

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20\_\_

2023

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer: BENGALI CULTURAL SOCIETY; EIN or SSN: 34-1404736; Name and title of officer or person subject to tax: BIKRAM ROY CO-TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: Form type (1a-10a) and Amount (b). Includes entries for Form 990-EZ (84,030) and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize BLOCK ADVISORS to enter my PIN 04736 as my signature. ERO firm name: BLOCK ADVISORS. Enter five numbers, but do not enter all zeros.

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date \_\_\_\_\_

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

343346 33383

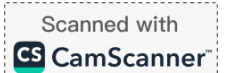
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: Christine S Fulla Date: 5/2/2024

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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





**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except private foundations)

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public.  
 Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2023 calendar year, or tax year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20

<b>B</b> Check if applicable:	<b>C</b> Name of organization BENGALI CULTURAL SOCIETY	<b>D</b> Employer identification number 34-1404736
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) <span style="float:right">Room/ suite</span>	<b>E</b> Telephone number  (330) 631-5026
<input type="checkbox"/> Name change	5815 LANDERBROOK DR, PO BOX 24332	<b>F</b> Group Exemption Number
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Final return/terminated	LYNDHURST OH 44124	
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

**G** Accounting Method:  Cash  Accrual Other (specify): \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990).

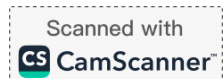
**I** Website: WWW.BCSCLE.ORG

**J** Tax-exempt status (check only one) --  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other: \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ 125,843

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		Total
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>		
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	12,811
	<b>2</b> Program service revenue including government fees and contracts . . . . .	23,206
	<b>3</b> Membership dues and assessments . . . . .	38,677
	<b>4</b> Investment income . . . . .	17
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . . <span style="float:right">5a</span>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . . <span style="float:right">5b</span>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . . <span style="float:right">5c</span>	
	<b>6</b> Gaming and fundraising events:	
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <span style="float:right">6a</span>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <span style="float:right">6b</span>	49,678
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . . <span style="float:right">6c</span>	41,813	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <span style="float:right">6d</span>	7,865	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <span style="float:right">7a</span>		
<b>b</b> Less: cost of goods sold . . . . . <span style="float:right">7b</span>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . . <span style="float:right">7c</span>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	1,454	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	84,030	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	
	<b>11</b> Benefits paid to or for members . . . . .	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	250
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	3,403
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	82,778
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	86,431
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	-2,401	
Net Assets	<b>19</b> 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) . . . . .	131,128
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	128,727

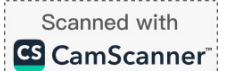




Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2023) questions 33-45b with Yes/No columns and input fields for amounts and descriptions.





46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No  
 46 X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No  
 47 X  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No  
 48 X  
 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No  
 49a X  
 b If "Yes," was the related organization a section 527 organization? Yes No  
 49b X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 .....

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

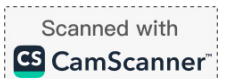
d Total number of other independent contractors each receiving over \$100,000 .....

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes No  
 Yes  No

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.

<b>Sign Here</b>	Signature of officer BIKRAM ROY		Date		
	Type or print name and title CO-TREASURER				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name CHRISTINE FULLER	Preparer's signature <i>Christine Fuller</i>	Date 5/2/2024	Check <input type="checkbox"/> if self-employed	PTIN P00068914
	Firm's name BLOCK ADVISORS	Firm's EIN 431871840		Phone no. 216-464-7212	
	Firm's address 23811 CHAGRIN BLVD STE 340				

May the IRS discuss this return with the preparer shown above? See instructions Yes No  
 Yes  No





**Part III**

**Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43,248	26,384	24,614	43,817	74,694	212,757
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	26,683		15,976	90,987	51,132	184,778
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	69,931	26,384	40,590	134,804	125,826	397,535
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						397,535

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6	69,931	26,384	40,590	134,804	125,826	397,535
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,473	736	13	12	17	2,251
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	1,473	736	13	12	17	2,251
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	71,404	27,120	40,603	134,816	125,843	399,786

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	99.44 %
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	99.96 %

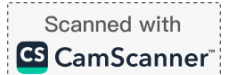
**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	0.56 %
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	<b>18</b>	0.04 %

**19a 33 1/3% support tests -- 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests -- 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





# Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

BENGALI CULTURAL SOCIETY

Employer identification number

34-1404736

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

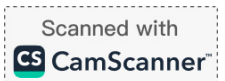
**For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.**

Schedule B (Form 990) (2023)

Name of organization: BENGALI CULTURAL SOCIETY  
 Employer identification number: 34-1404736

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OHIO ARTS COUNCIL 30 E BROAD STREET 33RD FLOOR COLUMBUS, OH 43215	\$ 6,287	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)





**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

BENGALI CULTURAL SOCIETY

Employer identification number

34-1404736

PART I , LINE 16: OTHER REVENUE - OVERHEAD/MISC REVENUE WAS \$1454.

PART I, LINE 16: OTHER EXPENSES - INCLUDE EXPENSES FOR THE PUJA  
EVENTS, BAISAKHI SANDHYA, THE BANGLA FILM FESTIVAL, USHA UTHUP  
CONCERT, ANNUAL PICNIC AND HOLIDAY PARTY, THE BIJOYA/NATYAMELA EVENT,  
AND OVERHEAD/MISC EXPENSES



2023 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC  
INSPECTION

For calendar year 2023, or tax period beginning , and ending

Name of Organization

BENGALI CULTURAL SOCIETY

Employer Identification Number

34-1404736

Primary Purpose

THE MISSION OF BENGALI CULTURAL SOCIETY (BCS) IS TO PROMOTE BENGALI CULTURE, LITERATURE, ART, MUSIC, TRADITIONS, AND VALUES TO THE SONS AND DAUGHTERS BORN AND BROUGHT UP IN THE USA SO THAT THEY FULLY UNDERSTAND THESE VALUES AND STRIVE TO GET A GOOD EDUCATION. THE SOCIETY SPENDS MONEY ON RELIGIOUS PUJA AND PROVIDES SCHOLARSHIP MONEY TO STUDENTS.



2023 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC  
INSPECTION

For calendar year 2023, or tax period beginning , and ending

Name of Organization

BENGALI CULTURAL SOCIETY

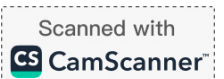
Employer Identification Number

34-1404736

Part III - Statement of Program Service Accomplishments

Grants and allocations	53,729	Amount includes foreign grants	Program service expenses	53,729
Exempt Purpose Achievements				

PUJA CUTURAL EVENTS





2023 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 2 - 990-EZ PAGE 3, PART III  
OPEN TO PUBLIC INSPECTION

For calendar year 2023, or tax period beginning , and ending

Name of Organization

BENGALI CULTURAL SOCIETY

Employer Identification Number

34-1404736

Part III - Statement of Program Service Accomplishments

Grants and allocations	6,645	Amount includes foreign grants	Program service expenses	6,645
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Exempt Purpose Achievements

BAISAKHI SANDHYA EVENT



2023 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 3 - 990-EZ PAGE 3, PART III  
OPEN TO PUBLIC INSPECTION

For calendar year 2023, or tax period beginning , and ending

Name of Organization

BENGALI CULTURAL SOCIETY

Employer Identification Number

34-1404736

Part III - Statement of Program Service Accomplishments

Grants and allocations	10,283	Amount includes foreign grants	Program service expenses	10,283
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Exempt Purpose Achievements

BIJOYA/NATYAMELA



**FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC  
INSPECTION

For calendar year 2023, or tax period beginning , and ending

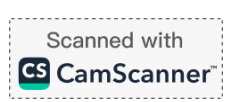
Name of Organization

BENGALI CULTURAL SOCIETY

Employer Identification Number

34-1404736

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
AMIYA GHOSH PRESIDENT	12.00	0	0	0
ANANYA BISWAS VICE PRESIDENT	8.00	0	0	0
SUNANDA DUTTA VICE PRESIDENT	8.00	0	0	0
SOUMYAJIT PAUL JOINT TREASURER	8.00	0	0	0
BIKRAM ROY JOINT TREASURER	8.00	0	0	0
ARINDAM BARMAN JOINT SECRETARY	8.00	0	0	0
AYAN TALAPATRA JOINT SECRETARY	8.00	0	0	0
MARIAN CHATTERJEE CO-CULTURAL SECRETAR	8.00	0	0	0
SUDEEP MITRA CO-CULTURAL SECRETAR	8.00	0	0	0





2023 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A  
OPEN TO PUBLIC INSPECTION

For calendar year 2023, or tax period beginning , and ending

Name of Organization

BENGALI CULTURAL SOCIETY

Employer Identification Number

34-1404736

Part V - Line 42a

Individual Name ..... BIKRAM ROY

or

Business Name:

Street Address ..... 5815 LANDERBROOK DR, PO BOX 24332

U.S. Address:

Zip code 44124

City LYNDHURST

State OH

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (330) 631-5026

Fax Number .....



2023 DETAIL STATEMENTS

WINGALI CULTURAL SOCIETY  
14-1404736

STATEMENT #1 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)

CORPORATE MATCHING GIFTS.....	4,024
SCHOLARSHIP FUND DEPOSIT.....	2,500
GRANTS.....	6,287

TOTAL CARRIED TO EZ1 LINE 1..... 12,811

STATEMENT #2 - PROG. SERVICE REVENUE (990-EZ PG 1 LINE 2)

DURGA PUJA.....	12,520
SOUVENIR ADS.....	6,789
BIJOYA/NATYAMELA.....	2,365
BAISKHI SANDHYA.....	1,532

TOTAL CARRIED TO 990-EZ PG 1 LINE 2..... 23,206

STATEMENT #3 - OTHER REVENUE (990-EZ PG 1 LINE 8)

OVERHEAD/MISC.....	1,454
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TOTAL CARRIED TO 990-EZ PG 1 LINE 8..... 1,454

STATEMENT #4 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

H&R BLOCK TAX PREP FEES.....	250
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TOTAL CARRIED TO 990-EZ PG 1 LINE 13..... 250

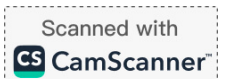
STATEMENT #5 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

SOUVENIR PUBLICATION.....	3,403
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TOTAL CARRIED TO 990 EZ PG 1 LINE 15..... 3,403

STATEMENT #6 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

SARASWATI PUJA EXPENSES.....	5,930
BAISAKHI SANDHYA EXPENSES.....	6,645
DURGA PUJA EXPENSES.....	39,201
LAXMI PJUA EXPENSES.....	8,598
BIJOYA/NATAMELA EXPENSES.....	10,283
HOLIDAY PARTY EXPENSES.....	4,491
OVERHEAD/MISC EXPENSES.....	5,494
ANNUAL PICNIC.....	2,136



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TOTAL CARRIED TO EOEZ PG 1 LINE 16..... 82,778

STATEMENT #7 - GROSS INCOME FROM FUNDRAISING (990-EZ PG 1 LINE 6B)

BANGLA FILM FESTIVAL.....	3,620
USHA UTHUP CONCERT.....	46,058

TOTAL CARRIED TO 990-EZ PG 1 LINE 6B..... 49,678

STATEMENT #8 - DIRECT EXPENSES FROM GAMING (990-EZ PG 1 LINE 6C)

BANGLA FILM FESTIVAL.....	4,319
USHA UTHUP CONCERT.....	37,494

TOTAL CARRIED TO 990-EZ PG 1 LINE 6C..... 41,813

STATEMENT #9 - CASH (990-EZ PG 1 LINE 22)

	BEGINNING	ENDING
FIFTH THIRD CHECKING ACCOUNT.....	13,395	29,725
FIFTH THIRD CD'S.....	45,408	45,412
FIFTH THIRD SCHOLARSHIP FUND ACCTS...	47,728	50,239
GOLDEN JUBILEE ACCOUNT.....	21,246	0
EMERGENCY FUND.....	3,351	3,351

TOTAL CARRIED TO 990-EZ PG 1 LINE 22..... 131,128 128,727

