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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 ServiceUnder 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**

07/01, 2009, and ending

06/30/2010

B Check if applicable:

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

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

C Name of organizationPOLISH-AMERICAN FOUNDATION
OF CONNECTICUT, INC.

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

27 GROVE HILL STREET

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

NEW BRITAIN, CT 06052

D Employer identification number

06-1466812

E Telephone number

(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** 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. . . ► \$ 37,623.**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	29,173.
	2	Program service revenue including government fees and contracts	2	5,496.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5 a	Gross amount from sale of assets other than inventory	5a	
	5 b	Less cost or other basis and sales expenses	5b	
	5 c	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 type="checkbox"/>		
	a	Gross revenue (not including \$ reported on line 1)	6a	2,680.
b	Less direct expenses other than fundraising expenses	6b	500.	
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	2,180.	
7 a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► ATCH 2)	8	274.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	37,123.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	14,528.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	0.
	13	Professional fees and other payments to independent contractors	13	750.
	14	Occupancy, rent, utilities, and maintenance	14	6,113.
	15	Printing, publications, postage, and shipping	15	34.
	16	Other expenses (describe ► ATCH 4)	16	29,561.
	17	Total expenses. Add lines 10 through 16	17	50,986.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-13,863.
	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	521,936.
	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	508,073.

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	67,079.	32,596.
23	Land and buildings	503,278.	507,629.
24	Other assets (describe ► ATCH 6)	675.	675.
25	Total assets	571,032.	540,900.
26	Total liabilities (describe ► ATCH 7)	49,096.	32,827.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	521,936.	508,073.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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V-09-9-3

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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		X
34	Were any changes made to the organizing or governing documents? 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 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?		X
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		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 outstanding at the end 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 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		X
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 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 ▶ _____		
42a	The organization's books are in care of ▶ ANDRE BLASZCZYNSKI Telephone no. ▶ 860-225-2346 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 (2009)

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

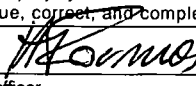

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **0**

- 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

d Total number of other independent contractors receiving over \$100,000 **0**

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 8/6/11	
Paid Preparer's Use Only	Type or print name and title ADAM FORMUS, TREASURER		Preparer's identifying number (See instructions) P00034535	
	Firm's name (or yours if self-employed), address, and ZIP + 4 DWORKEN HILLMAN LAMORTE & STERCZALA FOUR CORPORATE DRIVE, SUITE 488 SHELTON, CT 06484		EIN 06-1308345	
	Date MAY 05 2011		Check if self-employed <input type="checkbox"/>	
	Phone no 203-929-3535		Preparer's signature 	

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

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number
06-1466812

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 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).**

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).**

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?

(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? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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")	158,329	145,163	171,426	146,317	34,669	655,904
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	158,329	145,163	171,426	146,317	34,669	655,904
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						655,904

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	158,329	145,163	171,426	146,317	34,669	655,904
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	729	61	12	71	0	873
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	2,680	3,655
11 Total support. Add lines 7 through 10						660,432
12 Gross receipts from related activities, etc. (see instructions)					12	72,143
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	99.31 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.67 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 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")						
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 through 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 \$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)						

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.						
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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2009. 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. ☐

b 33 1/3% support tests - 2008. 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. ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

**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).

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

Complete if the organization 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

ATTACHMENT 1FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FUNDRAISER - TEA PARTY	2,680.	500.	2,180.
TOTALS	<u>2,680.</u>	<u>500.</u>	<u>2,180.</u>

POLISH-AMERICAN FOUNDATION

06-1466812

ATTACHMENT 2

FORM 990EZ, PART I - OTHER REVENUE

EARNED INCOME FROM SALE/PROGRAMS

274.

TOTALS

274.

ATTACHMENT 3

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

THE GREAT ORCHESTRA OF CHRISTMAS PARTY
POLAND

UNRELATED ORGANIZATION
EXEMPT ORGANIZATION

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

14,528

TOTAL CONTRIBUTIONS PAID

14,528

ATTACHMENT 4FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	702.
CONFERENCES, CONVENTIONS	587.
INTEREST	1,499.
DEPRECIATION	18,492.
DUES AND SUBSCRIPTIONS	225.
INSURANCE	3,277.
ADVERTISING	910.
PENALTIES	3,869.
TOTAL	<u>29,561.</u>

ATTACHMENT 5FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	13,892.	4,250.
INVESTMENTS - SECURITIES	53,187.	28,346.
TOTALS	<u>67,079.</u>	<u>32,596.</u>

ATTACHMENT 6FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	425.	425.
SECURITY DEPOSITS	250.	250.
TOTALS	<u>675.</u>	<u>675.</u>

ATTACHMENT 7FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	6,224.	3,010.
LINE OF CREDIT - PAYABLE	23,326.	21,234.
PAYROLL LIABILITIES	11,898.	935.
DUE TO BOARD MEMBERS	7,648.	7,648.
TOTALS	<u>49,096.</u>	<u>32,827.</u>

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 ACCOMPLISHMENTSATTACHMENT 9PROGRAM SERVICE ACCOMPLISHMENT 3

THE GRANT ORCHESTRA OF CHRISTMAS CHARITY (WOSP) IS THE BIGGEST AND MOST PROSPEROUS CHARITY ORGANIZATION 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

POLISH-AMERICAN FOUNDATION

06-1466812

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

ATTACHMENT 10

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
EWA WOJEWODZKA 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR 1.00	0.	0.	0.
ANDRE BLASZCZYNSKI 27 GROVE HILL STREET NEW BRITAIN, CT 06052	PRESIDENT 1.00	0.	0.	0.
LUCIAN PAWLAK 27 GROVE HILL STREET NEW BRITAIN, CT 06052	1ST V-P 1.00	0.	0.	0.
MICHAEL SMOOLCA 27 GROVE HILL STREET NEW BRITAIN, CT 06052	2ND V-PRESIDENT 1.00	0.	0.	0.
JADWIGA PANUS 27 GROVE HILL STREET NEW BRITAIN, CT 06052	TREASURER 1.00	0.	0.	0.
RICHARD KOSINSKI ESQ 27 GROVE HILL STREET NEW BRITAIN, CT 06052	GEN COUNSEL 1.00	0.	0.	0.
URSZULA BRODOWICZ 27 GROVE HILL STREET	DIRECTOR 1.00	0.	0.	0.

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ATTACHMENT 10

POLISH-AMERICAN FOUNDATION

06-1466812

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 10 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
NEW BRITAIN, CT 06052				
BOGUMILA GLADYSZ 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR 1.00	0.	0.	0.
MARIA HURCZYN 27 GROVE HILL STREET NEW BRITAIN, CT 06052	SECRETARY 1.00	0.	0.	0.
ADRIAN BARON 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR 1.00	0.	0.	0.
MITHCELL DRABIK 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR 1.00	0.	0.	0.
ADAM M FORMUS 27 GROVE HILL STREET NEW BRITAIN, CT 06052	CO-TREASURER 1.00	0.	0.	0.
ANDRZEJ HAC 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR 1.00	0.	0.	0.

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ATTACHMENT 10

POLISH-AMERICAN FOUNDATION

06-1466812

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

ATTACHMENT 10 (CONT'D)

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 1.00	0.	0.	0.
STANLEY KLUKOWSKI 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR 1.00	0.	0.	0.
JERZY MALINKA 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR 1.00	0.	0.	0.
JERZY MICHALSKI 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR 1.00	0.	0.	0.
MARCIN OLECHOWSKI 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR 1.00	0.	0.	0.
PETER TARCZYK 27 GROVE HILL STREET NEW BRITAIN, CT 06052	DIRECTOR 1.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.

2009

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	78,979	88,005	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	1,125	2,025	SL		5 000				900
COPIER	12/04/2007	3,773	100 000			3,773	853	1,392	SL		7 000				539*
COMPUTER EQUIPMENT	10/02/2006	1,174	100 000			1,174	861	1,096	SL		5 000				235
LAND IMPROVEMENTS	12/08/2006	40,000	100 000			40,000	4,758	6,758	SL		20 000				2,000
BUILDING IMPROVEME	12/31/2003	7,834	100 000			7,834	1,094	1,290	SL		40 000				196
BOILER	02/28/2004	5,065	100 000			5,065	1,371	1,624	SL		20 000				253
RAILINGS	08/12/2004	10,700	100 000			10,700	3,506	4,219	SL		15 000				713
HANDICAP RAMP	11/26/2004	13,780	100 000			13,780	4,288	5,207	SL		15 000				919
FURNACE	01/12/2006	13,531	100 000			13,531	3,157	4,059	SL		15 000				902
GLASS PARTITION	05/01/2007	6,900	100 000			6,900	997	1,457	SL		15 000				460
BUILDING IMPROV	05/17/2007	5,601	100 000			5,601	746	1,119	SL		15 000				373
IMPROVEMENTS	06/14/2004	3,000	100 000			3,000	400	600	SL		15 000				200
SNOW BLOWER	12/31/2003	914	100 000			914	914	914	SL		5 000				
COPIER/PRINTER	11/15/2005	2,775	100 000			2,775	2,035	2,590	SL		5 000				555
BUILDING IMPRO-3RD	06/30/2009	53,815	100 000			53,815	1,345	2,690	SL		40 000				1,345
Less Retired Assets															
Subtotals						572,412	121,429	140,572							19,143

Listed Property

Less Retired Assets															
Subtotals															
TOTALS		646,362				572,412	121,429	140,572							19,143

AMORTIZATION

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

*Assets Retired

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Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization POLISH-AMERICAN FOUNDATION OF CONNECTICUT, INC.	Employer identification number 06-1466812
	Number, street, and room or suite no. If a P.O. box, see instructions 27 GROVE HILL STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW BRITAIN, CT 06052	

Check type of return to be filed (file a separate application for each return).

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ► **ANDRE BLASZCZYNSKI**Telephone No ► **860 798-8619**

FAX No ► _____

• If the organization does not have an office or place of business in the United States, check this box ☐

• 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 will cover1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for► ☐ calendar year _____ or► ☒ tax year beginning **07/01, 2009**, and ending **06/30, 2010**2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- 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).

Type or print File by the extended due date for filing your return See instructions	Name of exempt organization POLISH-AMERICAN FOUNDATION OF CONNECTICUT, INC.	Employer identification number 06-1466812
	Number, street, and room or suite no If a P O box, see instructions 27 GROVE HILL STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW BRITAIN, CT 06052	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 ☒ **ANDRE BLASZCZYNSKI**
Telephone No ☒ **860 798-8619** FAX No ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- 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 05/15, 20 11
- 5 For calendar year , or other tax year beginning 07/01, 20 09, and ending 06/30, 20 10
- 6 If the tax year entered in line 5 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 INFORMATION NECESSARY TO FILE A TIMELY AND ACCURATE RETURN IS NOT YET AVAILABLE AT THIS TIME

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

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 <input checked="" type="checkbox"/>	Title <input checked="" type="checkbox"/>	Date <input checked="" type="checkbox"/>
DWORKEN HILLMAN LAMORTE & STERCZALA FOUR CORPORATE DRIVE, SUITE 488 SHELTON, CT 06484		

Form **8868** (Rev 1-2011)