Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ 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 $1,000,000 and total assets less than $2,500,000 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.*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 08/01 **, 2008, and ending** 07/31 **, 20** 09

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: EDUCATIONAL POLISH CORPORATION

Number and street (or P O box, if mail is not delivered to street address) | Room/suite: P.O. BOX 162

City or town, state or country, and ZIP + 4: LONG VALLEY NJ 07853-0162

D Employer identification number 80-0115457

E Telephone number (908) 876 5803

F Group Exemption Number ▶

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

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

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Organization type (check only one)— ☒ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 51,278.89

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	4087.37
	2	Program service revenue including government fees and contracts			2	23326.00
	3	Membership dues and assessments			3	0
	4	Investment income			4	0
	5a	Gross amount from sale of assets other than inventory	5a	0		
	b	Less: cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)			5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐				
	a	Gross revenue (not including $ ______ of contributions reported on line 1)	6a	20,307.19		
	b	Less: direct expenses other than fundraising expenses	6b	15,521.42		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	4,785.77
	7a	Gross sales of inventory, less returns and allowances	7a	2958.33		
	b	Less: cost of goods sold	7b	2958 33		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8	Other revenue (describe ▶)			8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, and 8 ▶			9	32,199.14
Expenses	10	Grants and similar amounts paid (attach schedule) See Att no.1			10	389.14
	11	Benefits paid to or for members			11	0
	12	Salaries, other compensation, and employee benefits			12	0
	13	Professional fees and other payments to independent contractors			13	3,251.85
	14	Occupancy, rent, utilities, and maintenance			14	7,617.00
	15	Printing, publications, postage, and shipping			15	3,334.56
	16	Other expenses (describe ▶ See Att. no 2)			16	12,929.20
	17	**Total expenses.** Add lines 10 through 16 ▶			17	27,521.75
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	5,277.39
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	12,477.87
	20	Other changes in net assets or fund balances (attach explanation)			20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	17,755.26

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

	(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	14,454.53	22	17,510.84
23	Land and buildings	0	23	0
24	Other assets (describe ▶ See Att no 3)	1,199.79	24	834.65
25	**Total assets**	15,654.32	25	18,345.49
26	**Total liabilities** (describe ▶ See Att no 4)	3,176.45	26	590.23
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	12,477.87	27	17,755.26

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Cat No. 10642I Form **990-EZ** (2008)

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

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	WEEKEND POLISH LANGUAGE, HISTORY AND CULTURE CLASSES FOR CHILDREN. IN SCHOOL YEAR 2008-2009 PROGRAM ATTENDED 103 CHILDREN (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	19,402.62
29	SPECIAL EVENTS OPEN TO THE PUBLIC, PRESENTING POLISH CULTURE AND CUSTOMS (CHRISTMAS PAEGENT, EASTER WORKSHOP) IN SCHOOL YEAR 2008-2009 EVENTS ATTENDED 320 PEOPLE (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	2,865.59
30	POLISH BALLROOM DANCING CLASSES FOR CHILDREN IN SCHOOL YEAR 2008-2009 DANCING CLASSES ATTENDED 26 CHILDREN (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	3,150.00
31	Other program services (attach schedule) See. Att No 5. (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	206.57
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	25,624.78

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(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	(e) Expense account and other allowances
AGATA STOPA 271 NAUGHRIGHT Rd. LONG VALLEY N.J 07853	PRESIDENT 12 HOURS PER WEEK	0	0	0
JOLANTA PLEWA 219 MOONEY Rd. ROCKAWAY N.J 07866	SECRETARY 2 HOURS PER WEEK	0	0	0
JOLANTA SIEDLECKI 138B BLACK RIVER Rd. LONG VALLEY NJ	TREASURER 4 HOURS PER WEEK	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? See Att. No. 7	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ N.J.

42a The books are in care of ▶ AGATA STOPA Telephone no. ▶ (908) 876 5903

Located at ▶ 271 NAUGHRIGHT Rd LONG VALLEY NJ ZIP + 4 ▶ 07853

			Yes	No
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: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the 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 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 & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the 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 address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ [signature] | 12/09/09
Signature of officer | Date

▶ AGATA STOPA PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶ ( )	

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

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047
2008
Open To Public Inspection

Name of the organization: EDUCATIONAL POLISH CORPORATION
Employer identification number: 80 : 0115457

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

N.J

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 VALENTINE'S PARTY (event type)	(b) Event #2 GROCERY CARD'S SALE (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	6,807.19	13,500		20,307.19
	2 Less: Charitable contributions	0	0		0
	3 Gross revenue (line 1 minus line 2)	6,807.19	13,500		20,307.19
Direct Expenses	4 Cash prizes	0	0		0
	5 Non-cash prizes	0	0		0
	6 Rent/facility costs	500 00	0		500 00
	7 Other direct expenses	3136.42	11.885		15,021.42
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(15,521.42)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				$ 4,785.77

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: ______			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain: ______			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain: ______			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in.				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______ .				
c If "Yes," enter name and address: Name ▶ Address ▶				
16 Gaming manager information: Name ▶ Gaming manager compensation ▶ $ Description of services provided ▶ ☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EDUCATIONAL POLISH CORPORATION

Employer identification number
80 : 0115457

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: (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 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).**

7 ☐ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % 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).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ 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 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3						
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)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 activities, etc. (see instructions) . . . 12 ______

13 **First five 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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . 14 ______ %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . 15 ______ %

16a **33⅓% support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

b **33⅓% support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,695.50	3,260.00	2,984.00	4,020.00	4,087.37	18,046.87
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	17,804.55	18,650.55	25,028.07	21,483.73	28711.77	111679.73
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1-5	21,501 05	21,310 55	28,012,07	25,503,73	32,799.14	129,726.60
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)	21.501 05	21 310.55	28,012,07	25,503,73	32,799.14	129,726.60

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	21,501.05	21,310.55	28,012.07	25,503.73	32,799.14	129,726.60
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	21,501.05	21,310.55	28,012.07	25,503 73	32,799.14	129,726.60

14 **First five 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | %

16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f)) | 17 | %

18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h | 18 | %

19a **33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Educational Polish Corporation
P. O. Box 162
Long Valley, NJ 07853
EIN: 80-0115457

Attachment no. 1

Grands

Recipient	Purpose	Amount
Ss Peter and Paul Church	Gift for General operation	$300.00
Ss Peter and Paul Church	Baskets for Tricky Tray	$29.14
Diocese of Metuchen	Care A	$60.00
	TOTAL:	**$389.14**

Attachment #1 to Form 990EZ
Continuation of response to Part I Line10

Educational Polish Corporation
P. O. Box 162
Long Valley, NJ 07853
EIN: 80-0115457

Attachment no. 2

In the year 2008-2009, Educational Polish Corporation had expenses specific for it's status's purpose that are described below

Other expenses for 2008-2009

Purpose	**Amount**
Christmas pageant and party	$2,685.84
Expenses for organization's picnic	$386.79
Bus service for field trip	$375.00
Winners prizes in poetry contest	$226.48
Student rewards for achievements in learning Polish language (tickets to Hershey Park,Camelbeach Park and Clearview Cinema)	$2,158 68
Traveling (toll, tickets)	$42.00
Parents-Instructors meetings	$119.72
School supplies (paint, playdough, craft, etc.)	$152.37
Winners prizes and supplies in art contest	$215.89
Rewards for best students	$149.05
End of the year gifts for instructors	$625.00
Rewards for absolvents	$69.49
Reimbursement for traveling for instructors	$5,107.00
Depreciation of organization's assets (copy machine, books, toys,gams,etc)	$336.14
Easter Workshop	$179.75
Lost(fake $100 Bil)	$100.00
TOTAL:	**$12,929.20**

Attachment #2 to Form 990EZ
Continuation of response to Part I Line 16

Educational Polish Corporation
P. O. Box 162
Long Valley, NJ 07853
EIN: 80-0115457

Attachment no. 3

Educational Polish Corporation has assets other than money on the checking account that are listed below:

Other Assets

Asset	**Value**
Copy machine	$30.50
Amplifier	$130 65
Library Books	$366 00
Reference Books	$232 00
Games, Toys ,etc	$25 00
Maps	$38.00
Coffee maker	$12.50
Total	**$834.65**

Attachment #3 to Form 990EZ
Continuation of response to Part II Line 24

Educational Polish Corporation
P. O. Box 162
Long Valley, NJ 07853
EIN: 80-0115457

Attachment no. 4

Organization's only liabilities are, listed below, checks which didn't clear until 07/31/2009

Number of the check	Amount
# 1526	$50.00
# 1530	$50.00
# 1531	$50.00
# 1532	$60 00
# 1154	$90.00
# 1535	$24 00
# 1536	$235 21
# 1538	$31.02
TOTAL	**$590.23**

Educational Polish Corporation
P. O. Box 162
Long Valley, NJ 07853
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Attachment no. 5

In the year 2008-2009 organization provides the following other services to individuals:

1. Small library containing polish books, magazines and newspapers for children and adults. (Grants % 0.00) Expenses $ 50.00

2. Polish Catholic religion classes for children. In school year 2008-2009 program attended 40 children.
(Grants % 0.00) Expenses $ 156.57

Educational Polish Corporation
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Attachment no. 6

In the year 2008-2009 organization deducted listed below yearly depreciation of it's assets. To calculate yearly depreciation deduction organization used Straight Line Method.

Assets	Adjusted basis	Estimated useful life of the property*	Yearly depreciation deduction
Amplifier	$156.79	6 years	$26.14
20 referral books	$57.50	3 years	$28.50
Copy machine	$51.00	1 years	$30 50
40 library books	$455.50	4years	$114.50
Coffee maker	$29 00	2 years	$16.50
11 referral books	$82.00	4 years	$21.00
2 maps	$51 00	4 years	$13.00
5 new referral books	$178 00	5 years	$36.00
20 used library books**	$50.00	2 years	$25 00
Used games and toys	$50.00	2 years	$25.00
Total			**$336.14**

* According to Pub.946, Part 4, Pages 29-30

** These items were used for 3-4 years before they were donated donated to the organization. To determinate depreciation of these items we subtract 3 years of their estimated useful life (according to Pub.946)

Attachment #6 to Form 990EZ
Continuation of response to Attachment no.2,Calculation of depreciation

Educational Polish Corporation
P. O. Box 162
Long Valley, NJ 07853
EIN: 80-0115457

Attachment no.7

In the year 2008-2009 Educational Polish Corporation had income from business activities, such as those reported on line 6 and 7 but not reported on Form 990-T. Reason for not reporting the income on Form 990-T is, that all this income is related to organization's charitable, educational purpose and function.