0			
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	0	0	0	0	0	0			
с	Add lines 7a and 7b	0	0	0	0	0	0			
8	Public support. (Subtract line 7c from line 6.)						183024			
Secti	on B. Total Support									
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
9	Amounts from line 6	50402	77350	44362	6875	4035	183024			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	0	0	0	0	0	0			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0			
С	Add lines 10a and 10b	0	0	0	0	0	0			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0			
13	Total support. (Add lines 9, 10c, 11,									
14	and 12.)	-								
Santi	organization, check this box and stop he on C. Computation of Public Suppor						· · 🕨 📘			
<u>3ecu</u> 15	Public support percentage for 2020 (line 8			13. column (fi)		15	100 %			
16	Public support percentage for 2020 (inter Public support percentage from 2019 Scl					16	0 %			
	on D. Computation of Investment In					1.0	. ,			
17	Investment income percentage for 2020 (y line 13, colu	mn (f))	17	0 %			
18	Investment income percentage from 2019	Schedule A, I	Part III, line 17			18	0 %			
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 organiz line 18 is not more than 331/3%, check this	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and			
20	Private foundation. If the organization di		-	-	heck this box	and see instruc	ctions 🕨 🗌			
	Schedule A (Form 990 or 990-EZ) 2020									

Page 3

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.)

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

С

Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons?
 A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described in line 11a above?
 - 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**.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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 organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported 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, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			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 organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		

Section 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 instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 that these activities constituted substantially all of its activities.
- 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **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.

Yes No

11a

11b

11c

С

3a	
3b	

Yes No

2a

2b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A—Adjusted Net Income	(A) Prior 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) Prior 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
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		
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). 	ally	ntegrated Type III suppo	rting organization

Schedule A (Form 990 or 990-EZ) 2020

Part	le A (Form 990 or 990-EZ) 2020 V Type III Non-Functionally Integrated 509(a)(3)) Supporting Organi	zations (continue	d)	Page
	ion D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		rted	2	
3	Administrative expenses paid to accomplish exempt purp	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.		/	6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(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 — <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a					
 b					
c					
d	From 2017 . . . From 2018 				
e					
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributions of phot years				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

С

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Page 8

 B, lines 1 3a, and 3	and 2; Pab; Part V,	Section A art IV, Sec line 1; Pa	A, lines 1, ction C, lii art V, Sec	2, 3b, 3c, ne 1; Part tion B, lin	4b, 4c, 5a IV, Section e 1e; Part V	a, 6, 9a, 9t n D, lines V, Section	o, 9c, 11a, 2 and 3; P 1 D, lines 5	11b, and 1 art IV, Sect	1c; Part IV, ion E, lines and Part V,	Section 1c, 2a, 2b

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

SCHEDULE O (Form 990 or 990-EZ)	Complete to prov	ide information for respo	Form 990 or 990-EZ onses to specific questions o by additional information.	
Department of the Treasury	Open to Public			
Internal Revenue Service	► Go to	www.irs.gov/Form990 for	the latest information.	Inspection
Name of the organization				Employer identification number
SANGSANGAI CO	RP		8	1 - 2507405
STATEMENT #1	FORM 990EZ - LINE 1	LO - Grants and	similar amounts pa	id
CLASS OF ACT		GRANTEE NAME	RELATIONSHIP	AMOUNT
VILLAGE DEVELO	PMENT PROGRAM	SANGSANGAI	AFFILIATE	4035
ADDRESS	CITY	STATE	ZIP	
0	BROOKLYN	J NY	11217	
THE BALANCE OF	THE CONTRIBUTIONS	WERE EACH \$5,00	0 OR LESS.	

BNA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

20**20** Open to Public

Inspection

Internal Revenue Service
Name of the organization

SANGSANGAI CORP

STATEMENT #2 FORM 990EZ - LINE 16 - Other exp	Denses
DESCRIPTION	AMOUNT
ACCOUNTING FEES	750
BANK FEES	426
INTERNET WEBSITE HOSTING	212
SOFTWARE SUBSCRIPTION LICENSES	228
TOTAL	1616

BNA

OMB No. 1545-0047

С

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	1	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.	F	2020
Department of the Treasury	► Attach to Form 990 or 990-EZ.		Open to Public
Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organization			ification number
SANGSANGAI CO	RP 81	25074)5
STATEMENT #3	FORM 990EZ - PART III ORGANIZATION'S PRIMARY EXEMPT 1	PURPOSE	
DESCRIPTION			
VILLAGE RECONS	TRUCTION/DEVELOPMENT IN NEPAL AND DISASTER RELIEF IN	NEP	
AL			

BNA