

Process As Orig

Short Form

COPY

OMB No 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

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

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.

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning January 1, 2005, and ending December 31, 20 05

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. 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. 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. \$ 77,300

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten notes: 'STATUTE UNIT RECEIVED SEP 20 2010 TPR BRANCH OGDEN' and 'RECEIVED SEP 28 2010 OGDEN, UT IRS-OSC'. Total revenue is 77,300 and total expenses is 70,401.

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

(See page 41 of the instructions.)

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 21,620. Total liabilities: 0. Net assets or fund balances: 21,620.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2005)

P 7NE

ENVELOPE POSTMARK DATE SEP 24 2010

SCANNED OCT 2 1 2010

Part III Statement of Program Service Accomplishments (See page 42 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	Religious "Puja" - Arrange at Temple or other locaton & invite all community members for worship and teaching traditions of India		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	67,978
29	Cultural Activities - Through cultural program & other occasion to educate kids, Adults the value of family & also publishing Newsletters aand Magazine		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,423
30			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	70,401

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 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
Kallol Chattopadhyay 24907 Palmilla Drive, Calabasas, Ca 91302	President 10 hrs/ wk	0		
Dr. Amal Guha 24907 Palmilla Drive, Calabasas, Ca 91302	Vice-President 10 hrs/wk	0		
Soumya Mukherjee 8840 E. Heatherwood Ave, Anaheim, Ca 92802	Secretary 15 hrs/ wk	0		
Anjan Ghosh 29 Agia, Laguna Niguel, Ca 92677	Treasurer 15 hrs/ wk	0		

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	33		✓
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	34		✓
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			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
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?	38a		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____; section 4955 <input type="checkbox"/> _____			
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	40b		✓
c	Enter amount of tax imposed on organization managers or disqualified persons' during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____			
d	Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____			

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41 List the states with which a copy of this return is filed. ▶ _____
- 42a The books are in care of ▶ Anjan Ghosh Telephone no. ▶ (949) 300-4296
 Located at ▶ 29 Agia, Laguna Niguel, ZIP + 4 ▶ 92677
- 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)?
- | | Yes | No |
|-----|-----|----|
| 42b | | ✓ |
| 42c | | ✓ |
- If "Yes," enter the name of the foreign country. ▶ _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c At any time during the calendar year, did the organization maintain an office outside of the U S ?
- 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 ▶ | 43 |

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: Anjan Ghosh Date: 5/12/06

Type or print name and title: ANJAN GHOSH, TREASURER

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: () _____