Form 8879-TE

IRS e-file Signature Authorization for

ior a rax exempt	Littly	
For calendar year 2023, or fiscal year beginning	, 2023, and ending	

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer 34-1404736 BENGALI CULTURAL SOCIETY Name and title of officer or person subject to tax CO-TREASURER BIKRAM ROY 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. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 84,030 2a Form 990-EZ check here 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here. 9a Form 5330 check here...... b Amount of credit payment requested (Form 8038-CP, Part III, line 22)10b 10a Form 8038-CP check here . . . Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I I am an officer of the above entity or I I am a person subject to tax with respect to (name of and that I have examined a copy of the 2023 electronic entity) , (EIN) return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only to enter my PIN 04736 as my signature X lauthorize BLOCK ADVISORS FRO firm name 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 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 343346 33383 number (EFIN) followed by your five-digit self-selected PIN. 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

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.

Form 8879-TE (2023)

Form 990-EZ

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)

OMB No. 1545-0047

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 for instructions and the latest information.

Open to Public Inspection

Fo	r the 2	2023 calendar	year, or tax year beginning	023, and en	naing			, 20
Che	eck if ap	plicable:	C Name of organization			D Employe	r identif	ication number
Add	dress cl	hange	BENGALI CULTURAL SOCIETY				_	34-1404736
Nar	me char	nge	Number and street (or P.O. box if mail is not delivered to street address	ss)	Room/ suite	E Telephor	ne numbe	er
Init	ial retur	rn						
Fin	al return	n/terminated	5815 LANDERBROOK DR, PO BOX 2					30) 631-5026
Am	ended r	return	City or town, state or province, country, and ZIP or foreign	postal code	9	F Group E	xemption	
App	lication	pending	LYNDHURST OH 44124			Number		
Acc	countir	ng Method:	X Cash Accrual Other (specify):		H CI		1	nization is not
We	bsite:		BCSCLE.ORG		_	quired to atta	ach Sche	dule B
Tax	x-exer	mpt status (ch	eck only one) X 501(c)(3) 501(c)() (insert no.) 49	47(a)(1) or	527 (F	orm 990).		
		organization:	Corporation Trust Association	Other:			-	
Add	d lines	5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are	\$200,000 or	more, or	if total asset	s	
(Pa	rt II. co	olumn (B)) are	\$500,000 or more, file Form 990 instead of Form 990-EZ				\$	125,843
	t I	Revenue.	Expenses, and Changes in Net Assets or F	und Balar	nces (se	ee the instruc	tions for	Part I)
-		Check if the o	rganization used Schedule O to respond to any question in	this Part I				X
	1	Contributions	s, gifts, grants, and similar amounts received				1	12,811
	2	Program serv	vice revenue including government fees and contracts				2	23,206
	3	Memhershin	dues and assessments				3	38,677
	4		ncome				4	17
			nt from sale of assets other than inventory					
	5a							
			other basis and sales expenses				5c	
	100) from sale of assets other than inventory (subtract line 5b	rom line sa)			2000	
	6		fundraising events:					
•	а		e from gaming (attach Schedule G if greater than	1 - 1				
n							-	
Revenue	b		e from fundraising events (not including \$	of	contribut	tions		
ĕ			sing events reported on line 1) (attach Schedule G if the			10 67		
	10 17 18	sum of such	gross income and contributions exceeds \$15,000)	. 6b		49,678	274 1000000000000000000000000000000000000	
1	С	Less: direct e	expenses from gaming and fundraising events	6c		41,81	3	
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a	and 6b and	subtract		Table 1	7 065
		line 6c)					6d	7,865
	7a	Gross sales o	of inventory, less returns and allowances	. 7a				
	b		goods sold					
	c		or (loss) from sales of inventory (subtract line 7b from line				7c	
	8		ie (describe in Schedule O)				8	1,45
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	84,03
-	10		imilar amounts paid (list in Schedule O)				10	
			to or for members				11	
	11						12	
Expenses	12		er compensation, and employee benefits					25
neu	13		fees and other payments to independent contractors					
X	14		rent, utilities, and maintenance					3,40
_	15		lications, postage, and shipping					82,77
	16		ses (describe in Schedule O)					86,43
	17		ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·				17	
	18	Excess or (de	eficit) for the year (subtract line 17 from line 9)				18	-2,40
Net Assets	19		r fund balances at beginning of year (from line 27, column					
188			figure reported on prior year's return)				19	131,12
7	20		es in net assets or fund balances (explain in Schedule O)				20	
(1)		Julio. Ollarig		The second second				128,72
Ne	21	Not accete a	r fund balances at end of year. Combine lines 18 through	20			. 21	Form 990-EZ (2023

FDA 23 990EZ1 BWF 990 Form Software Copyright 1996 - 2024 HRB Tax Group, Inc.

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		Yes	
Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		100	
	33	PER SERVICE DE LA CONTRACTOR DE LA CONTR	X
		1	
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		-	
change on Schedule O. See instructions	34		X
	-	-	
	35a		X
If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	1000	X
Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		-	
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	-		
during the year? If "Yes," complete applicable parts of Schedule N	36		X
Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	-		
Did the organization file Form 1120-POL for this year?	37b	39937	X
		-	
	38a		X
	100	1900	
	100		
Gross receipts, moladed on the o, for public ase of class facilities			
	-		
		San	-
			v
	40b		X
그 사무를 하게 되었다면 하는데	1500		
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c			1000
reimbursed by the organization			
		Steel was	
	. 40e		X
Located at.	******	Yes	No
	42b	Pinala.	X
	1000	1000	1300
	198		
	120	and the same	X
	420		1
and enter the amount of tax-exempt interest received or accrued during the tax year		Ta.	IN
		Yes	N
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	448	1	X
completed instead of Form 990-EZ			0.0000
completed instead of Form 990-EZ			ST.
Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			X
Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	. 44t		X
Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	. 44t		_
Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	441		_
Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	441	1	×
Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990–EZ	441	1	_
Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	441	1	X
Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990–EZ	441		X
	detailed description of each activity in Schedule O Were any significant changes made to the organizating or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions Jot the organization file Form 1120-POL for this year? 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 outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II, and enter the total amount involved. 33b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 Gross receips, included on line 9, for public use of club facilities Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 4911: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," com	detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name, Otherwise, explain the change on Schedule O. See instructions Jod the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Ji "Yes" to line 35a, has the organization filed a Form 990–T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization a subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Joi the organization berow 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 outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II, and enter the total amount involved. 38b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 4911: section 4911: section 4915. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 980 or 990–EZ? If "Yes," complete Schedule L, Part I 40b 40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imp	detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No." provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) or granization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III 35c Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Did the organization berow 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 outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II, and enter the total amount involved. 38b Section 501(c)(3) organizations. Enter: Initiation fees and capital contributions included on line 9. 39a Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on any of its prior Forms 980 or 990–EZ7 If "Yes," complete Schedule L, Part I. 40b 40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912. 4955, and 4958. 40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter am

orm	990-EZ (2023)					_	age 4
	9 (2007)			The Carlo		Yes	No
46	Did the organization engage, directly or indirectly,					1	1.
	to candidates for public office? If "Yes," complete				46		X
Par	Section 501(c)(3) Organizatio	-					
	All section 501(c)(3) organizations must	answer questions 47-	-49b and 52, and comp	plete the tables for lines			
	50 and 51.	l- O to record to con-	evention in this Deat V	1			Г
	Check if the organization used Schedu	le O to respond to any	question in this Part V			Yes	No
47	Did the examination energy in labbular activities	or have a section E01	(b) election in effect du	ring the tay		Tes	140
**	Did the organization engage in lobbying activities year? If "Yes," complete Schedule C, Part II				47	a large	X
48	Is the organization a school as described in section					-	X
49a	Did the organization make any transfers to an exe						X
b	If "Yes," was the related organization a section 52						X
50	Complete this table for the organization's five high	The state of the s					111
-	employees) who each received more than \$100,0						
	employees) who each received more than \$100,0	(b) Average	(c) Reportable	(d) Health benefits, contrib-	(e) Estim	ated an	aunt o
	(a) Name and title of each employee	hours per week	compensation (Forms W- 2/1099-MISC/1099-NEC	plans, and deferred compensation	other co		
NON	NF.	devoted to position	2/1099-MISC/1099-NEC	compensation			-
NON	VE.						
					-		
				La esta de la companya della companya della companya de la companya de la companya della company			
f	Total number of other employees paid over \$100	000					
51	Complete this table for the organization's five high	· · · · · · · · · · · · · · · · · · ·	enendent contractors v	who each received more the	an		
31	\$100,000 of compensation from the organization.						
				(a)			
	(a) Name and business address of each independent of	contractor	(b) Type of service	(c)	Compensatio	on	
NON	NE						
		The state of the s					
		ease the ease man					
		- Commence of the Commence of	194 - 18 (11) 21	14 12			
d	Total number of other independent contractors e	ach receiving over \$10	00,000				
	Did the organization complete Schedule A? Not			tach a			
-	completed Schedule A				D	Yes	XN
Under	penalties of perjury, I declare that I have examined this ret				ledge and b	elief, it	is
rue, c	correct, and complete. Declaration of preparer (other than o	officer) is based on all info	rmation of which preparer	has any knowledge.			
Sign	Signature of officer				Date		
			CO-TR	EASURER			
Here			CO III	Bribores			
-	Type or print name and title	onator's signature	Date	Charle 14	PTIN		
Delet		eparer's signature		Check Lif self-employed		689	14
Paid	3,	De Composition	15/0	The second secon	31871		
	parer Firm's name BLOCK ADVISO	the same of the sa	340		16-464		
		N BLVD STE		Fildlie lio.		Yes	N
may t	the IRS discuss this return with the preparer show	above? See instruct	Court Inc			n_F7	

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.

Sac	tion A. Public Support	der the teets lister	d below, piedse	complete ratio	.,			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e)	2023	(f) Total
1	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
2	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
3	Gross receipts from activities that are not an unrelated trade or business under section 513 · · · ·							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	69,931	26,384	40.590	134,804	1	25,826	397,535
6	Total. Add lines 1 through 5	69,931	20,304	40,330	134,004		23,020	371,333
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
	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							
C	Add lines 7a and 7b	The second second	NAME OF TAXABLE PARTY.	NAME OF TAXABLE PARTY.			E 50550	397,535
8	Public support. (Subtract line 7c from line 6.)	A STATE OF THE STA						
	tion B. Total Support	(-) 2242	(h) 0000	(-) 0004	(d) 2022	(0)	2023	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2019 69,931	(b) 2020 26, 384	(c) 2021 40, 590	134,804		25,826	397,535
9	Amounts from line 6	03,331	20,001	10,330	200,000			
10a	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	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b	1,473	736	13	12		17	2,251
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		07.100	40 (03	124 016		25,843	399,786
13	Total support. (Add lines 9, 10c, 11, and 12.)	71,404	27,120	40,603	134,816		.25,643	399,700
14	First 5 years. If the Form 990 is for the organic organization, check this box and stop here	zation's first, seco	ond, third, fourth	, or fifth tax year	as a section 50	1(c)(3)		
Sec	tion C. Computation of Public Supp	port Percent	age					
15	Public support percentage for 2023 (line 8, col	umn (f), divided	by line 13, colum	nn (f))		15		99.44%
16	Public support percentage from 2022 Schedul					16		99.96%
Sec	tion D. Computation of Investment	Income Per	centage					
17	Investment income percentage for 2023 (line	10c, column (f), c	divided by line 13	3, column (f))		17		0.56%
18	Investment income percentage from 2022 Sch	nedule A, Part III,	line 17			18		0.04 %
19a	$33^{1}/3\%$ support tests 2023. If the organization of the support tests 2023. If the organization is not more than $33^{1/3}\%$, check this box and							
b	331/3% support tests 2022. If the organizatine 18 is not more than 331/3 %, check this box	ation did not ched	k a box on line	14 or line 19a, a	nd line 16 is mo	re than	331/3%,	and
20								
FDA	Private foundation. If the organization did not				Jox and see inst			orm 990) 2023



Department of the Treasury Internal Revenue Service Name of the organization

BENGALI CULTURAL SOCIETY

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

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 fo	undation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation
	501(c)(3) taxable private foundation	
Check if your organization is co	vered by the General Rule or a Special Rule.	
	(8), or (10) organization can check boxes for both the General Rule and	d a Special Rule. See
General Rule		
	Form 990, 990-EZ, or 990-PF that received, during the year, contribut operty) from any one contributor. Complete Parts I and II. See instruction utions.	
Special Rules		
regulations under section 16b, and that received from	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₅ % as 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), orm any one contributor, during the year, total contributions of the great (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Pa	Part II, line 13, 16a, or er of (1) \$5,000; or
contributor, during the ye literary, or educational pu	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that resear, total contributions of more than \$1,000 exclusively for religious, charposes, or for the prevention of cruelty to children or animals. Complet ad of the contributor name and address), II, and III.	aritable, scientific,
contributor, during the ye contributions totaled mor during the year for an exc General Rule applies to	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that repart, contributions exclusively for religious, charitable, etc., purposes, but the than \$1,000. If this box is checked, enter here the total contributions clusively religious, charitable, etc., purpose. Don't complete any of the this organization because it received nonexclusively religious, charitable uring the year	It no such that were received parts unless the le, etc., contributions
must answer "No" on Part IV, lin	n't covered by the General Rule and/or the Special Rules doesn't file S the 2, of its Form 990; or check the box on line H of its Form 990-EZ or 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 Pa	rt 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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
FD4 60	DODDS DWE COO Form Software Converent 1996 - 2024 HRR Ta	x Group, Inc.	chedule B (Form 990) (2023)



Department of the Treasury

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 for the latest information.

OMB No. 1545-0047 2023 Open to Public Inspection

Name of the organization

Employer identification number

BENGALI CULTURAL SOCIETY

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

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Schedule O (Form 990) 2023

2023 FORM 990 PRIMARY EXEMPT PURPOSE

TTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III OPEN TO PUBLIC INSPECTION For calendar year 2023, or tax period beginning , and ending Employer Identification Number Name of Organization 34-1404736 BENGALI CULTURAL SOCIETY

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.

23_EOEZGR105

2023 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2	: PAGE 1 - 990	-EZ PAGE 3, PART		
INSPECTION	For calendar year 2023, o	or tax period beginning	, and ending	
Name of Organization			Employer Identification	
BENGALI CULT	URAL SOCIETY		34-1404736	
Part III - Statement of	Program Service Accompli			F 2 720
Grants and allocations	53,729	Amount includes foreign grants	Program service expenses	53,729
		Exempt Purpose Achieve	ments	
PUJA CUTURAL	EVENIS			

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23_EOEZPIII

2023 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

TACHMENT 2: PAGE 2 - 990-EZ PAGE 3, PART III INSPECTION , and ending For calendar year 2023, or tax period beginning Employer Identification Number Name of Organization BENGALI CULTURAL SOCIETY 34-1404736 Part III - Statement of Program Service Accomplishments 6,645 Amount includes foreign grants Program service expenses 6,645 Grants and allocations **Exempt Purpose Achievements** BAISAKHI SANDHYA EVENT

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23_EOEZPIII

2023 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

TACHMENT 2: PAGE 3 - 990-EZ PAGE 3, PART III INSPECTION , and ending For calendar year 2023, or tax period beginning Name of Organization Employer Identification Number BENGALI CULTURAL SOCIETY 34-1404736 Part III - Statement of Program Service Accomplishments 10,283 Amount includes foreign grants Program service expenses 10,283 Grants and allocations **Exempt Purpose Achievements** BIJOYA/NATYAMELA

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23_EOEZPIII

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

	23, or tax period beginning	, and	ending Employer Ident	ification Number
ame of Organization ENGALI CULTURAL SOCIET	v		34-14047	
(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
MIYA GHOSH RESIDENT	12.00	0	0	
NANYA BISWAS ICE PRESIDENT	8.00	0	0	
UNANDA DUTTA ICE PRESIDENT	8.00	0	0	
OUMYAJIT PAUL OINT TREASURER	8.00	0	0	
IKRAM ROY OINT TREASURER	8.00	0	0	
RINDAM BARMAN OINT SECRETARY	8.00	0	0	
YAN TALAPATRA OINT SECRETARY	8.00	0	0	
ARIAN CHATTERJEE O-CULTURAL SECRETAR	8.00	0	0	
UDEEP MITRA O-CULTURAL SECRETAR	8.00	0	0	
		×		
		,		

2023 FORM 990 BOOKS ARE IN CARE OF

CHMENT	4 - 990-EZ PAGE 3, PART V,	LINE 4ZA	
TACHMENT OPUBLIC			
INSPECTION	For calendar year 2023, or tax period beginning	, and ending	
and Organization		Employer Identif	
BENGALI CUL	TURAL SOCIETY	34-140473	16
Part V - Line 42a			
Individual Name		BIKRAM ROY	
or			
Business Name:			
Justilious Harris.			
Street Address		5815 LANDERBROOK DR, PC	BOX 24332
Sileet Addicoo			
U.S. Address:			
Zin code 4	4124 City LYNDHURST	State OH	
or	And the second of the second o		
Foreign Address			
Foreign Address			
City			
Province or St	ate		
Country			
Postal code			
		1331	0) 631-5026
Phone Numbe	r		01001 0020
Fax Number			

23_E03EZC02

2023 DETAIL STATEMENTS

NGALI CULTURAL SOCIETY

PAGE 1

J. A. Commission of the Commis	
STATEMENT #1 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)	
CORPORATE MATCHING GIFTS	
TOTAL CARRIED TO EZ1 LINE 1	12,811
STATEMENT #2 - PROG. SERVICE REVENUE (990-EZ PG 1 LINE 2)	
DURGA PUJA	
TOTAL CARRIED TO 990-EZ PG 1 LINE 2	23,206
STATEMENT #3 - OTHER REVENUE (990-EZ PG 1 LINE 8)	
OVERHEAD/MISC	
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	
TOTAL CARRIED TO 990-EZ PG 1 LINE 13	250
STATEMENT #5 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE	15)
SOUVENIR PUBLICATION	
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	

2023 DETAIL STATEMENTS

NGALI CULTURAL SOCIETY

PAGE 2

TOTAL CARRIED TO EOEZ PG 1 LINE 16		82,778
STATEMENT #7 - GROSS INCOME FROM FUNDRAISING (990-EZ PG 1 LINE	6B)
BANGLA FILM FESTIIVAL		
TOTAL CARRIED TO 990-EZ PG 1 LINE 6B		49,678
STATEMENT #8 - DIRECT EXPENSES FROM GAMING (990	4,319	9
USHA UTHUP CONCERT	27 40	4
TOTAL CARRIED TO 990-EZ PG 1 LINE 6C		41,813
STATEMENT #9 - CASH (990-EZ PG 1 LINE 22) FIFTH THIRD CHECKING ACCOUNT FIFTH THIRD CD'S FIFTH THIRD SCHOLARSHIP FUND ACCTS GOLDEN JUBILEE ACCOUNT EMERGENCY FUND	BEGINNING 13,395 45,408 47,728 21,246 3,351	ENDING 29,725 45,412 50,239 0 3,351
TOTAL CARRIED TO 990-EZ PG 1 LINE 22	131,128	128,727