

**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)

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
 ► The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2006 calendar year, or tax year beginning** , 2006, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization, number and street, city, town, state, and ZIP code</b> BAY AREA BANGLADESH ASSOCIATION, INC 11583 COUNTRY SPRING CT Cupertino CA 95014	<b>D Employer identification number</b> 20-1807670
		<b>E Telephone number</b> 408-203-7055	
		<b>F Group Exemption Number</b> ►	
		<b>A Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
		<b>H Check</b> <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts** must attach a completed Schedule A (Form 990 or 990-EZ).

**I Website:** ►  
**J Organization type** (check only one) -  501(c)(3) (insert no.) 4947(a)(1) or 527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.  
 A return is not required, but if the organization chooses to file a return, be sure to file 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.** ► \$

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	8,539.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5 a	Gross amount from sale of assets other than inventory	5 a	
		b Less: cost or other basis and sales expenses	5 b	
		c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5 c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
		a Gross revenue (not including \$ of contributions reported on line 1)	6 a	
	b Less: direct expenses other than fundraising expenses	6 b		
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6 c		
	7 a	Gross sales of inventory, less returns and allowances	7 a	
	b Less: cost of goods sold	7 b		
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7 c		
	8	Other revenue (describe ► )	8	
	9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	8,539.
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,375.
	14	Occupancy, rent, utilities, and maintenance	14	2,100.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► SEE SCHEDULE ATTACHED )	16	606.
	17	<b>Total expenses</b> (add lines 10 through 16)	17	4,081.
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	4,458.
	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	2,923.
	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	7,381.

**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 the instructions.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22	2,923.	7,381.	
23	Land and buildings	23			
24	Other assets (describe ► )	24			
25	<b>Total assets</b>	25	2,923.	7,381.	
26	<b>Total liabilities</b> (describe ► )	26			
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	27	2,923.	7,381.	

<b>Part III Statement of Program Service Accomplishments</b> (See the 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	ORANAZED ANNUAL PICNIC AND CULTURAL SHOWS, DRAMA, DANCE MELA, SPORTS	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 4,081.
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) .....	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a) .....	<b>32 4,081.</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See the 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 RAHAN, CUPERTINO CA	CHAIRMAN 5			
JAHANGIR DEWAN CUPRTINO CA	VICE CHAIR 2			
SHAYERI REZA SAN JOSE CA	SECRETARY 3			
ZAFAR ULLAH FREMONT CA	MEMBER 2			

<b>Part V Other Information</b> (Note the statement 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 .....	37a	0	
	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 .....	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		

## List of Officers, Directors, Trustees and Key Employees

US 990

990: Page 5, Part V; 990EZ: Page 2 Part IV; 990-PF: Page 6, Part VIII

2006

Name and Address	Title/Average Hours Per Week Devoted to Position	Amount Paid	Amount for Employee Benefit Plan	Expense Account and Other Allowances
MIZANUR RAHAN, CUPERTINO CA	CHAIRMAN 5			
JAHANGIR DEWAN CUPRTINO CA	VICE CHAIR 2			
SHAYERI REZA SAN JOSE CA	SECRETARY 3			
ZAFAR ULLAH FREMONT CA	MEMBER 2			
BABU RAHMAN CUPERTINO CA	MEMBER 2			

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

- 40 a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ \_\_\_\_\_; section 4912 ▶ \_\_\_\_\_; section 4955 ▶ \_\_\_\_\_
- 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
- |            |     |    |
|------------|-----|----|
|            | Yes | No |
| <b>40b</b> |     | X  |
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
- d** Enter amount of tax on line 40c reimbursed by the organization
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
- |            |  |   |
|------------|--|---|
| <b>40e</b> |  | X |
|------------|--|---|
- 41** List the states with which a copy of this return is filed. ▶ CA
- 42a** The books are in care of ▶ MIZANUR RAHMAN Telephone no. ▶ 408-203-7055  
 Located at ▶ 11583 COUNTRY SPRING COURT, CUPERTINO, 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 |
| <b>42b</b> |     | 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.?
- |            |  |   |
|------------|--|---|
| <b>42c</b> |  | 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

**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: MIZANUR RAHMAN Date: \_\_\_\_\_  
 Type or print name and title: CHAIRMAN BOARD OF TRUSTEE

**Paid Preparer's Use Only**

Preparer's signature: <u>[Signature]</u>	Date: 5/08/2007	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X): P00077540
Firm's name (or yours if self-employed): ALAM ACCOUNTANCY CORPORATION	EIN: 77-0462987	Phone no.:	
address, and ZIP + 4: 1799 HAMILTON AVENUE SUITE 206 San Jose CA 95125-			