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Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**

**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 \$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.

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b>		<b>D Employer identification number</b>
		Polish National Alliance of the Society of Free Poland Lodge 2093		06-0496816
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
		37 Ward Street		860-229-3162
City or town, state or country, and ZIP + 4		<b>F Group Exemption Number</b>		
New Britain, CT 06053		0071		

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:** ▶

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

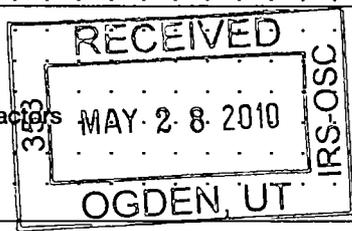
**J Tax-exempt status** (check only one) —  501(c) ( 8 ) ◀ (insert no.)  4947(a)(1) or  527

**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 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** ▶ \$ 218,717

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																										
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less: cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																										
	6b	Less: direct expenses other than fundraising expenses																										
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
7a	Gross sales of inventory, less returns and allowances																											
7b	Less: cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe ▶ Net rental income (loss) - see attached )																											
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶																											
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																										
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe ▶ see attached )																										
	17	<b>Total expenses.</b> Add lines 10 through 16 ▶																										
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																										
	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)																										
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶																										



**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	372,077	358,141
23	Land and buildings	136,323	132,475
24	Other assets (describe ▶ Inventory and accounts receivable )	5,689	13,381
25	<b>Total assets</b>	514,089	503,997
26	<b>Total liabilities</b> (describe ▶ )		
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	514,089	503,997

SCANNED JUL 22 2010

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	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.		
<b>a</b>	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>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	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 . . . . .		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <u>0</u>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	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>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>b</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 . . . . .		
<b>40b</b>			
<b>c</b>	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 . . . . . ▶ _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	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. . . . .		✓
<b>40e</b>			
<b>41</b>	List the states with which a copy of this return is filed. ▶ <u>not required in Connecticut</u>		
<b>42a</b>	The organization's books are in care of ▶ <u>Henry Perucki</u> Telephone no. ▶ <u>860-229-3162</u> Located at ▶ <u>37 Ward Street, New Britain</u> ZIP + 4 ▶ <u>06053-2911</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	No
<b>42b</b>			✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
<b>42c</b>			
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u> <input type="checkbox"/>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	Yes	No
<b>44</b>			✓
<b>45</b>	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 . . . . .	Yes	No
<b>45</b>			✓

**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.

- 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 . . . . . 

<b>46</b>	<b>Yes</b>	<b>No</b>
46		
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . 

<b>47</b>	<b>Yes</b>	<b>No</b>
47		
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

<b>48</b>	<b>Yes</b>	<b>No</b>
48		
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

<b>49a</b>	<b>Yes</b>	<b>No</b>
49a		
- b If "Yes," was the related organization a section 527 organization? . . . . . 

<b>49b</b>	<b>Yes</b>	<b>No</b>
49b		
- 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
n/a				

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

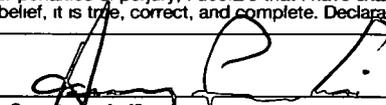
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
n/a		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ \_\_\_\_\_

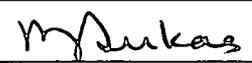
**Sign Here**

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

▶  Date 21 MARCH 2010

▶ **Henry Perucki, Treasurer**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ 	Date <u>5-21-10</u>	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>BRUNO LUKAS</b>	EIN ▶ _____	Phone no ▶ _____	

May the IRS discuss this return with the preparer shown on this return?  Yes  No

40 BELBRIDGE RD  
NEW BRITAIN, CT 06053  
P00133718

Form 990-EZ (2009)

## Part I, L-7(b): Cost of Goods Sold

Beer and Liquor Purchases	92,035.00
Sales Taxes	20,857.00
Bar Supplies	2,778.00
Salaries and Wages	39,251.00
ADT Security	405.00
Television	1,460.00
Payroll Taxes	14,980.00
Insurance	6,288.00
Misc Bar Expense	1,654.00
Janitorial Services	5,900.00
Repairs	2,953.00
Maintenance and Supplies	1,726.00
Trash Removal	1,091.00
Telephone	998.00
Utilities	8,037.00
Water/Sewer	350.00
License and Permits	360.00
Real Property Taxes	3,956.00
Sam Club Membership	210.00
Depreciation	1,884.00
Total	207,173.00

Polish National Alliance Lodge 2093

2009

Part I, L-8 Net Rental Income (Loss)

Gross Rents		12,550.00
Expenses:		
Janitorial Services	1,090.00	
Water/Sewer	\$ 233 00	
Trash Removal	\$ 728.00	
Insurance	2,096.00	
Utilities	5,877.00	
Maintenance	1,575.00	
Real Estate Taxes	3,957 00	
Security Expense	406 00	
Depreciation	1,964.00	
Repairs	4,430.00	
Advertising	30.00	
Total		22,386.00
Net Profit (Loss)		-9,836.00

Polish National Alliance Lodge 2093

2009

Part I, L-16 Other Expenses

Dues	\$ 79.00
Telephone	\$ 249 00
Bank Charges	\$ 218 00
Flowers	\$ 80.00
Installation and Testimonials	\$ 468 00
Total	\$ 1,094.00

Part IV: Officers & Directors

	Title	Hrs p/w	Comp.	Benefits	Expense A/C
Chester Klymczuk 28 Hillsdale Ave. Wethersfield, CT 06109	Pres	6	\$ 1,905.00	0	0
John Fahey 13 Lasalle St New Britain, CT 06051	V-Pres	8	\$ 1,685.00	0	0
Barbara Zakrzewska 16 Albany Ave New Britain, CT 06053	Fin. Scty	2	\$ 560.00	0	0
Henry Perucki 51 Back Lane Newington, CT 06111	Scty	12	\$ 1,685.00	0	0
Joseph Zelazko 150 Joy Lane New Britain, CT 06053	Director	2	\$ 735.00	0	0
Mark Mordasiewicz 19 Cody Ave. Plainville, CT 06062	Treasurer	10	\$ 1,185.00	0	0
John Wallance Sr 39 Neanda Street New Britain, CT 06053	Director	4	\$ 1,315.00	0	0
Richard Ringwood 62 Overhill Ave New Britain, CT 06053	Director	4	\$ 1,140.00	0	0

**Depreciation Schedule**

Assets	date acq	basis	rec. pd.	acc. dep	current dep
Building	Jun-57	100,430.00	ads(hy) - 40	100,430.00	
Masonry (brickup windows)	Jun-06	9,400.00	ads(hy) - 40	588	\$ 235.00
Security Cameras	May-06	5,540.00	ads(hy) - 5	2770	1,108.00
Bldg Façade	Sep-08	28,004.00	ads(hy) - 40	351	700
Sewer Repairs	Oct-08	4,226.48	ads(hy) - 40	54	108
Range	Oct-06	3,714.34	ads(hy) - 12	774	\$ 310.00
Range Hoods	Dec-07	6,943.00	ads(hy) - 12	868	579
Bar Stools	Sep-07	2,228.12	ads(hy) - 12	279	186
Refrigerator	Sep-07	2,302.32	ads(hy) - 12	288	128
TVs	Nov-08	2,040.76	ads(hy) - 5	204	408
Bar Sink	Jun-08	1,032.44	ads(hy) - 12	43	86
<b>Total</b>					<b>\$ 3,848.00</b>



o If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box . > 
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
e If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes fields for address and city/ZIP code.

Check type of return to be filed (File a separate application for each return):

- Form 990, Form 990-PF, Form 1041-A, Form 6069, Form 990-BL, Form 990-T (sec. 401(a) or 408(a) trust), Form 4720, Form 8870, Form 990-EZ, Form 990-T (trust other than above), Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of > Telephone No. > FAX No. >
o If the organization does not have an office or place of business in the United States, check this box > 
o If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box >  . If it is for part of the group, check this box. >  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until , 20.
5 For calendar year , or other tax year beginning , 20, and ending , 20.
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
7 State in detail why you need the extension

Table with 3 rows (8a, 8b, 8c) and 2 columns (Description, Amount). 8a: tentative tax less nonrefundable credits. 8b: refundable credits and estimated tax payments. 8c: Balance Due.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature > [Signature] Title > Treasurer Date > 3 MAY 2010
Form 8868 (Rev. 4-2009)