Form 9

300

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2017 Open to Public

Department of the Treasury Inspection Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18C Name of organization D Employer identification number AMERICAN INSTITUTE OF POLISH Check if applicable CULTURE, INC. Address change Doing business as 59-1440908 Name change Number and street (or P O box if mail is not delivered to street address) Telephone number 305-864-2349 Initial return 1440-79TH STREET CAUSEWAY STE 117 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated 590,078 MIAMI G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending BLANKA A. ROSENSTIEL H(b) Are all subordinates included? 9 ISLAND AVENUE PH 6 If "No," attach a list (see instructions) MIAMI BEACH 33139 X 501(c)(3) Tax-exempt status 501(c) ( ) (insert no ) 4947(a)(1) or www.ampolinstitute.org H(c) Group exemption number ▶ Website > 1972 FLX Corporation Trust Year of formation Form of organization Association State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities EDUCATE ABOUT POLISH CULTURE Activities & Governance 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets 19 3 Number of voting members of the governing body (Part VI, line 1a) DEC 17 2018 19 4 Number of independent voting members of the governing body (Part VI, իիքի) 8 4 5 3 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 10 6 Total number of volunteers (estimate if necessary) 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b Current Year Prior Year 776 315,290 228 8 Contributions and grants (Part VIII, line 1h) 555 159,073 111 9 Program service revenue (Part VIII, line 2g) 896 980 22. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 363 249 479 354 17,000 90,700 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 197 114 116,330 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 23,126 **b** Total fundraising expenses (Part IX, column (D), line 25) 194,320 223,779 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 428,676 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 327,650 35,599 50,678 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 1,500,228 579,529 20 Total assets (Part X, line 16) 993.747 1,022,370 21 Total liabilities (Part X, line 26) 506,481 557,159 22 Net assets or fund balances Subtract line 21 from line 20 Rart II Signature Block Ander 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 Que, correct, and complete Deglaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign PRESIDENT Here BLANKA Α. ROSENSTIEL Type or print name and title Print/Type preparer's name Preparer's sign Check Paid self-employed P01201614 DAVID E. BUCK Preparer David E. Buck, PA CPA 59-3034197 Firm's EIN ▶ **Use Only** 2900 E Oakland Park Blvd 103 954-561-3303 Fort Lauderdale, FL 33306-1804 Phone no

P6c)

May the IRS discuss this return with the preparer shown above? (see instructions)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		₹.	
_	complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		х
4	candidates for public office? If "Yes," complete Schedule C, Part I	-		_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	<del>"</del>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		5		Х
6	Part III	13		- 1
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		X
7	"Yes," complete Schedule D, Part I	"		25
′	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	'		Λ.
0	-	8		Х
_	complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	·	-		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		Х
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
' '				
_	VII, VIII, IX, or X as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
<b>L</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110	- 21	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		-11
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d		1.0		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f		1.15		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

### Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	İ		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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?	l		
	If "Yes," complete Schedule L, Part I	25b		_X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		Į	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ŀ		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	T	T	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	$\Box$	$\neg$	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		- 1	
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19° Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	

Pa	ert V,	Statements Regarding Other IRS Filings and Tax Compliance  Check of School II O contains a response or note to any line in this Bort V	-				Γ-
		Check if Schedule O contains a response or note to any line in this Part V		<del></del>		Yes	No
1a	Enter the	number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1		162	NO
b		number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c		ganization comply with backup withholding rules for reportable payments to vendors and			_		
Ů		e gaming (gambling) winnings to prize winners?			1c		
2a		number of employees reported on Form W-3, Transmittal of Wage and Tax	I				
		ts, filed for the calendar year ending with or within the year covered by this return	2a	3			
ь		one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
		ne sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a		ganization have unrelated business gross income of \$1,000 or more during the year?	•		3a		X
b		as it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
4a		ne during the calendar year, did the organization have an interest in, or a signature or other a		ty			
	over, a fin	nancial account in a foreign country (such as a bank account, securities account, or other final	ancial				l
	account)?				4a		X
b	If "Yes," e	enter the name of the foreign country					ĺ
	See instru	actions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts			ĺ
	(FBAR)						İ
5a	Was the	organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any ta	axable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?		5b		Х
С	If "Yes" to	line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the	organization have annual gross receipts that are normally greater than \$100,000, and did th	е				ĺ
	organızatı	on solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b		lid the organization include with every solicitation an express statement that such contributio	ns or				
	•	not tax deductible?			6b		
7		tions that may receive deductible contributions under section 170(c).					
а		ganization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				ł
		ces provided to the payor?			7a		
b		lid the organization notify the donor of the value of the goods or services provided?	_		7b		
С		ganization sell, exchange, or otherwise dispose of tangible personal property for which it wa	S		7c		
لہ	•	o file Form 8282?	7d		1,6		$\vdash$
d		ndicate the number of Forms 8282 filed during the year ganization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?	7e		ĺ
e f		ganization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g		anization, earling the year, pay promotine, directly of interiority, and the organization file For		99 as required?	7g		
h	J	anization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		•	7h		
8	_	ing organizations maintaining donor advised funds. Did a donor advised fund maintaine					
-	•	g organization have excess business holdings at any time during the year?	•		8		
9	Sponsori	ng organizations maintaining donor advised funds.					
а	Did the sp	consoring organization make any taxable distributions under section 4966?			9a		<u></u>
b	Did the sp	consoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 5	i01(c)(7) organizations. Enter					
а		ees and capital contributions included on Part VIII, line 12	10a				
b	Gross rec	eipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				ĺ
11	Section 5	501(c)(12) organizations. Enter	ı .				
а		ome from members or shareholders	11a				ĺ
b		ome from other sources (Do not net amounts due or paid to other sources					l
	•	mounts due or received from them )	11b		<b>⊢</b>		ĺ
12a		(1947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		,	12a		
ь		enter the amount of tax-exempt interest received or accrued during the year	12b				
13		601(c)(29) qualified nonprofit health insurance issuers.			425		
а	_	anization licensed to issue qualified health plans in more than one state?			13a		
L		e the instructions for additional information the organization must report on Schedule O					ĺ
b		amount of reserves the organization is required to maintain by the states in which	13b				ĺ
_		ization is licensed to issue qualified health plans	13c		<b>⊣</b>		ĺ
C 1 <i>A</i> a		amount of reserves on hand  'ganization receive any payments for indoor tanning services during the tax year?	136		14a		X
l4a b		garrization receive any payments for indoor tarming services during the tax year? las it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i>	0		14b		
-		ido it india a transfer de report indoe pajinente: il 140, provide dii explanation ili denedale	_		, ,		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					
				r	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3_		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e followin	g		
а	The governing body?			8a	X	L
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal Re	venue	Code.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the for	m?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a_	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?			13	ļ	X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b	l	
Sec	tion C. Disclosure			<del></del>		
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	)1(c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	est polic	y, and			
	financial statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds 🕨				
D	AVID E. BUCK, C.P.A. 2900 E OAKLAND PARK BLVD					
F'	r LAUDERDALE FL 3330	)6	9	<u>54 - 56</u>	<u>1-3</u>	<u> 303</u>

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Form 990 (2017)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (E) (F) (A) (B) (C) (D) Reportable Name and Title Average Position Reportable Estimated compensation hours per (do not check more than one compensation from amount of box, unless person is both an from related other week (list any officer and a director/trustee) the organizations compensation hours for organization (W-2/1099-MISC) from the Highest ndıvıdual trustee Institutional trustee (W-2/1099-MISC) related organization nployee and related organizations employee below dotted organizations compensated line) (1) BLANKA A. ROSEN\$TIEL 0.00 0 0 0.00 X PRESIDENT (2) BARBARA COOPER 0.00 X 0 0 0.00 0 VICE PRESIDENT (3) DR. JERZY KYPARISIS 0.00 0.00 X 0 0 SECRETARY/TREASURER (4)(5) (6)(7) (8) (9) (10)(11)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	Name and title  Average hours per (do not check more than week box, unless person is bo (list any hours for			s both r/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima amour othe ompens from	ated nt of er sation the			
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiz and rel organiza	ated	
									<del>}</del> 111	_				
1b c	Sub-total  Total from continuation she	ets to Part VII, S	Secti	on A	4			<b>&gt;</b>						
d 	Total (add lines 1b and 1c)  Total number of individuals (in reportable compensation from				thos	e lıs	ted a	bov	e) who received more than	\$100,000 of	<u> </u>		V	
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Sched	dule	J for	suci	h ind	lividu	al				3	Yes	No X
<b>4</b> 5	For any individual listed on line organization and related organization and related organizational Did any person listed on line 1	nizations greater	than	\$15	0,00	0? I	f "Ye	s," c	complete Schedule J for su	ch	-	4		Х
	for services rendered to the or ion B. Independent Contracto	ganization? If "Y										5		Х
1	Complete this table for your fix compensation from the organi	e highest comp	ensa	ted i	nder	end	ent c	ontr	ractors that received more t	than \$100,000 of	ear			
		(A) business address	<u></u>	<u> </u>			10 00			(B) tion of services		Co	(C) mpensat	tion
2	Total number of independent of	contractors (inclu	ding	but	not l	ımıte	ed to	thos	se listed above) who					

		Check if Schedule	O contains	s a response c	<del></del>			
					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						exempt function	business revenue	excluded from tax under sections
1						revenue		512-514
nts	1a	Federated campaigns	1a					
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues	1b					
Ağ,	С	Fundraising events	1c					
F	d	Related organizations	1d					
S,E	е	Government grants (contributions)	1e					
S	f	All other contributions, gifts, grants,						
캶		and similar amounts not included above	1f	315,290				
들임	g	Noncash contributions included in lines 1a	-1f \$					
S E	-	Total. Add lines 1a-1f		•	315,290			
e e				Busn Code				
ē	2a	POLONAISE BALL			149,398	149,398		
Ş.	b		SALES		7,380	7,380		
<u>:</u>	c	MEMBERSHIP			. 2,125	2,125	·	
ē	d		TION FEES		170	170		
E	_	SCHOLANDIII AITIICA	111011 11110					
gra	•	All other program service reve	nue					
옵	g		inac		159,073	•		<u> </u>
	_	Investment income (including	dividende ir	terest	133,0,3			
	3	and other similar amounts)	uivideilus, ii	iterest,	21,191ء	İ		21,191
	4	Income from investment of tax	. avamnt ha	ad arosoada				21,131
	4		k-exempt bo	id proceeds				
	5	Royalties (i) Real		(II) Personal				
	ο-		<del></del>	(II) PEISONAI				
	6a	Gross rents	_					
	b	Less rental exps						
	C	Rental inc or (loss)			1			
ĺ	d 7a	Net rental income or (loss) Gross amount from		<b>P</b>				
		sales of assets		(II) Other				
			,311					
	b	Less cost or other						
Ì		·	, 522	-				
	С	` '	,211					
	d	Net gain or (loss)		<b>•</b>	-16,211	-16,211		
<u>.</u>	8a	Gross income from fundraising eve	ents					
<u>a</u>		(not including \$						
Other Revenue		of contributions reported on line 1c	)					
<u> </u>		See Part IV, line 18	a					
ξ	b	Less direct expenses	b					
0	C	Net income or (loss) from fund	draising ever	nts 🕨				
	9a	Gross income from gaming activities	es					
		See Part IV, line 19	а					
	b	Less direct expenses	b					
		Net income or (loss) from gam	ning activities	s <b>•</b>				
ł		Gross sales of inventory, less	,					
		returns and allowances	a	213				
	b	Less cost of goods sold	<b>b</b>	202				
i		Net income or (loss) from sale			11	]		11
Ì		Miscellaneous Revenue		Busn Code				
ł	11a					1		
	b							
	ر 2	All ether revenue		<del>                                     </del>				
	d	All other revenue						
ı	e	Total. Add lines 11a-11d		₹	450 351	140.000		21 222
	12	Total revenue. See instruction	n <b>s</b>	▶	479,354	142,862	0	21,202

#### Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon-			lete column (A)	
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	experiees
•	and domestic governments. See Part IV, line 21	75,700	75,700		
2	Grants and other assistance to domestic	, 3, , 00	737700		······································
-	individuals See Part IV, line 22	15,000	15,000		
3	Grants and other assistance to foreign	13/000	23,000		······································
·	organizations, foreign governments, and foreign	i			
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	103,063	91,726	4,123	7,214
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,250	2,892	130	228
10	Payroll taxes	7,884	7,017	315	552
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	5,900	5,251	236	413
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	3,706		3,706	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				<del></del>
12	Advertising and promotion	1,459	1,299	58	102
13	Office expenses	34,029	30,286	1,361	2,382
14	Information technology	470	418	19	33
15	Royalties			2 500	1 500
16	Occupancy	65,700	58,473	2,628	4,599
17	Travel	1,256	1,118	50	88
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	76	68	3	, 5
20	Interest	17	15_		1
21	Payments to affiliates	C14	F 4.C	25	4.2
22	Depreciation, depletion, and amortization	614	546 3,439	25 155	43 271
23	Insurance	3,865	3,439	122	2/1
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O )	91,668	81,584	3,667	6,417
a	POLONAISE BALL TELEPHONE	5,634	5,015	225	394
b		2,318	2,063	93	162
ч С	EQUIPMENT RENTAL WEBSITE	1,540	1,540		102
d	<del>-</del>	5,527	4,220	1,085	222
	All other expenses	428,676	387,670	17,880	23,126
25 26	Joint costs. Complete this line only if the	720,010	307,070	17,000	23,120
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
DAA	following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2017)

Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,719 17,220 Cash—non-interest bearing 10,908 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 27,251 27,048 8 Inventories for sale or use Prepaid expenses and deferred charges 5,093 9 6,061 10a Land, buildings, and equipment cost or 91,455 10a other basis Complete Part VI of Schedule D 69,430 22,639 22,025 b Less accumulated depreciation 10b 11 Investments—publicly traded securities 415,334 11 428,070 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 1,016,284 1,044,248 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,500,228 1,579,529 2,343 17 3,002 Accounts payable and accrued expenses 17 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X <u>991,404</u> 1,019,368 25 of Schedule D 1,022,370 993,747 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 174,706 Unrestricted net assets <u>219,503</u> 331,775 28 337,656 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 506,481 557,159 33 33 Total net assets or fund balances 500,228 579,529 Total liabilities and net assets/fund balances

Form 990 (2017)

Form	990 (2017) AMERICAN INSTITUTE OF POLISH 59-1440908			Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	4	79,	354
2	Total expenses (must equal Part IX, column (A), line 25)	2	4:	<u>28,</u>	<u>676</u>
3	Revenue less expenses Subtract line 2 from line 1	3		<u>50,</u>	<u>678</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	06,	<u>481</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	5!	57 <u>,</u>	<u> 159</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O .				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_ 2a	Х	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		l

Form **990** (2017)

#### **SCHEDULE A** (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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

> AMERICAN INSTITUTE OF POLISH CULTURE, INC.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

Employer identification number 59-1440908

3	$\square$	A nospital or	a coop	erative nospitai s	ervice organiz	ation described in se	ection 170	$(\mathbf{p})(\mathbf{r})(\mathbf{q})$	III).	/
4				organization opei	ated in conjur	nction with a hospital	described	ın sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,
_	$\Box$	city, and stat			-61 -fII			م ما اسم		
5				rated for the bend )(iv). (Complete I		e or university owned	or operat	ed by a g	overnmental unit described in	
6						tal unit described in s	section 17	70(b)(1)(A	)(v).	
7		An organizat	ion that	J	s a substantia	I part of its support fi			unit or from the general public	C
8						A)(vi). (Complete Par	tII)			
9		•		•				-	unction with a land-grant colle ty, and state of the college or	ge
10	X	receipts from support from	activiti gross i	es related to its envestment incom	xempt functione and unrelated	ns—subject to certai	n exception	ns, and (2 ss section	ons, membership fees, and grown on the state of the state	
11		An organizat	ion orga	anized and opera	ted exclusively	to test for public sat	fety See s	ection 50	)9(a)(4).	
12		of one or mo	re publi	cly supported org	anızatıons de	scribed in section 50	9(a)(1) or	section 5	ns of, or to carry out the purpo 509(a)(2). See section 509(a)(	(3).
									nd complete lines 12e, 12f, an	
	а	the supp	orted o	ganization(s) the	power to regu		a majority		rganization(s), typically by givi rectors or trustees of the	ing
	ь		-					its suppo	rted organization(s), by having	
		control o	r mana	gement of the sup	pporting organ				control or manage the support	
	С	Type ill t	functio	nally integrated.	A supporting		d in conne e Part IV,	ection with	i, and functionally integrated w <b>A, D, and E</b> .	nth,
	d								n with its supported organization requirement and an attentiven	
			•	· ·		plete Part IV, Sectio				
	е			•		ritten determination fi ally integrated suppor			s a Type I, Type II, Type III	
	f			supported organi		any integrated dapper	ung organ			
	g			• • •		ed organization(s)				
(1		e of supported ganization		(II) EIN	(des	Type of organization cribed on lines 1–10 re (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						(666)	Yes	No	,	,
(A)										
(B)										
(C)				_						
(D)										
(E)									<del></del>	
Tota	1	<del></del>				· · · · · · · · · · · · · · · · · · ·				
		work Reduction	n Act N	lotice, see the Inst	ructions for Fo	orm 990 or 990-EZ.		······	Schedule /	A (Form 990 or 990-EZ) 2017
	-									· ·

	(Complete only if you chec Part III. If the organization				ne organization	n failed to qual	ify under
Sec	tion A. Public Support				<del></del>		
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						<del>_</del>
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			/			
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	/(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			/			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10		<u> </u>			<u> </u>	<del></del>
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the			urth, or fifth tax yea	ar as a section 50	12 1(c)(3)	
	organization, check this box and stop here						<b>.</b>
Sec	tion C. Computation of Public Su	pport Percen	tage				
14	Public support percentage for 2017 (line 6,	. column (f) divide	d by line 11, colum	nn (f))		14	%
15	Public support percentage from 2016 Sche	edylle A, Part II, lin	e 14			15	%
16a	33 1/3% support test-2017. If the organi	zation did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more,	check this	
	box and <b>stop here</b> . The organization quali	fies as a publicly s	supported organiza	ation			▶ [_]
b	33 1/3% support test—2016. If the organi	zation did not che	ck a box on line 13	3 or 16a, and line 1	5 is 33 1/3% or m	ore, check	
	this box and stop here. The organization of	qualifies as a publ	icly supported orga	anization			▶ 📗
17a	10%-facts-and-circumstances test-201	7. If the organizat	ion did not check a	a box on line 13, 16	Sa, or 16b, and line	e 14 is	
	10% or more, and if the organization meets	s the "facts-and-c	rcumstances" test	, check this box an	id stop here. Expl	laın ın	
	Part VI how the organization meets the "fa organization	cts-and-circumsta	inces" test. The or	ganization qualifies	as a publicly sup	ported	▶ □
b	10%-facts-and-circumstances test—201	6. If the organizat	ion did not check a	a box on line 13. 16	Sa. 16b. or 17a. ar	nd line	
-	15 is 10% or more, and if the organization	•					
	Explain in Part VI how the organization me						
	supported organization						▶ 🗌
18	Private foundation, If the organization did	not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee	
	instructions						▶ □
						Schedule A (Form	990 or 990-EZ) 2017

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·	- <del></del> -				<del></del>
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any *unusual grants *)	334,470	210,643	198,016	230,731	317,415	1,291,275
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	97,538	91,330	81,316	109,600	156,948	536,732
3	Gross receipts from activities that are not an unrelated trade or business under section 513	345	227	238	429	213	1,452
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	432,353	302,200	279,570	340,760	474,576	1,829,459
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	180,000	195,000	180,000	220,000	290,000	1,065,000
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	180,000	195,000	180,000	220,000	290,000	1,065,000
8	Public support. (Subtract line 7c from line 6)						764,459
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	432,353	302,200	279,570	340,760	474,576	1,829,459
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,440	32,710	17,854	18,286	21,191	115,481
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	25,440	32,710	17,854	18,286	21,191	115,481
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 VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	457,793	334,910	297,424	359,046	495,767	1,944,940
14	First five years. If the Form 990 is for the	organization's first	_				
<del></del>	organization, check this box and stop her			······		·-·	<u> </u>
	tion C. Computation of Public Su			- (6)		45	22.22.9/
15	Public support percentage for 2017 (line 8		-	n (t))		15	39 31%
16 Soc	Public support percentage from 2016 Schotton D. Computation of Investme						39 58 %
	Investment income percentage for 2017 (li			column (f))		17	6 %
17			-	Column (1))		18	6 %
18 19a	Investment income percentage from 2016 33 1/3% support tests—2017. If the organ			14 and line 15 is	more than 33 1/20/		6 76
178	17 is not more than 33 1/3%, check this be						<b>▶</b> X
b	33 1/3% support tests—2016. If the organ		•				
~	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did		-				▶ [

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A. and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organiz	zations
-----------------------------------	---------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below
  - Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) nurnoses
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

	Yes	No
1		
2		
3a		
3b		
3c		
- 50		
4a		
4b	;	
4c		
5a		
5b 5c		
55		
6		
7		
8		
9a		
9b		
9с		
10a		
405		
10b	or 990-	F7\ 204

AMERICAN INSTITUTE OF POLISH

Schedule A (Form 990 or 990-EZ) 2017

59-1440908

Page 5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			,
7	Total annual distributions. Add lines 1 through 6	•		
8	Distributions to attentive supported organizations to which the organizations	ation is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			·
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI) See			
	Instructions			
3	Excess distributions carryover, if any, to 2017.			
a			·····	
	From 2013		**************************************	
	From 2014		****	
	From 2015		······································	
	From 2016		++************************************	
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount		·····	
<del></del>	Carryover from 2012 not applied (see instructions)		<del></del>	
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			
	Section D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			<del></del>
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			······
8	Breakdown of line 7			***************************************
<u>a</u>	Excess from 2013	<b> </b>		***************************************
<u> </u>	Excess from 2014			
c	Excess from 2015		**************************************	***************************************
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

	of the organization		Employer i	dentification number
	MERICAN INSTITUTE OF POLISH			
-	ULTURE, INC.			<u>440908</u>
Pa	Organizations Maintaining Donor Advised Fundamental Complete of the organization answered "Yes" on Fundamental Complete of the Organization answered of the Organization and Organization an		ccount	s.
		(a) Donor advised funds	(b	) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements.			
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	rtant land	area
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	vation	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure incl	uded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/	06, and not on a	1 1	
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	ion during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is I	ocated ►		
5	Does the organization have a written policy regarding the periodic moni	itoring, inspection, handling of		п п
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation ea	sements	during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easem	ents durir	ng the year
8	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section 170(n)(4)(B)(I)		Yes No
_	and section 170(h)(4)(B)(ii)?		4 and	1es 140
9	In Part XIII, describe how the organization reports conservation easembalance sheet, and include, if applicable, the text of the footnote to the	•		10
	organization's accounting for conservation easements	organization s imancial statements that de	sacribes (	
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other S	Similar A	Assets.
	Complete if the organization answered "Yes" on F			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and b	alance sh	eet
	works of art, historical treasures, or other similar assets held for public			
	public service, provide, in Part XIII, the text of the footnote to its financial	al statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balar	nce sheet	
	works of art, historical treasures, or other similar assets held for public	•		
	public service, provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		<b>•</b>	\$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro-	vide the	
	following amounts required to be reported under SFAS 116 (ASC 958)	· · · · · · · · · · · · · · · · · · ·		
а	Revenue included on Form 990, Part VIII, line 1	-	•	\$
	Assets included in Form 990, Part X		<b>•</b>	\$

53,829

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c

51,804

d Equipmente Other

	(a) Description of approximate and actions	(h) Pasti calica	(c) Method of va	ort X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year i	
1\ [:====:=]	<u></u>			
1) Financial  2) Classiv by	eld equity interests		<del></del>	
3) Other	ela equity interests			
(A)		<del>                                     </del>	<del></del>	
(B)		<u> </u>		
(C)				
(D)				
(E)	·			
(F)				
(G)				
(H)	(I)			
******	in (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related.	a" on Form 000, Bort IV, line 1	10 Soo Form 000 Bo	et V. lino 12
<del></del>	Complete if the organization answered "Yes			
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
(1)				
(2)				
(3)		1		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 1	1d See Form 990. Pa	rt X line 15
1.000	Complete if the organization and trotter or			11177, 11110 10
	(a) Description	on		(b) Book value
(1)	(a) Descriptor KOSCIUSZKO CHAIR TRI	on		( <b>b)</b> Book value 1,019,368
	(a) Description  KOSCIUSZKO CHAIR TRU  ANTIQUE PIANO	on	•	(b) Book value 1,019,368 12,600
(1) (2) (3)	(a) Description  KOSCIUSZKO CHAIR TRU  ANTIQUE PIANO  PAINTINGS	on	•	(b) Book value 1,019,368 12,600 8,780
(2)	(a) Description  KOSCIUSZKO CHAIR TRU  ANTIQUE PIANO  PAINTINGS  CANDLESTICKS	on	•	(b) Book value 1,019,368 12,600 8,780 2,000
(2) (3)	(a) Description  KOSCIUSZKO CHAIR TRU  ANTIQUE PIANO  PAINTINGS	on	•	(b) Book value 1,019,368 12,600 8,780 2,000 1,000
(2) (3) (4)	(a) Description  KOSCIUSZKO CHAIR TRU  ANTIQUE PIANO  PAINTINGS  CANDLESTICKS	on	•	(b) Book value 1,019,368 12,600 8,780 2,000 1,000
(2) (3) (4) (5)	(a) Description  KOSCIUSZKO CHAIR TRU  ANTIQUE PIANO  PAINTINGS  CANDLESTICKS  SCULPTURE	on		(b) Book value 1,019,368 12,600 8,780 2,000 1,000
(2) (3) (4) (5) (6)	(a) Description  KOSCIUSZKO CHAIR TRU  ANTIQUE PIANO  PAINTINGS  CANDLESTICKS  SCULPTURE	on	•	(b) Book value 1,019,368 12,600 8,780 2,000 1,000
(2) (3) (4) (5) (6) (7)	(a) Description  KOSCIUSZKO CHAIR TRU  ANTIQUE PIANO  PAINTINGS  CANDLESTICKS  SCULPTURE	on	•	(b) Book value 1,019,368 12,600 8,780 2,000 1,000
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description  KOSCIUSZKO CHAIR TRU  ANTIQUE PIANO  PAINTINGS  CANDLESTICKS  SCULPTURE	on	•	(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description  KOSCIUSZKO CHAIR TRU  ANTIQUE PIANO  PAINTINGS  CANDLESTICKS  SCULPTURE  DEPOSITS	on		(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	(a) Description  KOSCIUSZKO CHAIR TRU  ANTIQUE PIANO  PAINTINGS  CANDLESTICKS  SCULPTURE  DEPOSITS  on (b) must equal Form 990, Part X, col (B) line 15)	JST FUND		(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	(a) Description  KOSCIUSZKO CHAIR TRU  ANTIQUE PIANO  PAINTINGS  CANDLESTICKS  SCULPTURE  DEPOSITS  on (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.	JST FUND		(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	(a) Description  KOSCIUSZKO CHAIR TRU  ANTIQUE PIANO  PAINTINGS  CANDLESTICKS  SCULPTURE  DEPOSITS  And (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes	JST FUND		(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	(a) Description  KOSCIUSZKO CHAIR TRU  ANTIQUE PIANO  PAINTINGS  CANDLESTICKS  SCULPTURE  DEPOSITS  On (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes line 25.	JST FUND s" on Form 990, Part IV, line 1		(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	(a) Description of hability	JST FUND s" on Form 990, Part IV, line 1		(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) KOSC	(a) Description of hability  (a) Description of hability  (a) Description of hability  (a) Description of hability  (b) MUST Equal Form 990, Part X, col (B) line 15)  (c) Description of hability  (d) Description of hability  (e) PIANO  (e) Description of hability  (f) CHAIR TRU  (a) Description of hability	JST FUND  S" on Form 990, Part IV, line 1		(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) KOSC (3)	(a) Description of hability  (a) Description of hability  (a) Description of hability  (a) Description of hability  (b) MUST Equal Form 990, Part X, col (B) line 15)  (c) Description of hability  (d) Description of hability  (e) PIANO  (e) Description of hability  (f) CHAIR TRU  (a) Description of hability	JST FUND  S" on Form 990, Part IV, line 1		(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) KOSC: (3) (4)	(a) Description of hability  (a) Description of hability  (a) Description of hability  (a) Description of hability  (b) MUST Equal Form 990, Part X, col (B) line 15)  (c) Description of hability  (d) Description of hability  (e) PIANO  (e) Description of hability  (f) CHAIR TRU  (a) Description of hability	JST FUND  S" on Form 990, Part IV, line 1		(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) KOSC: (3) (4) (5)	(a) Description of hability  (a) Description of hability  (a) Description of hability  (a) Description of hability  (b) MUST Equal Form 990, Part X, col (B) line 15)  (c) Description of hability  (d) Description of hability  (e) PIANO  (e) Description of hability  (f) CHAIR TRU  (a) Description of hability	JST FUND  S" on Form 990, Part IV, line 1		(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500
(2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  1. (1) Federal (2) KOSC (3) (4) (5) (6)	(a) Description of hability  (a) Description of hability  (a) Description of hability  (a) Description of hability  (b) MUST Equal Form 990, Part X, col (B) line 15)  (c) Description of hability  (d) Description of hability  (e) PIANO  (e) Description of hability  (f) CHAIR TRU  (a) Description of hability	JST FUND  S" on Form 990, Part IV, line 1		(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X   (1) Federal (2) KOSC (3) (4) (5) (6) (7)	(a) Description of hability  (a) Description of hability  (a) Description of hability  (a) Description of hability  (b) MUST Equal Form 990, Part X, col (B) line 15)  (c) Description of hability  (d) Description of hability  (e) PIANO  (e) Description of hability  (f) CHAIR TRU  (a) Description of hability	JST FUND  S" on Form 990, Part IV, line 1		(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal (2) KOSC (3) (4) (5) (6) (7) (8)	(a) Description of hability  (a) Description of hability  (a) Description of hability  (a) Description of hability  (b) MUST Equal Form 990, Part X, col (B) line 15)  (c) Description of hability  (d) Description of hability  (e) PIANO  (e) Description of hability  (f) CHAIR TRU  (a) Description of hability	JST FUND  S" on Form 990, Part IV, line 1		(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500 1,044,248
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal (2) KOSC (3) (4) (5) (6) (7) (8) (9)	(a) Description of hability  (a) Description of hability  (a) Description of hability  (a) Description of hability  (b) MUST Equal Form 990, Part X, col (B) line 15)  (c) Description of hability  (d) Description of hability  (e) PIANO  (e) Description of hability  (f) CHAIR TRU  (a) Description of hability	JST FUND  S" on Form 990, Part IV, line 1		(b) Book value 1,019,368 12,600 8,780 2,000 1,000 500 1,044,248

Sche	dule D (Form 990) 2017 AMERICAN INSTITUTE OF POLISH		59-144090	8	Page 4
Pe	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per Re	turn.	•
	Complete if the organization answered "Yes" on Form 990, Pa	art IV,	line 12a		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	et XII Reconciliation of Expenses per Audited Financial Statem			Retur	n.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV,	line 12a		
1	Total expenses and losses per audited financial statements			1	-
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
þ	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	, ,		3	
A	Amounts included on Form 900, Part IX, line 25, but not on line 1	1 1		1	

Part XIII Supplemental Information.

b Other (Describe in Part XIII )c Add lines 4a and 4b

Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

# SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Fo

▶ Attach to Form 990.

	<b>6</b>
)	990, Part IV, line 21 or 22.
	ne 21
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	Part
	990,
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2

X Yes

Employer identification number 59-1440908 ► Go to www.irs.gov/Form990 for the latest information. AMERICAN INSTITUTE OF POLISH General Information on Grants and Assistance CULTURE, Department of the Treasury Internal Revenue Service Name of the organization

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Part 1

7 0 ‡	the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of	ntoring the use of	grant funds	qrant funds in the United States				X Yes	ž
1.75	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	mestic Organi that received m	izations a	\$5,000 Part II car	vernments. Com	plete if the orga	Inization answers is needed	ered "Yes" on Form	
-	(a) Name and address of organization or government	( <b>a</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) PO.	(1) POLISH AMERICAN CLUB OF MIAMI			74,700				CULTURAL GRANT	
(2)						:			
(3)									
4				-					
(2)									
(9)				-					
(2)									
(8)									
(6)									
2 E	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	organizations listed	d in the line	1 table				•	

Schedule I (Form 990) (2017)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2017) AMERICAN INSTITUTE OF POLISH

Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
1 SCHOL	1 SCHOLARSHIPS	10	15,000			
2						
ဗ						
4						
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7			,			
Part IV	Supplemental Information. Provide the information is	vide the information rec	quired in Part I, line 2	2, Part III, column (b)	equired in Part I, line 2, Part III, column (b); and any other additional information.	nformation.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

PLEASE SEE FORM 990, PART III, LINE 4D

#### SCHEDULE O (Form 990 or 990-EZ)

. . .

#### 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.

2017

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

AMERICAN INSTITUTE OF POLISH CULTURE, INC.

Employer identification number 59-1440908

Form 990, Part III, Line 4d - All Other Accomplishment
PROGRAM SERVICE EXPENSES IS ATTACHED AS A SCHEDULE TO THIS
RETURN. CHARITABLE DISTRIBUTIONS ARE DETERMINED AS
FOLLOWS: CHARITABLE ORGANIZATIONS RECEIVING FUNDS MUST
HAVE CHARITABLE PURPOSES CONSISTENT WITH THOSE OF THIS
ORGANIZATION, NAMELY, FURTHERING EDUCATION REGARDING
POLISH CULTURE. INDIVIDUALS RECEIVING SCHOLARSHIPS MUST
BE FURTHERING THEIR EDUCATION REGARDING POLISH CULTURE.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 CERTIFIED PUBLIC ACCOUNTANT PREPARED THE RETURN AFTER EXTENSIVE DISCUSSION AND REVIEW OF THE FINANCIAL RECORDS WITH THE EXECUTIVE DIRECTOR OF THE ORGANIZATION. PRIOR TO FILING, THE EXECUTIVE DIRECTOR AND PRESIDENT OF THE ORGANIZATION REVIEWED FORM 990 AND APPROVED THE RETURN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND THE STATE OF FLORIDA.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.