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04-2631603

Form **990****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)

OMB No. 1545-0047

**Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2007 calendar year, or tax year beginning 6/1/10 and ending 5/31/11, 20

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**C** Name of organization GURJAR GUJARATI ASSOCIATION  
 Number and street (or P.O. box if mail is not delivered to street address) 29 SHEAFFE ST  
 City or town, state or country, and ZIP + 4 MA 02148

**D** Employer identification number 04-2631603

**E** Telephone number (781) 322-5386

**F** Accounting method: ☒ Cash ☐ Accrual  
☐ Other (specify) ▶

**G** Website: WWW.GURJAR.ORG

**J** Organization type (check only one) ☒ 501(c) ( ) (insert no) ☐ 4947(a)(1) or ☐ 527

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

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

**H and I** are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates? ☐ Yes ☐ No  
**H(b)** If "Yes," enter number of affiliates ▶  
**H(c)** Are all affiliates included? ☐ Yes ☐ No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No  
**I** Group Exemption Number ▶

**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received.	1a	0	1e	0
	a	Contributions to donor advised funds	1b	0	2	0
	b	Direct public support (not included on line 1a)	1c	0	3	40
	c	Indirect public support (not included on line 1a)	1d	0	4	337
	d	Government contributions (grants) (not included on line 1a)			5	
	e	Total (add lines 1a through 1d) cash \$ noncash \$				
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				
	3	Membership dues and assessments				
	4	Interest on savings and temporary cash investments				
	5	Dividends and interest from securities				
	6a	Gross rents	6a	0		
	b	Less rental expenses	6b	0		
c	Net rental income or (loss). Subtract line 6b from line 6a			6c	0	
7	Other investment income (describe ▶)			7	0	
<b>Expenses</b>	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less cost or other basis and sales expenses	8a	0		
	c	Gain or (loss) (attach schedule)	8b	0		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	0		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			8d	0
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a	0		
	b	Less direct expenses other than fundraising expenses	9b	0		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	0
	10a	Gross sales of inventory, less returns and allowances	10a	0		
	b	Less cost of goods sold	10b	0		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	18137
	11	Other revenue (from Part VII, line 103)			11	18474
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12		
<b>Net Assets</b>	13	Program services (from line 44, column (B))			13	
	14	Management and general (from line 44, column (C))			14	
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses. Add lines 13 and 14, column (A)			17	24976
<b>Net Assets</b>	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	16507
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	46199
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	39697

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	0	0	0	0
25b	b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
25c	c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	0	0	0	0
27	Pension plan contributions not included on lines 25a, b, and c	0	0	0	0
28	Employee benefits not included on lines 25a - 27	0	0	0	0
29	Payroll taxes <del>None</del>	0	0	0	0
30	Professional fundraising fees <i>Navali</i>	11438	11438	0	0
31	Accounting fees <i>Scholarship</i>	2500	2500	0	0
32	Legal fees <i>Insurance</i>	500	500	0	0
33	Supplies	56	56	0	0
34	Telephone <i>Donation</i>	500	500	0	0
35	Postage and shipping <i>Commonwealth</i>	15	15	0	0
36	Occupancy <i>Dinner</i>	7465	7465	0	0
37	Equipment rental and maintenance <i>Page</i>	888	888	0	0
38	Printing and publications	1614	1614	0	0
39	Travel	0	0	0	0
40	Conferences, conventions, and meetings	0	0	0	0
41	Interest	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	0	0	0	0
43	Other expenses not covered above (itemize):				
a		0	0	0	0
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	24976	24976	0	0

**Joint Costs.** Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <i>Educational and Cultural Activities and also see welcome</i>		Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
a	<i>Naval &amp; Dineer Dinner is part of Cultural Activities</i> <i>N/A</i>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
b	<i>Donation for Scholarship to St. Lawrence College is Educational</i> <i>N/A</i>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
c	<i>N/A</i>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
d	<i>N/A</i>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
e	Other program services (attach schedule) <i>See Part II</i>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<i>24976</i>

*See Part II*

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**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
45	Cash—non-interest-bearing	22413	16769
46	Savings and temporary cash investments	22786	22928
47a	Accounts receivable	0	0
47b	Less: allowance for doubtful accounts	0	0
48a	Pledges receivable	0	0
48b	Less: allowance for doubtful accounts	0	0
49	Grants receivable	0	0
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	0
50b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0
51a	Other notes and loans receivable (attach schedule)	0	0
51b	Less: allowance for doubtful accounts	0	0
52	Inventories for sale or use	0	0
53	Prepaid expenses and deferred charges	0	0
54a	Investments—publicly-traded securities	0	0
54b	Investments—other securities (attach schedule)	0	0
55a	Investments—land, buildings, and equipment basis	0	0
55b	Less: accumulated depreciation (attach schedule)	0	0
56	Investments—other (attach schedule)	0	0
57a	Land, buildings, and equipment: basis	0	0
57b	Less: accumulated depreciation (attach schedule)	0	0
58	Other assets, including program-related investments (describe)	0	0
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	46199	39697
60	Accounts payable and accrued expenses	0	0
61	Grants payable	0	0
62	Deferred revenue	0	0
63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	0
64a	Tax-exempt bond liabilities (attach schedule)	0	0
64b	Mortgages and other notes payable (attach schedule)	0	0
65	Other liabilities (describe)	0	0
66	<b>Total liabilities.</b> Add lines 60 through 65	0	0
67	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74	0	0
68	Unrestricted	0	0
69	Temporarily restricted	0	0
70	Permanently restricted	0	0
71	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74	0	0
72	Capital stock, trust principal, or current funds	0	0
73	Paid-in or capital surplus, or land, building, and equipment fund	0	0
74	Retained earnings, endowment, accumulated income, or other funds	0	0
75	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	0	0
76	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	46199	36697

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 12.		
1	Net unrealized gains on investments	b1	N/A
2	Donated services and use of facilities	b2	N/A
3	Recoveries of prior year grants	b3	N/A
4	Other (specify) _____	b4	N/A
	Add lines b1 through b4	b	N/A
c	Subtract line b from line a	c	N/A
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	N/A
2	Other (specify) _____	d2	N/A
	Add lines d1 and d2	d	N/A
e	Total revenue (Part I, line 12). Add lines c and d	e	N/A

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	N/A
2	Prior year adjustments reported on Part I, line 20	b2	N/A
3	Losses reported on Part I, line 20	b3	N/A
4	Other (specify) _____	b4	N/A
	Add lines b1 through b4	b	N/A
c	Subtract line b from line a	c	N/A
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	N/A
2	Other (specify) _____	d2	N/A
	Add lines d1 and d2	d	N/A
e	Total expenses (Part I, line 17). Add lines c and d	e	N/A

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Manoj Shah 4 Milap St Nashua NH	President 2 hrs	0	0	0
Kishore Bahara 29 Sheafe St Holden MA	Treasurer 1 hr	0	0	0
Esham Shah 15 Beaver Road Andover MA	Secretary 2 hrs	0	0	0
Deval Kaulkar 5 Germans Road Andover MA	Director	0	0	0
Ramdy Thakkar 2 Taylor Ave Burlington MA	Director	0	0	0
Bhaskar Shah 11 Indian Farm Drive Nashua NH	Director	0	0	0
Nila Pandey 210 Ipswich Road Bedford MA	Director	0	0	0
Anshuman Gosalia 8 Old Farm Way Andover MA	Director	0	0	0



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**Part VI Other Information (continued)**

Yes No

<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	<b>82b</b>	0	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>		<input checked="" type="checkbox"/>
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83b</b>		<input checked="" type="checkbox"/>
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		<input checked="" type="checkbox"/>
<b>85a</b>	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	<b>85a</b>		<input checked="" type="checkbox"/>
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>		<input checked="" type="checkbox"/>
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	0	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	0	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	0	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	0	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		<input checked="" type="checkbox"/>
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>		<input checked="" type="checkbox"/>
<b>86</b>	501(c)(7) orgs. Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	0	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	0	
<b>87</b>	501(c)(12) orgs. Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>	0	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	0	
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	<b>88a</b>		<input checked="" type="checkbox"/>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>		<input checked="" type="checkbox"/>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input checked="" type="checkbox"/> ; section 4912 <input checked="" type="checkbox"/> ; section 4955 <input checked="" type="checkbox"/>			
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>		<input checked="" type="checkbox"/>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0	
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0	
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>		<input checked="" type="checkbox"/>
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>		<input checked="" type="checkbox"/>
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>		<input checked="" type="checkbox"/>
<b>90a</b>	List the states with which a copy of this return is filed <input checked="" type="checkbox"/> Mass & VT			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	<b>90b</b>		
<b>91a</b>	The books are in care of <input checked="" type="checkbox"/> Kishore Balsaria Located at <input checked="" type="checkbox"/> 29 Shree St. Malden MA Telephone no. <input checked="" type="checkbox"/> (781) 322-5386 ZIP + 4 <input checked="" type="checkbox"/> 02148			
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input checked="" type="checkbox"/>	<b>91b</b>		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				



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**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☒ Yes ☐ No

If "Yes," enter the name of the foreign country ▶

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92****Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a <u>Refund from Britain's Solid</u>					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue a					
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))					
<b>105</b> Total (add line 104, columns (B), (D), and (E))					

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	<input checked="" type="checkbox"/>

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.

Please  
Sign  
Here

Kishore Balsara

Signature of officer

KISHORE BALSARA TREASURER

Date

6/13/11

6/13/11

Type or print name and title

Paid  
Preparer's  
Use OnlyPreparer's  
signature

Date

Check if  
self-  
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours  
if self-employed),  
address, and ZIP + 4

EIN

Phone no ( )

GURJAR FINANCIAL 6/1/10 Thru 5/31/11

6/13/2011

	INCOME	EXPENSE
PRINTING EXPENSE		1,614 29
OFFICE SUPPLIES		55.71
REFUND FROM BILLERICA SCHOOLS	176 00	
SCHOLARSHIP		2,500 00
NAVRATRI	6,968 50	11,437 51
MEMBERSHIP REGULAR	40 00	
INSURANCE		500.00
DONATION	3,000 00	500 00
COMMONWEALTH OF MASS		15 00
DIWALI DINNER	7,182 00	7,465.12
ADVERTISING INCOME	770.00	
INTERSET INCOME	337 27	
YOUTH PROGRAM		888 00
	18,473.77	24,975.63
BEGIN BAL CHECKING	23,413.25	16,769.12
C/D BALANCE	22,786 32	22,928 59
LOSS	(6,501 86)	
	39,697 71	39,697 71