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## **Short Form**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990 All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 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

Openito Public

A	For the 2009 calendar year, or tax year beginning Jun 1 , 2009, and ending May 31	, 2010
В	Please	ployer identification number
Н	Address triange use IRS BALI CULTURAL ASSOCIATION, USA 41	1-1666464
Н	print or   Number and Sheet (of P O box, if main is not delivered to sheet address)   Notification	ephone number
H	Termination   See   PO BOX 1602   (3	348) 355-0455
Н	City or town, state or country and ZIP + 4	
П	Itions	oup Exemption  mber
	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts         must attach a completed Schedule A (Form 990 or 990-EZ).</li> <li>G Accounting method</li> <li>Other (specify) ►</li> </ul>	LE Cash C Accidan
_		he organization is <b>not</b>
ı	Website: ► www.bca-usa.org required to attach?	Schedule B (Form 990,
J	Tax-exempt status (check only one) —  X	)
ĸ	Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normal	ally not more than
	\$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure	
T	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990	
_	instead of Form 990-EZ	►\$ 121,956.
Pa	Irt I' Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instru	ictions for Part I)
	1 Contributions, gifts, grants, and similar amounts received	1 22,372.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 36,100.
	4 Investment income	4 895.
	5a Gross amount from sale of assets other than inventory 5a	
	<b>b</b> Less cost or other basis and sales expenses 5b	
R	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
E V	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	
REVENUE	a Gross revenue (not including \$ 1,500. of contributions	- · · ·
Ď		T C PROPERTY OF THE PROPERTY O
_	b Less direct expenses other than fundraising expenses 6b	* <sup>*</sup>
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 61,626.
	7a Gross sales of inventory, less returns and allowances	01,020:
	b Less cost of goods sold	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c
		8 963.
	8 Other revenue (describe VARIOUS MEMBER DONATIONS	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 RECEIVED	9 121,956.
	10 Grants and similar amounts paid (attach schedule)	10
Ε	11 Benefits paid to or for members	11
X	12 Salaries, other compensation, and employee benefits FEB 0 8 2011	12 2,144.
EXPENSE	15 Trolessional rees and barel payments to independent contractors	13
Ş	14 Occupancy, rent, utilities, and maintenance	14 2,287.
5	10 1 mining, publications, postage, and shipping	15 1,330.
_	16 Other expenses (describe ► CONVENTION/LEADERSHIP MEETING/PROJECTS )	16 87,074.
<u> </u>	17 Total expenses. Add lines 10 through 16	17 92,835.
<del>.</del> .	1 =	18 29,121.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	
ᆤ	figure reported on prior year's return)	19 159,897.
ב' <u>ז</u>	20 Other changes in net assets or fund balances (attach explanation)	20
4		21 189,018.
<u>.[Pa</u>	Int II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead	
<u>.</u>	(See the instructions for Part II )  (A) Beginning of year	<del></del>
-22		11
23		
24	· · · · · · · · · · · · · · · · · · ·	<del>                                      </del>
25		
	Total liabilities (describe ►) 0.	- <del></del>
27		
RΔ	A For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990-EZ</b> (2009)

Form 990-EZ (2009) BALI CULTURAL A	L-1666464 Pa										
Part III Statement of Program Se	rvice Accomplishments	(See the instruction	ns.)		Expenses						
What is the organization's primary exempt purpose? EN	RICHMENT OF BALI CU	LTURE IN THE UN	ITED STATES	(Regu	ured for section (3) and (4) (3) and section						
Describe what was achieved in carrying out the describe the services provided, the number of program title	e organization's exempt purpo persons benefited, or other re	ses In a clear and cond levant information for ea	cise manner, ach	4947	nizations and section (a)(1) trusts, optional hers)						
28 DEVELOP, STIMULATE AND SUST	AIN MEMBER INTEREST I	N BALI CULTURE: 6	LEADERSHIP								
MEETING/MINI CONVENTION TOOK PLACE	MEETING/MINI CONVENTION TOOK PLACE IN BOSTON, MA IN NOV 2008 SO SENSITIZE THE LOCAL POPULATION										
PLAN FOR THE MAIN CONVENTION IN											
29 FOSTER MEMBER SUPPORT FOR DEVEL	<del></del>		ITIONAL FUNDS		<del></del>						
WERE COLLECTED TO INITIATE TO	HE CONSTRUCTION OF A M	ULTI-PURPOSE LIT	ERACY CENTER								
IN BALI (Grants \$ 0.) If the	amount includes foreign gra	ants check here		29a	6,675.						
30 CELEBRATE, EXPOSE AND PROMOTE BALL CULTU			RE STARTED IN 2008								
A CULTURAL EVENING ON CONVE											
FRIENDS, CHILDREN AND WE											
	nis amount includes foreign gra			30 a	30,905.						
31 Other program services (attach schedule		·	···								
(Grants \$ 0.) If the	nis amount includes foreign gra	ants, check here	▶∏	31 a	2,254.						
32 Total program service expenses (add li	nes 28a through 31a)		<b>•</b>	32	87,367.						
Part IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each on	e even if not com	pensa	ted (See the instrs)						
	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account						
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plai deferred compensa		and other allowances						
JULIUS NDANGAM	to position		40101104 00111101100		<del></del>						
1113 SE 7TH	PRESIDENT										
	20.00	٥.		ο.							
	20.00										
JELLA KASPA	VICE PRESIDENT										
4920 MAPLES AVE		٥.		ο.							
BELTSVILLE MD 20705	20.00	0.		<u> </u>							
CHARLES TAMON											
2204 BRIGHTSEAT RD #102	SECRETARY			ο.							
LLANOVER MD 20785	20.00	0.		<u> </u>							
BANYUGA PEFOK	-\										
20177 WILLOWICK DR	TREASURER			_							
SOUTHFIELD MI 48076	15.00	0.		0.							
BRIDGET VOMA	·	1									
208 SPRINGWELL PKWY	FINANCIAL SEC			ο.							
<del></del>	10.00	0.		<u> </u>							
LORA FOGAM											
102-18 NICOLIS AVE #2F	PUBLICITY SEC										
CORONA NY 11368	10.00	0.		0.	<del></del>						
BISONA NTUNGWEN											
10533 COCHRON DR	WHIP			_							
MCKINNEY TX 75070	20.00	0.	<u>                                     </u>	0.							
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	990-EZ (2009) BALI CULTURAL ASSOCIATION, USA 41-166646	4	Р	age 3
Par	t.V.3 Other Information (Note the statement requirements in the instrs for Part V.)		V	N <sub>2</sub>
		Γ	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		х
34	Were any changes made to the organizing or governing documents? 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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	بواديمة	ودات پيس	*** \ <u>.</u>
ā	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	ļ	
	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		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?	37 b		х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		х
ŀ	o 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	۰,٠		
	Gross receipts, included on line 9, for public use of club facilities	~:"		
40 a	section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		,	
ŀ	Dection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I	40 b		x
(	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(	Section 501(c)(3) and 501(c)(4) organizations 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? If 'Yes,' complete Form 8886-T	40 e	,	x
	The organization's books are in care of Panyuga PEFOK Telephone no (248)  Located at Panyuga PEFOK SOUTHFIELD MI ZIP + 4 Panyuga PEFOK SOUTHFIELD	355	- <u>0 4 5</u>	55
	At any time distant the coloradar year, did the experience have an interest in or a signature or other authority over 3		Yes	No
•	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)?  If 'Yes,' enter the name of the foreign country	42 b	4"N'	Х
		,	3.	
•	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts:  At any time during the calendar year, did the organization maintain an office outside of the U S ?	42 c		х
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		► ☐ Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	1,33	x
Ar-			1	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х

Form 990-F7	(2009)	BAT.T	CIII.TIIRAI.	ASSOCIATION,	TISA
01111 330-62	(2003)	DVTT	COLICKAL	VODOCTUTION'	UDA

41-1666464 Page 4

Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 46-49b and complete the tables	s and section 4947 ction 4947(a)(1) noi	nexempt charitab	t charitable trusts only le trusts must answer	. All se	ction	aye 4	
<ul> <li>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I</li> <li>Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II</li> <li>Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E</li> </ul>								
	he organization make any transfers to an est, was the related organization a section	•	elated organization?		49 a 49 b		X	
50 Comp empl	plete this table for the organization's five houses) who each received more than \$100	,000 of compensation fr	om the organization.	If there is none, enter 'None	nd key			
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accour other all	nt and	s	
NONE								
			<u>-</u>		.,			
	· · · · · · · · · · · · · · · · · · ·	-		+				
NONE	collete this table for the organization's five highersation from the organization. If there is  (a) Name and address of each independent contribution.	none, enter 'None '	ependent contractors	(b) Type of service	(e) Comp			
<b>d</b> Total	number of other independent contractors	each receiving over \$10	0,000	<b>&gt;</b>				
Sign Here	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (or Signature of officer  Banyuga Pefc  Type or print name and little	other than officer) is based on a			-	lief, it is		
Paid Pre-	Preparer's Signature Supplify Many A	rhull Pt	Date 1 29 20	Check if self (See	rer's Identif instructions)	ying Nu	mber	
parer's Use	Firm's name (or yours if self-employed), 25412 CAROLLTON			EIN •				
Only	address, and ZIP + 4 FARMINGTON HILL	5	MI 48335-	1311 Phone no				
May the IR:	S discuss this return with the preparer sho	wn above? See instruct	ions		Form <b>990</b>		<b>No</b> (2009)	

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public

Employer identification number BALI CULTURAL ASSOCIATION, USA 41-1666464 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts X from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Functionally integrated Type III - Other Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) 11 g (ii) a family member of a person described in (i) above? a 35% controlled entity of a person described in (i) or (ii) above? 11 g (III) Provide the following information about the supported organizations (v) Did you notify (vii) Amount of Support (i) Name of Supported Organization (ii) EIN (vi) Is the (iii) Type of organization (iv) is the (described on lines 1-9 above or IRC section (see instructions)) organization in col (i) organized in the US? organization in cot (i) listed in your the organization in col (i) of your support? governing document? Yes Yes No Yes No No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

	•								
che	edule <b>A</b> (Form 990 or 990-EZ) 2009	BALI CUL	TURAL ASSOC	IATION, US	SA.	41-1666	5464	ſ	Page <b>2</b>
a	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an				
-	(Complete only if you checke	d the box on line	5, 7, or 8 of Part I	.)		<u> </u>	_		
	etion A. Public Support				1		$\overline{}$		
egi	nning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Tota	il 
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					-			
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.								
4	Total. Add lines 1-through 3	·							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
	Public support. Subtract line 5 from line 4								
ec	ction B. Total Support		I		1		<del></del>		
ale eai	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	. [	(f) Tota	al
_	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10			· · · · · · · · · · · · · · · · · · ·					
12	Gross receipts from related activi	ities, etc (see ins	tructions)			L	12		
13	First five years. If the Form 990 organization, check this box and		ition's first, second	i, third, fourth, o	r fifth tax year as a	section 501	(c)(3)		▶ []
ec	ction C. Computation of Pu		Percentage						
	Public support percentage for 20			11, column (f)		-	14		<u>%</u>
	Public support percentage from 2					Ĺ	15		<u>%</u>
16	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported org	on line 13, and janization	the line 14 is 33-1.	/3 % or more	, check	this box	▶ 🗌
-	<b>b 33-1/3 support test</b> — <b>2008.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pub	not check a box o licly supported org	n line 13, or 16a, janization	, and line 15 is 33-	1/3% or more	, chec	k this box	▶ 🗌
17:	a 10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts	neets the 'facts-a	nd-cırcumstances'	test, check this t	box and <b>stop here.</b>	Explain in P	art IV I	% now	<b>-</b>
ı	b 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	meets the 'facts-a	nď-circumstances'	test, check this t	box and stop here.	Explain in P	art IV f	is 10% now the	▶ 🏻

Schedule A (Form 990 or 990 EZ) 2009 BALI CULTURAL ASSOCIATION, USA

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

	(Complete only if you chec	ked the box on line	e 9 of Part I)				
Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
Ì	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	32,352.	44,581.	46,715.	31,096.	22,372.	177,116.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	20,507.	18,463.	_ 0.	0.		38,970.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	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						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2	52,859.	63,044.	46,715.	31,096.	22,372.	216,086.
	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	: Add lines 7a and 7b						
8	Public support (Subtract line		* ·	<del>- ,</del>			
	7c from line 6 )	<u> </u>					216,086.
-	tion B. Total Support	, . <del></del>	· · · · · ·				
	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	52,859.	63,044.	46,715.	31,096.	22,372.	216,086.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	: Add lines 10a and 10b  Net income from unrelated business activities not included inline 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 IV)						
13	Total support. (add ins 9, 10c, 11, and 12)	,	,				216,086.
14	organization, check this box and	stop here		, third, fourth, or	fifth tax year as a	a section 501(c)(3)	▶ □
	tion C. Computation of Pu			12 column (f)	<del></del>	15	100.00%
	Public support percentage for 200			13, COIUITITI (1))		16	100.00%
	Public support percentage from 2 tion D. Computation of Inv			·····			100.00%
	· · · · · · · · · · · · · · · · · · ·				n (f)	17	%
17	Investment income percentage for Investment income percentage fr				III (1 <i>))</i>	18	
18 19 a	33-1/3 support tests - 2009. If th	ne organization did	not check the box	x on line 14, and	line 15 is more th	nan 33-1/3%, and l	ine 17 is not —
	more than 33-1/3%, check this be 3 <b>3-1/3 support tests – 2008.</b> If th	ox and <b>stop here.</b> ne organization did	The organization of the check a box of the check a box of the check are	qualifies as a pub on line 14 or 19a,	olicly supported or , and line 16 is mo	ganization ore than 33-1/3%, a	X
20	is not more than 33-1/3%, check	•	=				ŀΗ

Schedule A	(Form 990	or 990-EZ	2009	BALI	CULTURA	L AS	SOCIATION	v, us	A	41-1666464	Page 4
Part IV	<b>Supplem</b> Part II, li	i <b>ental In</b> ne 17a d	<b>format</b> or 17b;	i <b>on.</b> Co and Pa	mplete thi irt III, line	s part 12. Pi	to provide rovide any	the e other	xplanations requadditional inform	iired by Part II, nation. See inst	line 10; ructions.
•											
			. – – –								
<b></b>			. – – –								
			. – – -								
			. <b></b> -						<b></b>		
			- <b></b> -								
	- <b></b>					<del>-</del>					
						<del></del>					

### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545 0047

lame	of the organization				<del></del>	Employer identific	ation number
BAL	I CULTURAL ASSOCIATIO	N, USA				41-166646	4
Par	Fundraising Activities, Comp	lete if the organ	ization ans	wered 'Ye	s' to Form 990, Part IV,	line 17	
1	Indicate whether the organization	raised funds thro	ough any o	f the follow	ving activities Check al	I that apply.	
	Mail solicitations				Solicitation of non-g		
	Internet and email solicitation	\$			Solicitation of gover	-	
	Phone solicitations	_			Special fundraising	=	
	In-person solicitations					CVCING	
2 a	Did the organization have written	or oral agreemer	nt with any	individual	Cincluding officers, dire	ectors trustees or key	
	employees listed in Form 990, Pai	rt VII) or entity in	connection	on with pro	ofessional fundraising se	ervices?	Yes No
b	If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or entition	ties (fundra	aisers) pur	rsuant to agreements ur	nder which the fundraise	er is to be
	Compensated at least \$5,000 by the	T	T		~	(v) Amount noud to	<del></del>
	(i) Name of Individual	(ii) Activity	(III) Did i	fundraiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) / icii/ ii)	have custod	ly or control	from activity	fundraiser listed in	(or retained by)
	<b>-</b>		of contri	butions?		col (ı)	organization
			Yes	No			
							[
	<del></del>	<del>                                     </del>	<u> </u>				<del></del>
			ļ				
		<del>- </del>	<del>                                     </del>				<del></del>
	<del></del>	<u> </u>	<u></u>				<del></del>
			<b> </b>				
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			<del></del>	<u> </u>			
	T-4-1			أي			
	Total	otion in registers	ad or leader	and to colu	out funds or has been no	tified it is exempt from	registration
3	List all states in which the organiz or licensing	auon is registere	or licens	seu to soll	cit iunus of has been no	ouned it is exempt from	registration
		<b></b> _					· <b></b>
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			- <b></b>				
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			- <b></b> -				
	<b></b>	<b> </b>		<b></b>			

		G (Form 990 or 990-EZ) 2009 BALI CU			41-166		P	age 2
Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a Form 990-EZ, line 6	nswered Yes to Fo a. List events with	orm 990, Part IV, III gross receipts grea	ne 18, or iter than !	\$5.00	00.
		Toportou more triain projecte on t	(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Tota (Add col (	I Even	nts
Ř			(event type)	(event type)	(total number)	COI	(c))	
RE>ENUE	1	Gross receipts						
Ł	2	Less Charitable contributions						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
	5	Noncash prizes						
D I R E C T	6	Rent/facility costs						
	7	Food and beverages						
E X P F	8	Entertainment						
EXPENSES	9	Other direct expenses						
5	10	Direct expense summary Add lines 4- th	hrough 9 in column (d)		•			
	11	Net income summary Combine lines 3, of		·	<u> </u>	<del></del>		
Pai	<b>t'lli</b> '	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye a.	es' to Form 990, Pa	rt IV, line 19, or rep	orted mo	ore th	ian
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col col	l gamı (a) thr (c))	ng ough
Ŋ								
	1	Gross revenue						
D X I P	2	Cash prizes						
D P E N S E	3	Non-cash prizes		,				
S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		<b>&gt;</b>			
		Net gaming income summary Combine I	lines 1 column (d) and	line 7	<b>.</b>			
	8	Net garning income summary combine i	inles 1, column (a) and		<u> </u>		YES	NO
9		er the state(s) in which the organization of						
		ne organization licensed to operate gaming lo,' explain	g activities in each of the	ese states?		9a	(A)	<del>                                     </del>
		·			<b></b>	· <b></b> -		
		re any of the organization's gaming license (es, explain	es revoked, suspended o	or terminated during the	tax year?	10 a	-	
•						;		
11	 Doe	es the organization operate gaming activities	es with nonmembers?			11	<u> </u>	
12	Is th	ne organization a grantor, beneficiary or tri ninister charitable gaming?	ustee of a trust or a mer	mber of a partnership or	other entity formed to	12		
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		YES	NO
13 Indicate the percentage of gaming activity operated in:	1	3	
a The organization's facility	ૠ		Ì,
b An outside facility 13b	ક		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records	1	
Name •			
Address • ,	<b>-</b>		
15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue	e <sup>7</sup>	а	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the	e amount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party		İ	
Name •			
Address <u></u>			
		1	
16 Gaming manager information			
Name •			
Gaming manager compensation   \$	<u></u>		'
Description of services provided			
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
			ļ
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retastate gaming license?	17.	a	<u> </u>
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the		
organization's own exempt activities during the tax year 🕨 \$			<u> </u>
<b>BAA</b> TEFA3703 02/05/10 Schedu	le G (Form 990 or	990-FZ	ነ 2009