

Process As Orig



OMB No 1545-1150

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2004

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning January 1, 2004, and ending December 31, 20 04

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Bengali Association of Southern California. D Employer identification number: 95 : 3568482. E Telephone number: (949) 300-4296. F Group Exemption Number.

G Accounting method. [X] Cash [] Accrual Other (specify)
H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:
J Organization type (check only one) [X] 501(c) (3) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 76,422

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions)

Table with 9 rows for Revenue. Line 1: 67,142; Line 3: 9,280; Line 9: 76,422.

Table with 7 rows for Expenses. Line 14: 2,848; Line 16: 74,366; Line 17: 80,756.

Table with 3 rows for Net Assets. Line 18: (4,334); Line 21: 22,156.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

Table with 7 rows for Balance Sheets. Line 22: 18,685; Line 23: 22; Line 24: 7,269; Line 25: 22,156; Line 26: 0; Line 27: 22,156.

ENVELOPE POSTMARK DATE SEP 24 2010

Revenue OCT 1 2010 SCANNED

STATUTE UNIT RECEIVED SEP 20 2010 TPR BRANCH OGDEN

RECEIVED SEP 28 2010 OGDEN, UT IRS-OSC

P LONE

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? _____		
Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	(Grants \$)	28a
29	(Grants \$)	29a
30	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
36	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9		
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
41	List the states with which a copy of this return is filed		
42	The books are in care of Telephone no		
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		

Please Sign Here	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.		
	Signature of officer	Date	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's SSN or PTIN (See Gen. Inst. W)
		Phone no	