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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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C** Name of organization**POLANIE CLUB OF INDIAN ORCHARD, MA**

Number and street (or P O box, if mail is not delivered to street address)

36 NOTRE DAME ST.

Room/suite

City or town, state or country, and ZIP + 4

SPRINGFIELD, MA 01104**D** Employer identification number**04 - 333560 04 - 3335606****E** Telephone number**413-732-0019****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: ► **N/A****J** Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **41822****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Expenses	1	Contributions, gifts, grants, and similar amounts received	1	2846
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	490
	4	Investment income	4	4
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	6a	Gross revenue (not including \$ 2805 of contributions reported on line 1)	6a	38482
	6b	Less direct expenses other than fundraising expenses	6b	40259
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	(1777)
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	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	1563
	Net Assets	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	10
12		Salaries, other compensation, and employee benefits	12	0
13		Professional fees and other payments to independent contractors	13	500
14		Occupancy, rent, utilities, and maintenance	14	0
15		Printing, publications, postage, and shipping	15	466
16		Other expenses (describe ► SEE STATEMENT)	16	1089
17		Total expenses. Add lines 10 through 16	17	4565
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3002)	
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	5240	
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	2238	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	5240	2238
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	5240	2238
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5240	2238

SCANNED MAY 19 2010

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JUL 15 2010
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Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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What is the organization's primary exempt purpose?

GRANTING SCHOLARSHIPS

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, and other relevant information for each program title.

Expenses

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

28	5 SCHOLARSHIPS OF \$500 EACH		
	(Grants \$ 2500) If this amount includes foreign grants, check here	28a	2500
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	2500

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

[illegible]

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

	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		✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	✓	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		✓
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 outstanding at the end of the period covered by this return?		✓
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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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		✓
41 List the states with which a copy of this return is filed ▶ MASSACHUSETTS		
42a The organization's books are in care of ▶ GENEVIEVE P STANEK, TREASURER Telephone no. ▶ 413-732-0019 Located at ▶ 36 NOTRE DAME ST., SPRINGFIELD, MA 01104 ZIP + 4 ▶		
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)?	Yes	No
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.?		✓
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		✓
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		✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input type="checkbox"/> |
- 50** Complete this table for the organization's 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."

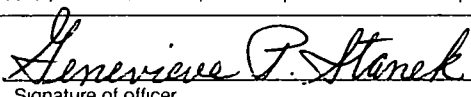
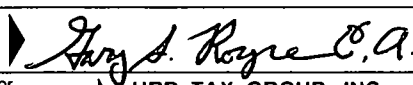
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's 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		

d 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 of officer		Date <u>4/8/2010</u>	
	GENEVIEVE p. STANEK, TREASURER 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)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	3/31/10 HRB TAX GROUP, INC. 124 WEST ST. #3, WARE, MA 01082		P00024296 EIN ▶ 43-4871840 Phone no ▶ 413-967-5268

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2009. 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 ► <input type="checkbox"/>		
b 33⅓% support test—2008. 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 ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. 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 ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3760	3125	5240	3314	3336	18775
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	53783	63886	60896	47200	38482	264247
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 through 5	57543	67011	66136	50514	41818	283022
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						283022

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	57543	67011	66136	50514	41818	283022
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33	33	16	12	4	98
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	33	33	16	12	4	98
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.)	57576	67044	66152	50526	41822	283120
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 2009 (line 8, column (f) divided by line 13, column (f))	15	99.97 %
16 Public support percentage for 2008 Schedule A, Part III, line 15	16	99.95 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.03 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.05 %

19a 33⅓% support tests—2009. 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—2008. 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 ► ☐

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

POLANIE CLUB OF INDIAN ORCHARD, MA

Employer identification number

04 : 3335606

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- 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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
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.

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 FASHION SHOW I (event type)	(b) Event #2 TRIP TO PENNSYI (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	6463	5953		12416
	2 Less Charitable contributions	960	0		960
	3 Gross income (line 1 minus line 2)	5503	5953		11456
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	5562	0		5562
	8 Entertainment	250	0		250
	9 Other direct expenses	118	5953		6071
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(11883)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				(427)

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			1845	1845
	2 Cash prizes			485	485
Direct Expenses	3 Noncash prizes			613	613
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(1098)
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				747

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>MASSACHUSETTS</u>			
a Is the organization licensed to operate gaming activities in each of these states?	9a		✓
b If "No," explain: <u>MEETS MASS REQUIREMENTS FOR RAFFLES BY FILING MASS FORM PC AND OBTAINING</u> <u>RAFFLE PERMITS IN COMMUNITIES WHERE REQUIRED</u>			
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		✓

Polanie Club

04-3335606

13 Indicate the percentage of gaming activity operated in:

- | | | |
|--------------------------------------|------------|-------|
| a The organization's facility | 13a | 0 % |
| b An outside facility | 13b | 100 % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ GENEVIEVE P. STANEK, TREASURER

Address ▶ 36 NOTRE DAME ST., SPRINGFIELD, MA 01104

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 of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ LORETTA T. GOYETTE, PRES. and GENEVIEVE P. STANEK, TRES

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ PRESIDENT and TREASURER ORGANIZE ALL CLUB ACTIVITIES.

☒ 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

SUPPORTING STATEMENTS

2009 FORM 990-EZ

POLANIE CLUB OF INDIAN ORCHARD, MA

EIN: 04-3335606

PART I, LINE 16: OTHER EXPENSES:

MEETING REFRESHMENTS	128
TICKETS FOR OFFICERS/MEMBERS TO ATTEND FUNCTIONS OF OTHER AREA POLISH CLUBS	275
RECOGNITION AWARDS FOR OFFICERS/MEMBERS	175
PHOTOGRAPHY	90
MISC. SUPPLIES AND EXPENSES	186
2008 MASS FORM PC FILING FEE	35
RAFFLE PERMIT, TOWN OF LUDLOW, MA	10
BANK FEES	<u>190</u>
<u>TOTAL</u>	1089

are deductible under section 170 (c) (2) of the Internal Revenue Code (or corresponding section of any future Federal tax code.)

Article 5 - Upon the dissolution of the organization assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code (or corresponding section of any future Federal tax code), or shall be distributed to the Federal Government or to a state or local government for public purpose.

Article 6 - **Dues** - Shall be \$10.00 per year. Members in arrears will be placed on an inactive list at the end of the fiscal year. The member shall be notified that membership will be suspended. Honorary Members who are over 90 years of age and members who are handicapped shall be exempt providing they have been a member of good standing in the club for over 10 years.

Article 7 - **Officers** - shall be elected annually at the first meeting. There shall not be a set time limit on the tenure of each officer. They can be renominated and reelected by a vote from members attending the meeting. There shall be a President, Vice President, Recording Secretary, Correspondence Secretary, Financial Secretary, Treasurer and Sergeant-at-Arms.

Article 8 - **Duties of Officers** - President shall preside at all meetings and shall be honorary chairman of all committees. **Vice President** shall assist the President in her duties when called upon; Vice President will be President's lawful successor should a vacancy occur in the office of the President prior to the election date. The **Vice President** will preside at all meetings during the absence of the President.

Recording Secretary shall have the responsibility of recording the minutes of the meetings and maintaining a record of each meeting.

Correspondence Secretary shall have the responsibility to take care of all correspondence which includes get-well cards and sympathy cards to members in event of an illness or death of a close relative (mother, father, husband or child).

Financial Secretary shall have the responsibility of collecting dues and keep and distribute to officers an update membership list including name, address and phone numbers of each member.

Treasurer shall be custodian of all monies received and distributed by the organization. All bills shall be paid by check and co-signed by the President. All check payment receipts shall be kept on file.

Sergeant-at-Arms shall preserve law and order at all club functions.

Scholarship Committee shall consist of (5) members.

The executive board of officers will review all applications received for scholarships

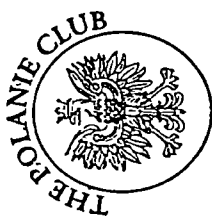
Eligibility and Qualifications:

1. Children, Grandchildren, Great-grandchildren, and Stepchildren of Polanie Club members.
2. Applicant must be attending a 2 or 4 year College and must have completed one year.
3. Nursing Program

To sponsor an applicant, you must be a member of the Polanie Club for 3 years and must attend most meetings and functions. No more than 3 scholarships can be awarded to a family. No more than 3 scholarships will be awarded annually.

Applications are made available at the first meeting of the club from the Scholarship Chairman or President.

Deadline for returning the application must be received or postmarked by May 1st to the chairman.



The Polanie Club

BY-LAWS OF THE POLANIE CLUB

(REVISION 2010)

Article 1 - The name of this club shall be known as Polanie Club

Article 2 - Meetings - To be held the second Monday of each month at 6:30 PM with the exception of January, July, and August.

Article 3 - Said organization is organized exclusively for charitable religious, educational, and scientific purposes, the making of distributions to organizations under section 501 (c) (3) of the Internal Revenue code (or corresponding section of any future Federal tax code.)

Article 4 - No part of the net earnings of the organization shall inure to the benefit of, or be distributed to its members, trustees, directors, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of section 501 (c) (3) purposes. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from Federal Income Tax under Section 501 (c) (3) of the Internal Revenue Code (or corresponding section of any future Federal tax code) or (b) by any organization, contributions to which

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