

YEAR
2006

California Exempt Organization Annual Information Return

FORM
199

For calendar or fiscal year beginning month Jan day 01 year 2006, and ending month Dec day 31 year 2006.

IMPORTANT: Your number is required.		A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date •	
California corporation number 2628500	Federal employer identification no. 20-1807670	B Check forms filed this year. State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Federal: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
Corporation/Organization name BAY AREA BANGLADESH ASSOCIATION, INC		C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. • <input type="checkbox"/>	
Address including Suite, Room, or PMB no. 11583 COUNTRY SPRING CT		D Is this a group filing? See General Instruction N. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City Cupertino CA 95014	State	ZIP Code	E Accounting method used <u>CASH</u> F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <u>d</u> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust

COPY

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	
	2	Gross dues and assessments from members and affiliates	•	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	•	8,564.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C	•	8,564.
	5	Cost of goods sold		
	6	Cost or other basis, and sales expenses of assets sold		
	7	Total costs. Add line 5 and line 6		
	8	Total gross income. Subtract line 7 from line 4		8,564.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18		
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		8,564.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F		10.
	12	Penalty for failure to file on time. See General Instruction L		
	13	Use tax. See instructions	•	0 00
	14	Balance due. Add line 11, line 12, and line 13		10.

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
- 16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17 Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? Yes No
If "Yes," enter amount of total income reported \$ _____
- 19 The financial records are in care of MIZANUR RAHMAN Daytime telephone 408-203-7055
located at 11583 COUNTRY SPRING CRT, CUPERTINO 95014

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date <u>05/08/2007</u>	Title <u>CHAIRMAN BOA</u> Daytime telephone _____
Paid Preparer's Use Only Paid Preparer's signature _____ Firm's name (or yours, if self-employed) and address <u>ALAM ACCOUNTANCY CORPORATION</u> <u>1799 HAMILTON AVENUE SUITE 206</u> <u>San Jose CA 95125-</u>	Check if self-employed <input type="checkbox"/> • Paid preparer's SSN or PTIN <u>P00077540</u> FEIN <u>77-0462987</u> Daytime telephone _____