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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30/2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		POLISH-AMERICAN FOUNDATION		06-1466812
		OF CONNECTICUT, INC.		E Telephone number
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>27 GROVE HILL STREET</u> City or town, state or country, and ZIP + 4 <u>NEW BRITAIN, CT 06052</u>		(860) 225-2346
				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) ▶

I Website: ▶ WWW.PAF-CT.ORG

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

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

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 . . . ▶ \$ 150,465.

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	142,361.
	2	Program service revenue including government fees and contracts	2	3,956.
	3	Membership dues and assessments	3	
	4	Investment income STMT 1.	4	71.
	5 a	Gross amount from sale of assets other than inventory 5a		1,639.
	b	Less cost or other basis and sales expenses 5b		1,800.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c		-161.
	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		2,438.
	b	Less direct expenses other than fundraising expenses 6b		1,836.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) STMT 2 6c		602.	
7 a	Gross sales of inventory, less returns and allowances 7a			
b	Less cost of goods sold 7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c			
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	146,829.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	15,491.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	52,955.
	13	Professional fees and other payments to independent contractors	13	1,728.
	14	Occupancy, rent, utilities, and maintenance	14	11,485.
	15	Printing, publications, postage, and shipping	15	540.
	16	Other expenses (describe ▶)	16	35,846.
17	Total expenses. Add lines 10 through 16 ▶	17	118,045.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	28,784.
	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	493,152.
	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 through 20 ▶	21	521,936.

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 STMT 5	39,249.	67,079.
23	Land and buildings	466,808.	503,278.
24	Other assets (describe ▶ STMT 6)	1,250.	675.
25	Total assets	507,307.	571,032.
26	Total liabilities (describe ▶ STMT 7)	14,155.	49,096.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	493,152.	521,936.

JSA
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For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form **990-EZ** (2008)

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3 619

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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		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		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		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?		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?	X	
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 7,648		
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 ▶, section 4912 ▶, section 4955 ▶		
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		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		X
41 List the states with which a copy of this return is filed ▶ CT ,		
42a The books are in care of ▶ ANDRE BLASZCZYNSKI Telephone no ▶ 860-255-2346 Located at ▶ 27 GROVE HILL STREET NEW BRITAIN, CT ZIP + 4 ▶ 06052		
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)?		X
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X


Form **990-EZ** (2008)





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	Yes	No
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"			

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 "

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.

Sign Here  Signature of officer _____ Date 5/14/2010

 ANDRE BLASZCZYNSKI, PRESIDENT
Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed  <input type="checkbox"/>	Preparer's Identifying Number (See instructions) P00034535
	Firm's name (or yours if self-employed), address, and ZIP + 4	DWORKE HILLMAN LAMORTE & STERCZALA FOUR CORPORATE DRIVE, SUITE 488 SHELTON, CT 06484		EIN  06-1308345 Phone no  203-929-3535

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

Department of the Treasury
Internal Revenue Service

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 POLISH-AMERICAN FOUNDATION
OF CONNECTICUT, INC.

Employer identification number
06-1466812

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 33 1/3 % 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 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).** (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)	X
(ii) A family member of a person described in (i) above?	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X
 - h Provide the following information about the organizations the organization supports

[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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")	222,853.	158,329.	141,623.	171,426.	146,317.	840,548.
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	222,853.	158,329.	141,623.	171,426.	146,317.	840,548.
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						840,548.

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	222,853.	158,329.	141,623.	171,426.	146,317.	840,548.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	964.	729.	61.	12.	71.	1,837.
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)				373.	602.	975.
11 Total support. Add lines 7 through 10						843,360.
12 Gross receipts from related activities, etc. (See instructions)					12	61,306.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.67 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.66 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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 "fact-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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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")						
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						
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						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

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.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
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 <input type="checkbox"/>						

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 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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)

[illegible]

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization **POLISH-AMERICAN FOUNDATION**
OF CONNECTICUT, INC.

Employer identification number
06-1466812

Part I. Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year
under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II. Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
ANDRE BLASZCZYNSKI TO FUND OPERATIONS	X		3,855.	3,855.		X	X			X
KONRAD GIL TO FUND OPERATIONS	X		3,793.	3,793.		X	X			X
Total ▶ \$				7,648.						

Part III. Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV. Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

POLISH-AMERICAN FOUNDATION

06-1466812

FORM 990EZ, PART I - INVESTMENT INCOME

=====

DESCRIPTION	AMOUNT
-----	-----

DIVIDEND INCOME	71.
-----------------	-----

TOTAL	71.
-------	-----

STATEMENT 1

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES
=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
FUNDRAISER - TEA PARTY	2,438.	1,836.	602.
TOTALS	2,438.	1,836.	602.
	=====	=====	=====

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

=====

RECIPIENT NAME AND ADDRESS

GRANTS PAID

THE GREAT ORCHESTRA OF CHRISTMAS PARTY
POLAND

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

UNRELATED ORGANIZATION
EXEMPT ORGANIZATION

PURPOSE OF GRANT OR CONTRIBUTION

OBJECTIVE OF THE POLISH ORGANIZATION IS TO SAVE
CHILDREN'S LIVES, PROMOTE HEALTH AND EDUCATION IN
THE FIELD OF PREVENTIVE TREATMENT

AMOUNT

13,691.

TOTAL CONTRIBUTIONS PAID

13,691.
=====

FORM 990EZ, PART I - OTHER EXPENSES
=====

SUPPLIES	7,393.
CONFERENCES, CONVENTIONS	443.
INTEREST	3,894.
DEPRECIATION	17,347.
COPYRIGHTS AND LICENSES	175.
ADVERTISING	1,304.
DUES AND SUBSCRIPTIONS	550.
INSURANCE	4,740.

TOTAL	35,846.
	=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	9,262.	13,892.
INVESTMENTS - SECURITIES	29,987.	53,187.
	-----	-----
TOTALS	39,249.	67,079.
	=====	=====

FORM 990EZ, PART II - OTHER ASSETS
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS RECEIVABLE	1,000.	425.
SECURITY DEPOSITS	250.	250.
	-----	-----
TOTALS	1,250.	675.
	=====	=====

FORM 990EZ, PART II - TOTAL LIABILITIES

=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS PAYABLE	6,128.	6,224.
LINE OF CREDIT - PAYABLE	5,737.	23,326.
PAYROLL LIABILITIES	2,290.	11,898.
DUE TO BOARD MEMBERS	NONE	7,648.
	-----	-----
TOTALS	14,155.	49,096.
	=====	=====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE POLISH-AMERICAN FOUNDATION OF CT, INC SEEKS TO ENHANCE THE CULTURAL AND ECONOMIC DEVELOPMENT OF THE COMMUNITY BY SPONSORING CULTURAL AND EDUCATIONAL PROGRAMS AND ACTIVITIES, IMPROVING ACCESS TO AND PROVIDING SOCIAL AND WORKFORCE DEVELOPMENT SERVICES, PROMOTING UNDERSTANDING AMONG ETHIC GROUPS AND FOSTERING INTERNATIONAL EXCHANGE.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 2

THE EMPLOYMENT ASSISTANCE PROGRAM. THE SERVICES PROVIDED THROUGH
THE PROGRAM INCLUDE: JOB SEARCH ASSISTANCE, RESUME WRITING AND
COVER LETTER PREPARATION, LANGUAGE HELP, REFERRAL PROGRAMS AND
COMPUTER AND JOB TRAINING ASSISTANCE.

FORM 990EZ, PART III - OTHER PROGRAM SERVICES
=====

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
THE GREAT ORCHESTRA OF CHRISTMAS CHARITY (WOSP) IS THE BIGGEST AND MOST PROSPEROUS CHARITY ORGANIZAT. IN POLAND. ITS OBJECTIVES ARE SAVING CHILDREN'S LIVES, HEALTH PROMOTION AND EDUCATION IN THE FIELD OF PREVENTIVE TREATMENT. THE NEW BRITAIN BRANCH OF WOSP IS THE NEWEST PROGRAM OF THE AGENCY	13,691. -----	13,691. -----
TOTALS	13,691. =====	13,691. =====

POLISH-AMERICAN FOUNDATION

06-1466812

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
KONRAD GIL 27 GROVE HILL STREET NEW BRITAIN, CT 06052	EXECUTIVE DIRECTOR 40.	28,523.	NONE	NONE
ANDRE BLASZCZYNSKI 27 GROVE HILL STREET NEW BRITAIN, CT 06052	PRESIDENT	NONE	NONE	NONE
LUCIAN PAWLAK 27 GROVE HILL STREET NEW BRITAIN, CT 06052	1ST V-P	NONE	NONE	NONE
ADAM M FORMUS 27 GROVE HILL STREET NEW BRITAIN, CT 06052	CO-TREASURER	NONE	NONE	NONE
JADWIGA PANUS 27 GROVE HILL STREET NEW BRITAIN, CT 06052	CO-TREASURER	NONE	NONE	NONE
RICHARD KOSINSKI ESQ 27 GROVE HILL STREET NEW BRITAIN, CT 06052	GEN COUNSEL	NONE	NONE	NONE
URSZULA BRODOWICZ	DIRECTOR	NONE	NONE	NONE

POLISH-AMERICAN FOUNDATION

06-1466812

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
27 GROVE HILL STREET NEW BRITAIN, CT 06052				
BOGUMILA GLADYSZ 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR	NONE	NONE	NONE
MARIA HURCZYN 27 GROVE HILL STREET NEW BRITAIN, CT 06052	SECRETARY	NONE	NONE	NONE
JOHN JEDRZEJCZYK 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR	NONE	NONE	NONE
ADRIAN BARON 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR	NONE	NONE	NONE
RICHARD POKORSKI 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR	NONE	NONE	NONE
MICHAEL SMOOLCA 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES
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NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT. AND OTHER ALLOWANCES -----
ANNA SIELAWKO 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR	NONE	NONE	NONE
PETER TERCYAK 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR	NONE	NONE	NONE
ANNA WROBLEWSKI 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR	NONE	NONE	NONE
ANDRZEJ HAC 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR	NONE	NONE	NONE
JERRY MALINKA 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR	NONE	NONE	NONE
GRAND TOTALS		28,523.	NONE	NONE

SCHEDULE D
(Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

2008

Name of estate or trust **POLISH-AMERICAN FOUNDATION**
OF CONNECTICUT, INC.

Employer identification number
06-1466812

Note: Form 5227 filers need to complete *only* Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					
b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b					1b
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824					2
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts					3
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2007 Capital Loss Carryover Worksheet					4 ()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back ►					5

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					
b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b					6b -161.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					7
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8
9 Capital gain distributions					9
10 Gain from Form 4797, Part I					10
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2007 Capital Loss Carryover Worksheet					11 ()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ►					12 -161.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2008

Part III Summary of Parts I and II		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		-161.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		-161.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of	16	(161.)
a	The loss on line 15, column (3) or b \$3,000		

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . .	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,200	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (15)	30		
31	Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions)	31		
32	Add lines 30 and 31	32		
33	Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions)	33		
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)	34		

Schedule D (Form 1041) 2008

Employer identification number

06-1466812

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year[illegible]

2008

06-1466812

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
BUILDING	09/30/2000	361,050.	100.000			361,050.	69,953.	78,979.	SL		40.000				9,026.
FURNITURE AND FIXT	09/30/2000	3,000.	100.000			3,000.	3,000.	3,000.	SL		5.000				
PIANO	01/01/1986	12,000.	100.000			12,000.	12,000.	12,000.	SL		15.000				
LAND	09/30/2000	73,950.	100.000												
SECURITY SYSTEM	04/06/2008	4,500.	100.000			4,500.	225.	1,125.	SL		5.000				900.
COPIER	12/04/2007	3,773.	100.000			3,773.	314.	853.	SL		7.000				539.
COMPUTER EQUIPMENT	10/02/2006	1,174.	100.000			1,174.	626.	861.	SL		5.000				235.
LAND IMPROVEMENTS	12/08/2006	40,000.	100.000			40,000.	2,758.	4,758.	SL		20.000				2,000.
BUILDING IMPROVEME	12/31/2003	7,834.	100.000			7,834.	898.	1,094.	SL		40.000				196.
BOILER	02/28/2004	5,065.	100.000			5,065.	1,118.	1,371.	SL		20.000				253.
RAILINGS	08/12/2004	10,700.	100.000			10,700.	2,793.	3,506.	SL		15.000				713.
HANDICAP RAMP	11/26/2004	13,780.	100.000			13,780.	3,369.	4,288.	SL		15.000				919.
FURNACE	01/12/2006	13,531.	100.000			13,531.	2,255.	3,157.	SL		15.000				902.
GLASS PARTITION	05/01/2007	6,900.	100.000			6,900.	537.	997.	SL		15.000				460.
BUILDING IMPROV	05/17/2007	5,601.	100.000			5,601.	373.	746.	SL		15.000				373.
IMPROVEMENTS	06/14/2004	3,000.	100.000			3,000.	200.	400.	SL		15.000				200.
SNOW BLOWER	12/31/2003	914.	100.000			914.	838.	914.	SL		5.000				76.
COPIER/PRINTER	11/15/2005	2,775.	100.000			2,775.	1,480.	2,035.	SL		5.000				555.
BUILDING IMPRO-3RD	06/30/2009	53,815	100.000			53,815.			SL		40.000				
Less Retired Assets															
Subtotals		623,362.				549,412.	102,737.	120,084.							17,347.

Listed Property

Less Retired Assets															
Subtotals															
TOTALS		623,362.				549,412.	102,737.	120,084.							17,347.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
8X9024 1 000

09203X K276

V08-8.3 4704