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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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.

For the 2009 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Please Address change Polish Scouting Organization - ZHP, tabel or Name change 38-2904692 C/O Elzbieta Lukaszewicz print or type Room/suite | E Telephone number initial return Number and street (or P.O. box, if mail is not delivered to street address) Specific Termin ated 4309 Lynn Drive 925-689-8008 City or town, state or country, and ZIP + 4 Amended return F Group Exemption Application pending Concord, CA 94518 Number > 5177 G Accounting method: X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ▶ polishscounting.org H Check ► X if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990-PF) Tax-exempt status (check only one) $= \boxed{X}$ 501(c) (3) ◀ (insert no.) ____ 4947(a)(1) or ___ ___ 527 Check Light 1 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. 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 40,910. Membership dues and assessments 3 4 Investment income 5a Gross amount from sale of assets other than inventory 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) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here of contributions a Gross revenue (not including \$ reported on line 1) **b** Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b re) 60 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold हुं Gross profit or (loss) from sales of inventory (Subtract line 7b f ^{ine 7}AUG **16** 2010 2,147. Other revenue (describe INTEREST 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 43.057 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 39,834. See Statement 1) 16 Other expenses (describe 16 39,905. Total expenses. Add lines 10 through 16 17 3,152. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 74,351. (must agree with end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (attach explanation) 77,503. 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.) (B) End of year (A) Beginning of year 74,351. 77,503. Cash, savings, and investments 22 23 Land and buildings Other assets (describe 74,351. 25 .503. 25 Total assets 0. <u>o.</u> 26 26 Total liabilities (describe 74,351. 77,503. Net assets or fund balances (line 27 of column (B) must agree with line 21) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

932172 02-08-10 Form **990-EZ** (2009)

Form 990-EZ (2009) C/O Elzbieta Lukaszewicz 38-2904692 Page 3 Part V • Other Information (Note the statement requirements in the instructions for Part V.) Yes No 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? 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, 35a and proxy tax requirements? 35b N/A 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," Х 36 complete applicable parts of Sch. N 0. 37a 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. X 37b 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 Х in a prior year and still outstanding at the end of the period covered by this return? 38a N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 39a 39b N/A b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 • ; section 4912 ► 0 • ; section 4955 > section 4911 ▶ 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 Х has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b 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 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 0. organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Х transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed. ▶ NY Telephone no. $\triangleright 925-689-8008$ 42a The organization's books are in care of ► ELZBIETA LUKASZEWICZ ZIP+4 ▶ 94518 Located at ▶ 4309 LYNN DRIVE, CONCORD, CA 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 Yes No 42b Х 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. 42c Х 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 N/A ▶ 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

932173

Form 990-FZ

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

Х

X

Form 990-EZ (2009)

Form 990-EZ (2009)

C/O Elzbieta Lukaszewicz

38-2904692

Page 4

Par	t:VI: Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt charitable and 51.							
46 E	Old the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public		Ye	No X		
	office? If "Yes," complete Schedule C, Part I							
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	9a Did the organization make any transfers to an exempt non-charitable related organization?							
	f "Yes," was the related organization a section 527 organization?				49b			
	Complete this table for the organization's five highest compensated employed han \$100,000 of compensation from the organization. If there is none, ente		s, trustees and key e	<u> </u>		1 more		
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp accour other allo	nt and		
51 (Fotal number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated indepenorganization. If there is none, enter "None." NONE	dent contractors who each rece	ived more than \$100	,000 of compensa	on from t	he		
	(a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of se	vice (c)	Compens	ation		
			<u> </u>					
			1					
d 1	Fotal number of other independent contractors each receiving over \$100,00 Under penalties of perjury, I declare that I have examined this return, including a		and to the best of m	v knowledge and beli	ef it is true			
Sign Here	correct, and complete Declaration of preparer (other than officer) is based on all	information of which preparer has an	y knowledge	8 -//-	_			
Do:d	Type or print name and title			.				
Paid Prepai Use O					nber (See In	str)		
	firm's name (or yours if self-employed), address, and ZIP + 4		Phon no.					
May th	ne IRS discuss this return with the preparer shown above? See instructions			▶ L	Yes m 990-E	No Z (2009)		

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Polish Scouting Organization - ZHP, Inc.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	_		<u>bieta Lukasz</u>						38	<u>3-2904692</u>	<u>. </u>
Part	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions.		•	
he orgai	nization is not a	private foundation	because it is. (For lines 1	through 1	11, check	only one b	ox.)				
1 🗂		- -	s, or association of churc	_		=	· ·	١.			
2	l .		' 0(b)(1)(A)(ii). (Attach Sci								
з 🗔			tal service organization of			170(b)(1)(A)(iii).				
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter ti	he hospital's nam	ne,
. —	city, and stat		,						•	•	·
5 🗀	•		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describe	ed in	
-	-	(b)(1)(A)(iv). (Comple		,		· · · · · · · · · · · · · · · · · · ·	- 3				
6 🗀			ent or governmental unit	t describer	d in sectio	n 170/h)/1	ΙΥΔΥν				
7 🖂			eives a substantial part					or from the	neneral r	nublic described i	ın
<i>.</i> —	-	b)(1)(A)(vi). (Comple	·	oi ita aupp	ort nom a	governine	intai unit c	/ 110111 tile	generary	Japine described	
в 🗀	-		ection 170(b)(1)(A)(vi).	(Complete	Dort II \						
9 X	_		eives: (1) more than 33 1			rom contr	hutione n	nambarehi	n foos ar	nd arnee receipte	from
عما و	-	•	nctions - subject to certa						-	_	
			axable income (less sect	lion on ita	x) iloili bu	1511165565	icquired b	iy ii l o oiga	IIIZalion	aiter Julie 30, 197	<i>,</i> J.
10 🗀		509(a)(2). (Complete	perated exclusively to te	et for publ	io cafati. S	Soo sootio	n 500(a)/	1)			
11 🗔	_		perated exclusively for the	-	-			-	v aut tha	nurnesses of one	~-
"	-	•	•		•				•	• •	Oi
			ations described in section	,	•		:). See se (etion 509(aj(S). One	ick the box that	
		·· · · ·	organization and compled Type II		_	tionally int	ograted		4	Type III - Other	
	a L Type I		at the organization is not	,,		•	J	r moro dio			30
e		•	•			-	•		•		
			han one or more publicly						3(a)(1) 01 :	section 509(a)(2).	
f	-		ten determination from t	ine ino ina	atitis a ry	рет, туре	ii, or type)			
_	•	rganization, check th			, 		-		2		
9	•		organization accepted ar			-				Van	I No
	•••	•	irectly controls, either al	one or tog	etner with	persons c	escribed	ın (ii) and (iii) below,	Yes	No
	•	<u> </u>	upported organization?							11g(i)	1
		·	n described in (i) above?		- 0					11g(ii)	
		-	person described in (i) o							[11g(iii)]	J
h	Provide the f	ollowing information	about the supported or	ganization	(S).						
	 	<u> </u>	(iii) Type of	(/- N - A		Las Dietires	4 . 4	(vi) Is	the I		
	e of supported	(ii) EIN	organization	p ,	organization sted in your		i notify the ion in col.	organizáti	on in col. I	(vii) Amount o	of
org	ganization		(described on lines 1-9		document?			(i) organız U.S	ed in the	support	
			above or IRC section (see instructions))			111					
			(acc manuchona))	Yes	No	Yes	No	Yes	No		
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HA Ear	Drivacy Act an	d Panarwork Radu	ction Act Notice see th	ha Instruc	tions for			Schodul	a A /Earn	a 990 or 990-E71	1 2000

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Form 990 or 990-EZ.

Sche	edule A (Form 990 or 990-EZ) 2009						Page
	rt.II Support Schedule for (-		Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(
-	(Complete only if you checked	the box on line 5	, 7, or 8 of Part I)				
	tion A. Public Support					-	
Cale	ndar 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 organ-	, ,		'			
	ization's benefit and either paid to	;				1	
	or expended on its behalf					 	
3	The value of services or facilities	ļ					
	furnished by a governmental unit to	ļ					
	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)					4.3	
_	``						-
	Public support. Subtract line 5 from line 4 stion B. Total Support		L	<u> </u>			<u> </u>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(a) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	(a) 2005	(b) 2006	(c) 2007	(u) 2006	(e) 2009	(i) Total
_					_		
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						1
	business is regularly carried on						ļ
10	Other income Do not include gain						
	or loss from the sale of capital	1					
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			,			1
	Gross receipts from related activities,	etc. (see instructi	ons)			12	<u> </u>
	First five years. If the Form 990 is for			rd. fourth, or fifth ta	ax vear as a secti		
	organization, check this box and stop		,,	.,	,	(-/(-/	►□
Sec	tion C. Computation of Publ		rcentage				
14	Public support percentage for 2009 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	
	Public support percentage from 2008					15	
	33 1/3% support test - 2009.If the o			n line 13, and line 1	14 is 33 1/3% or a	nore, check this bo	ox and
	stop here. The organization qualifies	-					▶□
b	33 1/3% support test - 2008.If the o		_		line 15 is 33 1/39	6 or more, check th	nis box
	and stop here. The organization quali	-					►□
17a	10% -facts-and-circumstances tes				13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization	_	▶□

Schedule A (Form 990 or 990-EZ) 2009

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

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

	ction A. Public Support			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/ (complete only)	T you checked the be	ix on line 3 or artis
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(/					
-	membership fees received. (Do not						
	include any "unusual grants.")	1,250.	1,900.	1,200.	3,295.	3,394.	11,039.
2	Gross receipts from admissions,				,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
~	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the			ļ			
	organization's tax-exempt purpose						
3	Gross receipts from activities that		Ĭ				
	are not an unrelated trade or bus-						
	iness under section 513				_ .		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to		1				
	the organization without charge						
6	Total. Add lines 1 through 5	1,250.	1,900.	1,200.	3,295.	3,394.	11,039.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
ь	Amounts included on lines 2 and 3 received						
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b				4	,	11,039.
8	Public support (Subtract line 7c from line 6)		l				11,039.
_	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006 1,900.	(c) 2007 1, 200.	(d) 2008 3, 295.	(e) 2009 3,394.	(f) Total 11,039.
	Amounts from line 6	1,250.	1,900.	1,200.	3,295.	3,394.	11,039.
10a	Gross income from interest,			ŀ			
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	992.	2,262.	1,903.	1,221.	2,147.	8,525.
b	Unrelated business taxable income					:	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		ļ				
	: Add lines 10a and 10b	992.	2,262.	1,903.	1,221.	2,147.	8,525.
	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	39,975.	70,495.	42,935.	34,132.	40,910.	228,447.
40	assets (Explain in Part IV.)	42,217.	74,657.	46,038.	38,648.	46,451.	248,011.
	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	a, rourth, or murita	k year as a sectio	n 50 r(c)(3) organiz	ation,
55	check this box and stop here	o Support Por	centage				
		<u>-</u>		-1 (0)		45	4.45 %
	Public support percentage for 2009 (I		•	olumn (t))		15	
16	Public support percentage from 2008			·	······································	16	3.94 %
	ction D. Computation of Inves					I I	2 11 2
17	Investment income percentage for 20			e 13, column (f))		17	3.44 %
18	Investment income percentage from 2					18	3.34 %
19a	33 1/3% support tests - 2009. If the	•					17 is not
	more than 33 1/3%, check this box ar						▶∟
t	33 1/3% support tests - 2008. If the						and
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organizatio	n did not check a b	oox on line 14, 19a	a, or 19b, check the	s box and see ins	structions	▶ [X]
					Sch	edule A (Form 99	0 or 990-EZ) 2009

Form 990-EZ	Other Expenses	Statement 1
Description		Amount
EDUCATION STATE FILING FEE		969. 50.
BANK CHARGES TRAVEL INSURANCE MISCELLANEOUS		2,661. 35,618. 536.
Total to Form 990-EZ, line 1	6	39,834.

FORM 990-EZ Information Regarding Transfers Associated with Personal Benefit Cont		Statement	2
directly o	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal ntract?	[] Yes [X]	No
	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [] Yes [X]	No

990-EZ Pg 2 Statement 3

TO GIVE POLISH CHILDREN A BETTER UNDERSTANDING AND PRIDE IN THEIR POLISH HERITAGE AND MAKE POLISH CHILDREN CONFIDENT AND PRODUCTIVE MEMBERS OF AMERICAN SOCIETY.

10