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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 lunds, organizations that operate one or more nospital facilities and certain controlling organizations as delined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

A F	or th	ne 2010 calendar year, or tax year beginning and ending		
B	Check if pplicat	C Name of organization	D Employer id	entification number
<u></u>	Addr	ess change		
<u></u>		e change AID FOR ORPHANS RELIEF FOUNDATION, INC.		90061
LX	Initia) (clust)	E Telephone r	
<u></u>	Term	inated 1952 WHITNEY AVENUE STE3	203-8	148-1803
<u></u>	Ame		F Group Exem	ption
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				if the organization is not
		te. ► AIDORPHANSRELIEF.ORG	•	attach Schedule B
		tempt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527		990-EZ, or 990-PF).
		If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not it		
F	orm 9	990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization ch	nooses to file a	a return, be sure to file a
		ete return.		
		ies 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II		
		, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	75015.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	ctions for Part	,
	,	Check if the organization used Schedule 0 to respond to any question in this Part I	- 1	<u> </u>
	1	Contributions, gifts, grants, and similar amounts received	1-1-	75015.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	Ь	Less: cost or other basis and sales expenses 5b	 	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
e	a	Gross income from gaming (attach Schedule G if greater than		
Revenue	١.	\$15,000)		
Be.	b	Gross income from fundraising events (not including \$ of contributions		
		from fundraising events reported on line 1) (attach Schedule G if the sum of such		
		gross income and contributions exceeds \$15,000) 6b		
	C	Less' direct expenses from gaming and fundraising events [6c]		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	······································		
	b	Less: cost of goods sold [7b] Cross profit or (less) from poles of inventory (Cubtreet less 7b from less 7c)	 ,	
	, c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O)	7c 8	
	8	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		75015.
	10	Grants and similar amounts paid (list in Schedule 0) See Schedule O	10	64428.
	11		11	04440.
(A)	12	Benefits paid to or for members Salaries, other compensation, and employee benefits RECEIVED	12	5207.
Sec	13	Salarios, sine sample location, and simple years	13	3699.
NÖV Expenses	14	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping OCT 2 4 2011	14	3033.
ъ́й́	15	Printing, publications, postage, and shipping	15	1122.
â	16	Timing, postious on posting in a simplifier	16	521.
Ξ	17	Other expenses (describe in Schedule 0) Total expenses Add lines 10 through 16	▶ 17	74977.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	38.
ets.	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
A S.3	"	(must agree with end-of-year figure reported on prior year's return)	19	0.
e i	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
Sinet Assetsin	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	38.
	'	- · · · · · · · · · · · · · · · · · · ·		Form 990-EZ (2010)
		Paperwork Reduction Act Notice, see the separate instructions	O_{\sim}	, ,
			\sim \sim	,

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	ALD FOR ORPHANS RELIEF FO	CONDATION,	TING	· • · · · · · · · · · · · · · · · · · ·	41-	24500	JOI Tage 2
Pa	art II Balance Sheets. (see the instructions for Part II.)						
	Check if the organization used Schedule 0 to respond to any question	n in this Part II					
			(A) Beginning of year		(B)	End of year
22	Cash, savings, and investments			0	. 22		38.
23	Land and buildings				23		
24	Other assets (describe in Schedule 0)				24		
25	Total assets			. 0	. 25		38.
26	Total liabilities (describe in Schedule 0)			0	. 26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		<u></u>	0	. 27		38.
Pa	rt III Statement of Program Service Accomplishme	ents (see the instruction	ons for	Part III.)	-	E	xpenses
	Check if the organization used Schedule O to respond to any question	on in this Part III			\mathbf{X}		for section
Wha	is the organization's primary exempt purpose? See Schedule (0					and 501(c)(4)
	cribe what was achieved in carrying out the organization's exempt pu		d conc	ise manner, descri	эе		1) trusts; optional
	services provided, the number of persons benefited, and other releva					for others	5.)
	To provide necessary medical suppl						···
	children in Poland.						
	Olizadz Oli zli z Ozdilat		······				
	(Grants \$) If this amount includes foreign	grante chock horo				28a	64425.
29 29	/ It this amount includes foreign	grants, check here			<u> </u>	204	04423.
23		·					
•							
	(Our de Constant)		· · · · · · · · ·				
	Grants \$) If this amount includes foreign	grants, check here		<u> </u>	ليا	29a	
30							
				· · · · · · · · · · · · · · · · · ·	_		
	Grants \$) If this amount includes foreign	grants, check here		> _	لييا	30a	
31	Other program services (describe in Schedule O)						
!	Grants \$) If this amount includes foreign	grants, check here				31a	
	Total program service expenses (add lines 28a through 31a)				_▶	32	64425.
Pa	rt IV List of Officers, Directors, Trustees, and Key I	Employees. List eac	ch one ev	en if not compensated (s	see the	instructions	for Part IV)
	Check if the organization used Schedule O to respond to any question	n in this Part IV		1 2			
		(b) Title and average		(c) Compensation		Contributions	(e) Expense
	(a) Name and address	per week devoted	l to	(If not paid, enter	bene	employee efit plans &	account and
		position		-0-)		deferred	other allowances
MA	RGARET CHUSTECKA, 500 PROSPECT	FOUNDER, P	PRES	IDENT			
ST	REET APT 2D, NEW HAVEN, CT 06511	40.00		0.		0.	0.
ΑL	EXIS CORT	BOARD MEME	BER				
67	PICKWICK ROAD, HAMDEN, CT 06517	10.00		0.		0.	0.
	IRA MALIK	BOARD MEMB	BER				
23	FRANCISCAN WAY, CHICO, CA 95973	10.00		0.		0.	0.
		7					
							-
		1					
	7-75-114-M1-20-20-1	<u> </u>					<u> </u>
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03217							

Pa	Other information (Note the statement requirements in the instructions for Part V)			[47]
	Check if the organization used Schedule O to respond to any question in this Part V		Yes	X No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in		163	140
-	Schedule O	33	i	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	"	 	
• .	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		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, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			
_	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	1000	1 - 1/	
•	complete applicable parts of Schedule N	36	İ	Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.		†	
	Did the organization file Form 1120-POL for this year?	37Ь	ŀ	Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	0.5	<u> </u>	
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	- 004	 	
39	Section 501(c)(7) organizations Enter	1	1	
2	Initiation fees and capital contributions included on line 9 39a N/A			1
h	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
4∩a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization-during the year-under:	1		
700	section 4911 ► 0 . ; section 4912 ► 0 .			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
٠	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		X
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400		-23
·	or disqualified persons during the year under sections 4912, 4955, and 4958			
ч	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
u	organization			
۵	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter]	<u> </u>
E	transaction? If "Yes," complete Form 8886-T	40e	1	х
41	List the states with which a copy of this return is filed $ ightharpoonup CT$	406		A
	The organization's books are in care of ► MARGARET CHUSTECKA, M.D. Telephone no. ► 203 – 84	Q _ 1	803	
420	Located at > 1952 WHITNEY AVENUE, HAMDEN, CT ZIP+4 > 0			•
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	,031		
Ü	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	Nο
	account)?	42b	1.00	X
	If "Yes," enter the name of the foreign country:	720	<u> </u>	-
	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.?	42c		х
٠	If "Yes," enter the name of the foreign country:	420	<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	40	14/15	<u> </u>	-
			Yes	No
			1.63	140
442	Did the organization maintain any degar advised funds during the year? If "Ver." Form 000 must be completed instead of	1		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	44.		v
	Form 990-EZ	44a	 	х
	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
b	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		х
b	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?			
b	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		х

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? 45 Dot the organization response any payment form or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45 Dot the organization engage, directly or indirectly, in political reimpagin activities on behalf of or in opposition to candidates for public office? 46 If Yes, Tomples Schedule C. Program in the organization and section 4947(a)(1) moneympt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) moneympt charitable trusts only. All section 501(c)(3) organization and section 4947(a)(1) moneympt charitable trusts only. All section 501(c)(3) organization and section 4947(a)(1) moneympt charitable trusts only. All section 501(c)(3) organization as section 4947(a)(1) moneympt charitable trusts on the series of the organization as section 4947(a)(1) moneympt charitable trusts on the series of the organization as section 4947(a)(1) (h)(A)(a) ² if Yes, *complete Schedule C, Part II 47 Dot the organization as section 4947(a)(1) moneympt charitable trusts on the series of the organization as section 527 organization? 48 If Yes, was the related organization as section 527 organizations of the organization of the organization of the programization of the programization of the organization of the programization of the organization	Form,	990-EZ (2	(010)	AID	FOR	ORPI	ANS	RELIEF	FOUND	ATION	_ INC		27-249	0061		Page 4
a Dot the organization receive any payment from ce engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45 Dot the organization engage, develop or indirectly, in political campage in activities on behalf of or in opposition to candidates for public office? 46 If Yes, complete Schedule C, Tart I 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 only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 1947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 50 (a) organization in the part VI 47 Dot the organization engage in abhyping activities? If Yes, "complete Schedule C, Part II 48 If Yes, was the organization as chool 32 organization? 49 If Yes, and the organization as chools 27 organization? 50 Complete this table for the organization is the highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 compensation from the organization in the organization in the organization in the organization is the highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 compensation from the organization in the organization organization in the organization organization organization in the organization organizati							_	,							Yes	
if Yes, Form 990 and Schedule R may need to be completed sheeted of Form 990 £2 If Yes, Form 990 and Schedule R may need to be completed sheeted of Form 990 £2 If Yes, Complete Schedule C, Port I Fair W 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 only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt share the trust of the part of the organization engage in lobbying activities? If Yes, Complete Schedule C, Part II If Yes, Was the organization engage in lobbying activities? If Yes, Complete Schedule C, Part II If Yes I		-	_			-	-			_				45	ļ	X
the organization rapage, directly or inderectly, in political campaign activities on behalf of or in opposition to candidates for public office? 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 the tables for lines 50 and 51.										trolled entit	y within th	e meaning of section	512(b)(13)?	450		
If Yes, Complete Schedule C, Part										half of or in	oonositioi	n to candidates for ni	iblic office?	458		
organizations and section 4947(a)(1) nonexempt charitable frusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check of the organization used Schedule 0 to respond to any question in this Part VI The discontinuous of the organization and the provided of the organization as achieved to an exempt non-charitable related organization? 47 IN IN Is the organization as chools 35 described in section 170(b)(1)(A)(i)(2) if Yes, 1 complete Schedule E 48 IN IN 1795; Yes the related organization as section 52 organization? 49 IN 1795; Yes the related organization as section 52 organization? 49 IN 1795; Yes the related organization as section 52 organization? 49 IN 1795; Yes the related organization as section 52 organization? 49 IN 1795; Yes the related organization as section 52 organization? 49 IN 1795; Yes the related organization is from the organization in from the organization from the organization from the organization from the organization of the related organization organization in from the organization of the related organization of the related organization organization organization organization in from the organization organiz			-		-		,, ρ υ	noar oampaign c			оррооно	, to deficidates for pr	35110 011100	46		X
Check if the organization used Schedule O to respond to any question in this Part VI	Pa	t VI	Section	n 501(c)(3) or	ganiza	tions	and section	n 4947(a)	1) none	xempt	charitable tru	sts only. A	II sectio	n 501(d	(3)
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II											s 47-49b a	and 52, and complete	the tables for	lines 50	and 5	١
1 Total number of other employees paid over \$100,000 NONE Total number of other employees paid over \$100,000 NONE Total number of other employees paid over \$100,000			Check if th	e organiza	ation used	d Schedul	le O to re	spond to any qu	iestion in this	Part VI					Voc	L J
to Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Total number of other employees paid over \$100,000 3 NONE 1 Total number of other employees paid over \$100,000 4 Total number of other employees paid over \$100,000 4 Total number of other employees paid over \$100,000 4 Total number of other employees paid over \$100,000 5 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization fithere is none, enter Yone. 4 Total number of other employees paid over \$100,000 5 Total number of other employees paid over \$100,000 4 Total number of other employees paid over \$100,000 5 Total number of other employees paid over \$100,000 5 Total number of other employees paid over \$100,000 6 Total number of other independent contractors each receiving over \$100,000 5 Total number of other independent contractors each receiving over \$100,000 5 Total number of other independent contractors each receiving over \$100,000 5 Total number of other independent contractors each receiving over \$100,000 5 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors eac	47	Did the or	nanization	r ennage u	n lobbyin	io activitie	s? If "Ye	es " complete	Schedule C	Part II				47	162	
49a Dit the organization make any transfers to an exempt non-charitable related organization? 49b II Yes, was the related organization a section 527 organization? 50 Complete this table for the organization if there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 for than \$100,000 NONE (b) Titls and average hours per week devoted to position (c) Compensation (d) Compensation (e) Expense account and other allowance overentiation. (e) Expense account and other allowance overentiation. (e) Expense account and other allowance overentiation. (e) Complete this table for the organization is live 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 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 each receiving over \$100,000 4 Total number of other independent contractors seach receiving over \$100,000 4 Total number of other independent contractors seach receiving over \$100,000 4 Total number of other independent contractors seach receiving over \$100,000 50 Dot the organization complete Schedule A Note: All section \$510(3) organizations and 4947(a)(1) nonexempt characteristic permitted permit											ule E					X
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 NONE 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Organization if there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Commensation from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Compensation from the organization of the beal of my knowledge high blank if it is used to the paid of the organization of the beal of my knowledge high blank if it is used to be prepared to be service of the organization of the beal of my knowledge high blank if it is used to be propared the prepare has any knowledge. 2 Option of the organization of the beal of my knowledge high blank if it is used to be propared the prepare has any knowledge. 3 Total number of other manue and life. 4 Total number of other independent contractors each received more than \$100,000 4 Total number of other independent contractors each received more than \$100,000 5 Dot the organization complete Schedule A? Note: All section \$10(c)(3) organizations and 4947(a)(1) nonexempt consequence of the paid of the paid o	49 a	Did the or	ganızatıor	n make ang	y transfer	rs to an ex	empt no	n-charitable rela	ated organizati	on?				49a		X
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 NONE 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Complete this table for the organizations is 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 each receiving over \$100,000 Did the organization complete Schedule A? Note: All section \$51(c)(3) organizations and 4947(a)(1) nonexempt character trusts must attach a completed Schedule A Contractor is based on all information of which prepare has any knowledge pind belief. If thus, concess, and challes Coctesian burstees from the softed is based on all information of which prepare has any knowledge pind belief. If thus, concess, and challes Coctesian burstees from the softed is based on all information of which prepare has any knowledge pind belief. If thus, concess, and challes Coctesian burstees from the softed is based on all information of which prepare has any knowledge pind belief. If thus, concess, and challes Coctesian harms and little. Signature of the contractor and little. Signature of the softed is based on all information of which prepare has any knowledge pind belief. If thus, concess, and challes Coctesian and softed is based on all information of which prepare has any knowledge pind belief. If thus, concess, and challes Cockesian and softed is based on all information of which prepare has any knowledge pind belief. If thus, concess, and challes Cockesian an																
(a) Name and address of each employee paid more per week devoted to position 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Complete this lable 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) Contributions (d) Compensation (d) Compensation (d) Contributions (d) Expense account and other allowance (e) Expense account and other allowance (e) Expense account and other allowance (f) Compensation (from the organization of the seal of my knowledge probability in the part of the seal of my knowledge prior bed on all information of which prepare has any knowledge or the best of my knowledge or the probability of purpose (internal of the best of my knowledge) (g) Expense (g										han officers	s, directors	s, trustees and key er	nployees) who	each re	ceived	more
(a) Name and address of each employee paid more position between than \$100,000 NONE position determined than \$100,000 NONE position between determined of the allowance of the position position position determined than \$100,000 of compensation of the allowance of the position position position position position position position determined than \$100,000 of compensation from the organization if there is none, enter Ynone. NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization of the position paid more than \$100,000 (b) Type of service (c) Compensation paid the organization complete Schedule A? Note: All section \$01(c)(3) organizations and 4947(a)(1) nonexempt charalable trusts must attach a completed Schedule A? Note: All section \$01(c)(3) organizations and 4947(a)(1) nonexempt charalable trusts must attach a completed Schedule A? Signature of the position process of the position process of the position of the position process of the positi		man \$ 100	,,000 oi ci	ompensau	on irom	ine organi	ization i	rtnere is none, i		e and avera	ne hours	(e) Companyation	(d) Contribution	ns /	a) Evne	
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d Total number of other independent contractors each receiving over \$100,000 but the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penaltific of perjury, desclare that have examined this reform, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and chringlete Declaration Alprepare (other that officer is based on all information of which preparer has any knowledge MARGARET CHUSTECKA, PRESIDENT Type or print name and title								mpensated inde	pendent contra	actors who	each recei	ved more than \$100,	000 of comper	nsation f	rom the	e
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52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury. Declare that I have examined this reform, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and climitete Declaration happrepare (other that officer is based on all information of which preparer has any knowledge Sign MARGARET CHUSTECKA, PRESIDENT Type or print name and title			(a) Nam	e and add	ress of ea	ach indepe	endent c	ontractor paid n	nore than \$100	0,000		(b) Type of ser	vice	(c) Con	pensa	lion
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury. Declare that I have examined this reform, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and climitete Declaration happrepare (other that officer is based on all information of which preparer has any knowledge Sign MARGARET CHUSTECKA, PRESIDENT Type or print name and title																
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury. Declare that I have examined this reform, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and climitete Declaration happrepare (other that officer is based on all information of which preparer has any knowledge Sign MARGARET CHUSTECKA, PRESIDENT Type or print name and title				·												
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury. Declare that I have examined this reform, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and climitete Declaration happrepare (other that officer is based on all information of which preparer has any knowledge Sign MARGARET CHUSTECKA, PRESIDENT Type or print name and title																
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury. Declare that I have examined this reform, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and climitete Declaration happrepare (other that officer is based on all information of which preparer has any knowledge Sign MARGARET CHUSTECKA, PRESIDENT Type or print name and title																
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, declare that I have examined this reform, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and chimilete Declaration of his preparer (other that officer is based on all information of which preparer has any knowledge Sign MARGARET CHUSTECKA, PRESIDENT Type or print name and title							·,				,					
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury. Declare that I have examined this reform, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and climitete Declaration happrepare (other that officer is based on all information of which preparer has any knowledge Sign MARGARET CHUSTECKA, PRESIDENT Type or print name and title																
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury. Declare that I have examined this reform, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and climitete Declaration happrepare (other that officer is based on all information of which preparer has any knowledge Sign MARGARET CHUSTECKA, PRESIDENT Type or print name and title			·	·····												
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury. Declare that I have examined this reform, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and climitete Declaration happrepare (other that officer is based on all information of which preparer has any knowledge Sign MARGARET CHUSTECKA, PRESIDENT Type or print name and title																
Charitable trusts must attach a completed Schedule A Under penalties of perjury, declare that I have examined this reform, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration expreparer (other that officer is based on all information of which preparer has any knowledge. Sign MARGARET CHUSTECKA, PRESIDENT Type or print name and title	d	Total num	ber of oth	er indepe	ndent cor	ntractors	each rece	eiving over \$100),000			>	•			
Under penalties of perjury, declare that I have examined this reform, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration elipreparer (other that officer is based on all information of which preparer has any knowledge Sign Here MARGARET CHUSTECKA, PRESIDENT Type or print name and little								tion 501(c)(3) a	rganizations a	n d 4947(a) (1) nonexe	mpt		 .	_	_
Sign Here MARGARET CHUSTECKA, PRESIDENT Type or print name and title		charitable Ur	trusts mu nder penalti	ist attach a	a comple , Loestare,	ted Sched	lule A examined	this rejorn, includi	ng accompanying	schedules a	nd statemen	ts, and to the best of my	knowledge and	Delief, it		No
MARGARET CHUSTECKA, PRESIDENT Type or print name and title			rect, and c	amplete De	caration	Dreparer (other that	officer is based o	n all information o	of which prepa	erer has any	knowledge	101	4	14	.
MARGARET CHUSTECKA, PRESIDENT Type or print name and title	Sign	יַ וֹי	Signature	of officer	1	<u> </u>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						Date	•	1	
	Hel					USTE	CKA,	PRESID	ENT							
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Firm's address ► ONE BRADLEY ROAD BUILDING 600 Phone no. 203-387-0852								COMPANY	PC		MAI	Firm's FIN	<u> </u>			
WOODBRIDGE, CT 06525			Firm's n	ame 🕨 🤈	CEPL:	ITZKY	7 & (COMPANY ROAD E	P.C.	3 600	<u> </u>			387-	085	2
May the IRS discuss this return with the preparer shown above? See instructions			Firm's n	ame 🕨 🤈	ONE	ITZKY BRAI	Z & OLEY	ROAD B	UILDIN	3 600	MAI			387-	085	2

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number AID FOR ORPHANS RELIEF FOUNDATION, 27-2490061 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X 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 b Type II c Type III - Functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(u) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (n) EIN (vii) Amount of (i) Name of supported organization organizátion in col. in col. (i) listed in your organization in col. organization support (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

	(Form 990 of 990-E2) 2010	_ Pag
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 or if the organization failed to qualify under Part III If the organization	ation
	fails to qualify under the tests listed below, please complete Part III)	

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and		1.7.			1	
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-			-			
	ization'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				1		
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					A	
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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				ļ		
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth t	ax vear as a sectio		
	organization, check this box and stop	here					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2010. If the o	rganization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶ 🗀
b	33 1/3% support test - 2009. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2010.If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	ind line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	nis box and stop I	nere. Explain in Pa	rt IV how the organ	iization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization	_	▶□
b	10% -facts-and-circumstances tes	t - 2009.If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	in Part IV how the	•
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publ	cly supported orga	anization	. ▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	ind see instruction	s ▶ □
					Scho	dula A (Form 990	or 000-E7\ 2010

Schodule A (Form 990 or 990-EZ) 2010 AID FOR ORPHANS RELIEF FOUNDATION, INC. 27-2490061 Page 3 | 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")		-			75	018.	75018.
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 bus- iness under section 513							
4	Tax revenues levied for the organ-							
	ızatıon'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					75	018.	75018.
7:	a Amounts included on lines 1, 2, and							
	3 received from disqualified persons							0.
t	O 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							0.
	c Add lines 7a and 7b							0.
8	Public support (Subtract line 7c from line 6)					1		75018.
	ction B. Total Support				•			
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
9	Amounts from line 6					75	018.	75018.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
ŧ	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	c Add lines 10a and 10b				 	- 		
11								
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)					75	018.	75018.
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiza	
	check this box and stop here		 					
Se	ction C. Computation of Publ	ic Support Pe	rcentage			_,		_
15	Public support percentage for 2010 (l	ine 8, column (f) d	fivided by line 13,	column (f))		15	1	00.00 %
	Public support percentage from 2009			· · · · · · · · · · · · · · · · · · ·		16		<u>%</u>
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage	· · · · · · · · · · · · · · · · · · ·				
17	Investment income percentage for 20)10 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17		.00 %
18	Investment income percentage from 2	2009 Schedule A,	Part III, line 17			18		%
198	a 33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, a	nd line 17	
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	zation		$\triangleright X$
t	o 33 1/3% support tests - 2009. If the	organization did r	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33	3 1/3%, ar	nd
	line 18 is not more than 33 1/3%, che			,		-	nization .	. ▶∐
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions		▶
0320	23 12-21-10				Sc	hedule A (F	orm 990	or 990-EZ) 2010

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number AID FOR ORPHANS RELIEF FOUNDATION, INC. 27-2490061 Form 990-EZ, Part I, Line 10, Payments to Affiliates: Affiliate Name: THE CARE AND EDUCATION CENTER Affiliate Address: OSRODEK OPIEKUNCZO-WYCHOWAWCZY DLA DZIECI GLIWICE, POLAND Purpose of Payment: MEDICAL SUPPLIES Amount of Payment: 64428. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: CONTRIBUTIONS 500. OFFICE EXPENSE AND BANK CHARGES 21. 521. Total to Form 990-EZ, line 16 Form 990-EZ, Part III, Primary Exempt Purpose - TO PROVIDE CHILDREN LIVING ABROAD AND THE CENTERS THAT CARE FOR THEM WITH MEDICAL AND WELLNESS SERVICES AND TREATMENTS THAT WOULD OTHERWISE BE UNAVAILABLE. Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

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Form \$868 (Rev 1-2011) 7010	ひつる	0 0001 4730 '	198	39	Page 2		
 If you are filing for an Additional (Not Automatic) 3-Month Ext 	tension (complete only Part II and check this ho			T		
Note Only complete Part II if you have already been granted an a		-		_	للكليا		
If you are filing for an Automatic 3-Month Extension, complet							
Part II Additional (Not Automatic) 3-Month Ex			opies r	needed)			
Name of exempt organization		· · · · · · · · · · · · · · · · · · ·	<u> </u>	loyer identification	number		
Type or							
AID FOR ORPHANS RELIEF FOUND	ATIO	N, INC.	2	7-2490061			
File by the extended Number, street, and room or suite no. If a P.O. box, se			1				
due date to 1952 WHITNEY AVENUE STE3							
City, town or post office, state, and ZIP code For a fo	reign add	fress, see instructions	*****				
HAMDEN, CT 06517							
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 1		
Application	Return	Application			Return		
ls For	Code	Is For			Code		
Form 990	01				<u> </u>		
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			sly file	d Form 8868.			
MARGARET CHUSTE							
 The books are in the care of ► 1952 WHITNEY AV 	ENUE	:					
Telephone No ► 203-848-1803		FAX No $\triangleright 203-848-1777$					
 If the organization does not have an office or place of business 				•			
If this is for a Group Return, enter the organization's four digit (
		ich a list with the names and EINs of all	memb	ers the extension is	for		
	lovem	<u>ber 15, 2011</u>					
For calendar year 2010 , or other tax year beginning		, and ending					
6 If the tax year entered in line 5 is for less than 12 months, ch	neck reas	on Initial return	Final r	eturn			
Change in accounting period							
State in detail why you need the extension							
INFORMATION IS STILL NEEDED TO) COM	PLETE RETURN.					
					<u></u>		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, e	nter the tentative tax, less any					
nonrefundable credits See instructions			8a	\$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, or	-						
tax payments made Include any prior year overpayment allo	owed as a	a credit and any amount paid	$\vdash \vdash$		_		
previously with Form 8868			8b	\$	0.		
c Balance due Subtract line 8b from line 8a Include your par	yment wit	h this form, if required, by using			_		
				_	()		

Signature and Verification

Date 📂

Form 8868 (Rev 1 2011)

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

Title ► CPA

023842 01-24-11

Signature

(Rev January 2011)

Department of the Treasury

7010 0780 0001 4480 4835 Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		•	\mathbf{x}			
•	are filing for an Additional (Not Automatic) 3-Month Ex			form)	•				
	complete Part II unless you have already been granted a				rm 8868				
	nic filing (e-file). You can electronically file Form 8868 if					oration			
	to file Form 990-T), or an additional (not automatic) 3-mo								
	o file any of the forms listed in Part I or Part II with the ex								
	I Benefit Contracts, which must be sent to the IRS in page								
			(See Instructions) To more details on the	ile elec	aronic ming or ans	ioiiii,			
Part I	wirs.gov/efile and click on e-file for Chanties & Nonprofits Automatic 3-Month Extension of Time		hmit original (no copies pooded)						
				nloto					
-	ration required to file Form 990-T and requesting an autor	matic 6-mc	onth extension - check this box and con	ibiere	_				
Part I or	•					٠ ـــا			
	corporations (including 1120-C filers), partnerships, REM come tax returns	IICs, and ti	rusts must use Form 7004 to request ar	ı exten	sion of time				
				Ι		· · · · · · · · · · · · · · · · · · ·			
Type or	Name of exempt organization			Emp	loyer identificatior	n number			
print				_	E 0400064				
File by the	AID FOR ORPHANS RELIEF FOU			2	<u>7-2490061</u>				
due date fo	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions						
filing your return See	1952 WHITNEY AVENUE STE3								
instruction		oreign add	ress, see instructions		_				
	HAMDEN, CT 06517								
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
					···········				
Applica	tion	Return	Application			Return			
Is For		Code	Is For			Code			
Form 99	00	01	Form 990-T (corporation)			07			
Form 99	00-BL	02	Form 1041-A			08			
Form 99	00-EZ	03	Form 4720			09			
Form 99		04	Form 5227			10			
	00-T (sec 401(a) or 408(a) trust)	05	Form 6069			11			
	90-T (trust other than above)	06	Form 8870		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12			
		.1				_'			
• The l	books are in the care of								
	phone No		FAX No ▶		-				
•	organization does not have an office or place of busines	s in the life				. [
	s is for a Group Return, enter the organization's four digit			is is fo	r the whole group,	check this			
box ►		- ·							
	request an automatic 3-month (6 months for a corporation		•		CID THE CALCULATION				
,	August 15, 2011 , to file the exemp				The extension				
_	for the organization's return for	n organiza	mon return for the organization named a	ibove	THE EXICHSION				
	X calendar year 2010 or								
			ad and an						
	tax year beginning	, an	ad ending						
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2 If	the tax year entered in line 1 is for less than 12 months, o	cneck reas	on Initial return Fina	ai retui	11				
L	Change in accounting period								
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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 \$									
	this application is for Form 990-PF, 990-T, 4720, or 6069,					^			
_	stimated tax payments made Include any prior year over			3b	\$	0.			
с В	alance due. Subtract line 3b from line 3a. Include your pa	ayment wil	th this form, if required,			^			
	y using EFTPS (Electronic Federal Tax Payment System).			3c	\$	<u> </u>			
Caution	n. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-					
LHA	For Paperwork Reduction Act Notice, see Instruction	s.			Form 8868 (R	lev 1-2011)			