

Short Form
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)

Department of the Treasury
 Internal Revenue Service

► 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 2005 calendar year, or tax year beginning , 2005, and ending , 20

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input checked="" type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization, number and street, city, town, street, and ZIP code</p> <p>BAY AREA BANGLADESH ASSOCIATION, INC</p> <p>11583 COUNTRY SPRING CT</p> <p>Cupertino CA 95014-</p>	<p>D Employer identification number</p> <p>20-1807670</p> <p>E Telephone number</p> <p>408-203-7055</p> <p>F Group Exemption Number ►</p>
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• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
 Other (specify) ►

I Website: ►

H Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) - 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. ► \$ 4,400.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	4,400.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
Expenses	6b	Less: direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8	Other revenue (describe ► _____)	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	4,400.
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	124.
	14	Occupancy, rent, utilities, and maintenance	14	2,285.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► Annual Meetings & Fund Raising Ex)	16	1,849.
	17	Total expenses (add lines 10 through 16)	17	4,258.
	18	Excess or (deficit) for the year (line 9 less line 17)	18	142.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	2,781.	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	2,923.	

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 instructions.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		2,781.	22	2,923.
23	Land and buildings			23	
24	Other assets (describe ► _____)			24	
25	Total assets	2,781.		25	2,923.
26	Total liabilities (describe ► _____)			26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,781.		27	2,923.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2005)

Part III Statement of Program Service Accomplishments (See instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>Develop Socio Culture activitie</u>		(Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts; optional for others.)	
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	<u>ORANAZED ANNUAL PICNIC AND CULTURAL SHOWS, DRAMA, DANCE</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	4,258.
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) <input type="checkbox"/>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	4,258.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See instr.)				
(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
MIZANUR RAHMAN CUPERTINO CA	MEMBER, BOT 5			
JAHANGIR DEWAN CUPERTINO CA	MEMBER, BOT 2			
KHADEM YUSUF SAN JOSE CA	MEMBER, BOT 2			
AKM DULAL SAN JOSE CA	MEMBER, BOT 2			

Part V Other Information (Note the attachment requirement in General Instruction V.)			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			X
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			X
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			X
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			X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a 0	37a			
b Did the organization file Form 1120-POL for this year?	37b			
38 a 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			X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <input type="checkbox"/> 38b	38b			
39 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on line 9 <input type="checkbox"/> 39a	39a			
b Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> 39b	39b			
40 a 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			X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, & 4958 <input type="checkbox"/>				
d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>				

List of Officers, Directors, Trustees and Key Employees

US 990 **990: Page 4, Part V; 990EZ: Page 2 Part IV; 990-PF: Page 6, Part VIII** **2005**

Name and Address	Title/Average Hours Per Week Devoted to Position	Amount Paid	Amount for Employee Benefit Plan	Expense Account and Other Allowances
MIZANUR RAHMAN CUPERTINO CA	MEMBER, BOT 5			
JAHANGIR DEWAN CUPERTINO CA	MEMBER, BOT 2			
KHADEM YUSUF SAN JOSE CA	MEMBER, BOT 2			
AKM DULAL SAN JOSE CA	MEMBER, BOT 2			
PARVEEN ZAMAN SAN JOSE CA	MEMBER, BOT 2			

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

- 41 List the states with which a copy of this return is filed. **CA**
- 42a The books are in care of **Dr MIZANUR RAHMAN** Telephone no. **408-203-7055**
 Located at **11583 Country Spring Court, Copertino, CA ZIP + 4 95014-**
- 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 X
- 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.? 42c X
 If "Yes," enter the name of the foreign country: _____
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 43

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.

Please Sign Here	Signature of officer	Date	
	JAHANGIR DEWAN	MEMBAER, BOARD OF TRSTEE	
	Type or print name and title.		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	ALAM ACCOUNTANCY CORPORATION	08/14/2006		P00077540
	1799 HAMILTON AVENUE STE 206	EIN		77-0462987
	San Jose CA 95125-	Phone no.		408-445-1120