Department of the Treasury

990

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.

2018
Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19D. Employer identification number C Name of organization AMERICAN INSTITUTE OF POLISH Check if applicable В CULTURE, INC. Address change 59-1440908 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Initial return 1440-79TH STREET CAUSEWAY STE 117 305-864-2349 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated IMAIM FL 33141 494,989 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 501(c)(3) | 501(c)) < (insert no) 4947(a)(1) or Tax-exempt status www.ampolinstitute.org Website > H(c) Group exemption number ▶ X Corporation Trust Year of formation 1972 Form of organization M 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) 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 10 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 7b Prior Year **Current Year** 290 283,184 315. 8 Contributions and grants (Part VIII, line 1h) 131, 159, 073 733 9 Program service revenue (Part VIII, line 2g) 980 779 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 354 446 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column) 479 701 700 26,560 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 123 092 197 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 22,839 223,779 217 767 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 419 428,676 367 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 79,282 50,678 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year ts or 1,579,529 638, 952 20 Total assets (Part X, line 16) 022, 2,511 21 Total liabilities (Part X, line 26) 370 22 Net assets or fund balances Subtract line 21 from line 20 159 636,441 Part II Signature Block Under penalties offerjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Deplayation of preparer (other trian of icer) is based on all information of which preparer has any knowledge Sign Here BLANKA Α PRESIDENT Type or print name and title PTIN Print/19pe preparer's name Preparer's signature Check Paid 08/31/19 self-employed P01201614 Е BUCK Preparer David E. Buck, PA CPA Firm's EIN ▶ 59-3034197 Firme name **Use Only** 2900 E Oakland Park Blvd 103 Fort Lauderdale, FL 33306-1804 954-561-3303 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2018) For Paperwork Reduction Act Notice, see the separate instructions.

ARRITA)

Form	990 (2018) AMERICAN	INSTITUTE (OF.	POLISH	59-1440908	<u> </u>	<u>ノ</u>	age
Pa	ert IV Checklist of Red	quired Schedule	S					
	•						Yes	No
1	Is the organization described in	section 501(c)(3) or	4947	7(a)(1) (other than a	a private foundation)? If "Yes,"			
	complete Schedule A					1	X	<u> </u>
2	Is the organization required to o	•				2	X	ļ
3	Did the organization engage in	direct or indirect polit	ical d	campaign activities	on behalf of or in opposition to			
	candidates for public office? If	Yes," complete Sche	dule	C, Part I		3		<u>X</u>
4		-			activities, or have a section 501(h)			
	election in effect during the tax					4		X
5	Is the organization a section 50							1,7
					If "Yes," complete Schedule C, Part III	5	L	X
6	Did the organization maintain a					İ		
	have the right to provide advice		inve	estment of amounts	s in such funds or accounts? If			₩
_	"Yes," complete Schedule D, P.					6		<u> X</u>
7	_			_	sements to preserve open space,	7		_v
	the environment, historic land a					'		X
8	-	ollections of works of	aπ,	nistorical treasures	, or other similar assets? If "Yes,"	8		X
^	complete Schedule D, Part III	manustus Doet V. Isoo	24	for operaw or aveto	dial account liability copyo as a	-		 ^
9	Did the organization report an a							
	custodian for amounts not listed				t management, credit repair, or	9		Х
40	debt negotiation services? If "Y Did the organization, directly or				in temperarily restricted	<u> </u>		 ^ `
10	endowments, permanent endov					10		X
11	If the organization's answer to a							†
• •	VII, VIII, IX, or X as applicable	any or the following qu	J C311	ons is res, then	somplete defledate B, 1 and VI,			
а	Did the organization report an a	mount for land, build	ınas	and equipment in	Part X. line 10? If "Yes."			İ
u	complete Schedule D, Part VI	intount for fama, band	90	, and oquipmont in		11a	Х	
ь	•	mount for investmen	ts—	other securities in F	Part X, line 12 that is 5% or more			
-	of its total assets reported in Pa					11b		X
С					Part X, line 13 that is 5% or more			
	of its total assets reported in Pa					11c		X
d	-				t is 5% or more of its total assets			
	reported in Part X, line 16? If ")					11d		X
е	Did the organization report an a	mount for other liabil	ities	in Part X, line 25?	If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate	or consolidated finan	cıal	statements for the	tax year include a footnote that addresses			
	the organization's liability for un	certain tax positions	unde	er FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain sep	arate, independent at	udite	d financial stateme	ents for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII					12a		<u> </u>
b	Was the organization included	n consolidated, indep	end	ent audited financia	al statements for the tax year? If	l		
	"Yes," and if the organization a	nswered "No" to line	12a,	then completing So	chedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school des				·	13		X
14a	•					14a		X
b	Did the organization have aggre							
	fundraising, business, investme							٠,
	foreign investments valued at \$			•		14b		X
15	•				of grants or other assistance to or	45		•
	for any foreign organization? If				-f	15		X
16	Did the organization report on F	• •				46		\ v
47	assistance to or for foreign indi					16		X
17					fessional fundraising services on	47		х
40	Part IX, column (A), lines 6 and					17		┿
18	Did the organization report mor				ss income and contributions on	18		Х
10	Part VIII, lines 1c and 8a? If "Ye				a activities on Part VIII. line 0c2	18		$+\frac{\Lambda}{}$
19	Did the organization report mor If "Yes," complete Schedule G,		iss II	come nom gaming	y activities on Fait viii, lifle 3a'	19		Х
20-2	Did the organization operate on		cilitie	es? If "Ves " comple	ete Schedule H	20a		X
	If "Yes" to line 20a, did the orga					20b		†
			, .,			<u></u>		

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

P	art IV Checklist of Required Schedules (continued)			
	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			Γ
	to defease any tax-exempt bonds?	24c		İ
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?			
	If "Yes," complete Schedule L, Part I	25b		X
26		235		- ^
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		ł	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		Х
	disqualified persons? If "Yes," complete Schedule L, Part II	20	 	<u> </u>
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			٠.
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	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)		1	١.,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			۱
	Schedule L, Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			l
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29	ļ	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30_	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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	<u> </u>	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	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		1	\Box
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20	· · · · · · · · · · · · · · · · · · ·	57	1	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	х	
- D	19? Note. All Form 990 filers are required to complete Schedule O		1 11	
7	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Vac	L ALC
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1	
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	
	reportable gaming (gambling) winnings to prize winners?	1c	L	<u> </u>

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3a 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b ь 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter. 11a а Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans 13c С Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O

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					
					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		X
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		Х
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 tl	ne following			1
а	The governing body?			8a	X	
Ь	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					\ _V
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	nal D	Payanua Ca	9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nai R	evenue Co	ue.)	Yes	No
40-	Did the assessment as here level charters, branches or offlictes?			10a	162	X
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			IVa		<u> </u>
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
112	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		••••	11a		<u> </u>
12a						
b						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12b		X
	describe in Schedule O how this was done			12c		Х
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		Х
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		X
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		<u> </u>
Sec	tion C. Disclosure					
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 (1024 or 1024-A if applicable), 990, and 990-T (Se	ction 5	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply					
	Own website X 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 interest	st pol	cy, 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	ds 🟲				
	AVID E. BUCK, C.P.A. 2900 E OAKLAND PARK BLVD FI. 3330		0.57	-56	1 7	202
ਾਜ	r LAUDERDALE FT, 3330	10	954	: - ລຸກ	ユー ろ	303

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

 $\overline{
m X}$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) BLANKA A. ROSENS										
	10.00								_	
PRESIDENT	0.00			Х	<u> </u>		<u> </u>	0	0	0
(2) DR. MICHEL S. PA										
	10.00								_	
VICE PRESIDENT	0.00		├	Х	-	ļ.—	<u> </u>	0	0	0
(3) EILEEN HALL	1000				İ					
	10.00			v				0	0	0
SECRETARY/TREASURER	0.00		-	Х	-		_	0		<u> </u>
(4)							,			
(5)										
(6)									•	
(7)										
(8)							·			
(9)						_				
(10)						-			<u> </u>	
(11)										

DAA

(A) Name and title		(B) Average hours per week (list any	bo:	x, unle	Pos heck ess pe	rson ı	than c is both ir/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
	•	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		organizati and relati organizatii	ion ed	
1b c d 2	Sub-total Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	icluding but not l	ımıte	d to		e lıs	ted a	bov	e) who received more than	\$100,000 of				
													Yes	No
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization	<i>complete Sched</i> and its complete sum	<i>dule</i> of re	<i>J for</i> porta	<i>suc</i> able	<i>h inc</i> com	<i>lividu</i> ipens	<i>ial</i> satio	on and other compensation	from the		3		Х
5	individual Did any person listed on line 1 for services rendered to the or	a receive or acc	rue d	comp	ens	atıor	fron	n an	ny unrelated organization oi			5		X
	ion B. Independent Contracto													
1	Complete this table for your five compensation from the organic	zation Report of	ensa ompe	ted i ensa	naer tion	oend for t	ent d	ilen	dar year ending with or with	nin the organization's tax ye	ear			
	Name and	(A) business address						ļ	Descrip	(B) olion of services		Com	(C) pensati	ion
											ì			
						_								
								<u></u>						
2 DAA	Total number of independent or received more than \$100,000	contractors (inclu of compensation	i fron	n the	not org	anız	ed to ation	tno •	se listed above) who	0		Form	990	(2018)

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

59-1440908-

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business (D) Revenue Total revenue exempt excluded from tax function revenue under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 283,184 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 283,184 Program Service Revenue Busn Code 109,503 2a POLONAISE BALL 109,503 8,530 8,530 b PROGRAM ADVERTISING SALES 7,100 7,100 100 YEARS DINNER C 6,400 6,400 MEMBERSHIP SCHOLARSHIP APPLICATION FEES 200 200 f All other program service revenue g Total. Add lines 2a-2f 131,733 Investment income (including dividends, interest, 21,317 and other similar amounts) 21,317 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) Net rental income or (loss) (r) Securities (II) Other sales of assets 58,652 other than inventor **b** Less cost or other 48,190 basis & sales exps 10,462 c Gain or (loss) d Net gain or (loss) 10,462 10,462 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities* See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less 103 returns and allowances b 98 b Less cost of goods sold c Net income or (loss) from sales of inventory Þ Busn Code Miscellaneous Revenue 11a b All other revenue Total. Add lines 11a-11d 0 446,701 21,322 142,195 Total revenue. See instructions

Statement of Functional Expenses

	in ix Statement of Functional Experience 501(c)(3) and 501(c)(4) organizations must con		r organizations must come	lete column (A)	
Sect	Check if Schedule O contains a respon			iete çolumn (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				
	and domestic governments See Part IV, line 21	12,060	12,060		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	14,500	14,500		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	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)	110,443	98,294	4,418	7,731
7 8	Other salaries and wages Pension plan accruals and contributions (include	110,443	30,234	4,410	1,731
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,200	3,738	168	294
10	Payroll taxes	8,449	7,520	338	591
11	Fees for services (non-employees)	- 0, 225	- 7,5=5		
a	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	4,342		4,342	
9	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,365	1,214	55	96
13	Office expenses	26,659	23,725	1,067	1,867
14	Information technology	1,196	1,064	48	84
15	Royalties				
16	Occupancy	66,360	59,061	2,654	4,645
17	Travel	2,053	1,827	82	144
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	207	105		
19	Conferences, conventions, and meetings	207	185 44	8	14 3
20	Interest	49	44		
21	Payments to affiliates	614	546	25	43
22 23	Depreciation, depletion, and amortization Insurance	1,506	1,341	60	105
24	Other expenses Itemize expenses not covered	1,300	1,511		
2.4	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)				
а	POLONAISE BALL	83,410	74,235	3,336	5,839
b	CULTURAL EVENTS	8,272	8,272		
c	TELEPHONE	7,254	6,456	290	508
d	EQUIPMENT RENTAL	3,451	3,071	138	242
e	All other expenses	5,129	3,961	948	220
25	Total functional expenses. Add lines 1 through 24e	367,419	326,365	18,215	22,839
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
DAA	fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				Form 990 (2018)

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 17,220 17,853 Cash—non-interest bearing 34,857 2 58,412 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 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 26,950 27,048 8 Inventories for sale or use 6,061 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 455 10b 044 22,025 b Less accumulated depreciation 10c 21,411 11 Investments—publicly traded securities 428,070 11 489,446 12 12 Investments—other securities See Part IV, line 11 . 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 24,880 Other assets See Part IV, line 11 1,044,248 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 1,579,529 638,952 3,002 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 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 1,019,368 of Schedule D 2,511 Total liabilities. Add lines 17 through 25 1,022,370 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 219,503 244,994 Unrestricted net assets 337,656 28 391,447 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 636,441 33 Total net assets or fund balances 557,159 33 638,952 34 Total liabilities and net assets/fund balances

Form 990 (2018)

Form	990 (2018) AMERICAN INSTITUTE OF POLISH 59-1440908			Pa	ge 12	
Pa	art 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 èqual Part VIII, column (A), line 12)	1	4	<u>16,</u>	<u>701</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>419</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		79 <u>,</u>	<u> 282</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	557,15		
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	6.5	36 <u>,</u>	<u>441</u>	
Pa	et XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.	
				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				ļ	
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	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		ļ	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3а	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			
			For	m 99 ((2018)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

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

2018

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

CULTURE, INC. | 59-1440908

AMERICAN INSTITUTE OF POLISH

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 12, 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 (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (i) Name of supported (II) EIN (v) Amount of monetary (III) Type of organization (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

Section A. Public Support

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 fails to qualify under the tests listed below, please complete Part III.)

Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201,8	(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						
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			1			
_	tion B. Total Support	<u> </u>					
Caler	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	/ (c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			/		ļ	
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				. (1		
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>					
12	Gross receipts from related activities, etc	,				12	
13	First five years. If the Form 990 is for the	e organizatión's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	I(c)(3)	,
	organization, check this box and stop her						•
Sec	tion C. Computation of Public S	·· /					
14	Public support percentage for 2018 (line 6			ın (f))		14	<u>%</u>
15	Public support percentage from 2017 Sch	,		40 11 44 4	20.4/00/	15	<u>%</u>
16a	33 1/3% support test—2018. If the organ	,			33 1/3% or more, o	check this	. □
	box and stop here. The organization qua				E : 22 1/20/ 0.5 m	ara abaak	▶ □
b	33 1/3% support test—2017. If the organization				15 15 33 1/3% 01 111	ore, check	▶ □
17a	10%-facts-and-circumstances test—20				Sa or 16h and line	a 1 <i>1</i> ie	
114	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa						
	organization	acto ana circamota	noco toot the or	gamzation quamics	do a pablicly cap	, o. 100	▶ □
b	10%-facts-and-circumstances test—20	17. If the organizati	on did not check a	box on line 13, 16	Sa. 16b. or 17a. an	d line	, ,
~	15 is 10% or more, and if the organization	•		•			
	Explain in Part VI how the organization m				-		
	supported organization				дашиноо оо о р	· - · ,	▶ □
18	Private foundation. If the organization di	id not check a box	on line 13, 16a, 16	b. 17a, or 17b, che	eck this box and se	ee	, U
-	instructions			.,,,			▶ □
						Schedule A (Form 9	90 or 900 E7\ 2049
	1					Scriedule A (FORM 9	30 (1 330-62) 2016

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.)

<u> </u>	if the organization fails to o	quality under tr	ie tests listed bi	elow, please co	ilipiete Part II.)		
	tion A. Public Support	(-) 2044	(1-) 2045	(-) 2016	(4) 2017	(a) 2019	(f) Total
	your (or moon your nog y	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	210,643	198,016	230,731	317,415	265,957	1,222,762
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	91,330	81,316	109,600	156,948	125,333	564,527
3	Gross receipts from activities that are not an unrelated trade or business under section 513	227	238	429	_213	103	1,210
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	302,200	279,570	340,760	474,576	391,393	1,788,499
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	195,000	180,000	220,000	290,000	230,000	1,115,000
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						
С	Add lines 7a and 7b	195,000	180,000	220,000	290,000	230,000	1,115,000
8	Public support. (Subtract line 7c from line 6)						673,499
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	302,200	279,570	340,760	474,576	391,393	1,788,499
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	32,710	17,854	18,286	21,191	21,317	111,358
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	32,710	17,854	18,286	21,191	21,317	111,358
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)	334,910	297,424	359,046	495,767	412,710	1,899,857
14	First five years. If the Form 990 is for the	organization's first	, second, third, fou	rth, or fifth tax year	r as a section 501(c)(3)	_
	organization, check this box and stop here						<u>▶</u>
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2018 (line 8,			n (f))		15	35.45%
16	Public support percentage from 2017 Sche						39 31 %
	tion D. Computation of Investme Investment income percentage for 2018 (li			column (f))		17	6 %
17 18	Investment income percentage for 2016 (iii Investment income percentage from 2017			, coluinii (i))		18	6%
19a	33 1/3% support tests—2018. If the organ			14. and line 15 is i	more than 33 1/3%		
	17 is not more than 33 1/3%, check this bo						ightharpoons
b	33 1/3% support tests—2017. If the organ	•					_
	line 18 is not more than 33 1/3%, check th						>
20	Private foundation. If the organization did						▶ □

59-1440908

Supporting Organizations Part IV

(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 Sùpporti	ng Organizations
-------------------------	------------------

- 1 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 (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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "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) purposes
- 5a 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?
- C 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 6 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 (as 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 disqualified person (as defined in section 4958) not described in line 7? 8 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 9a 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 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.
- 10a 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
İ	1	:	
	2		
l			
	3a		
	3b		
	20		
ŀ	3c		
	4 a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		·····
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	00		
	9a		
	9b		
	9c		
	<u> </u>		
	4.5		
	10a		
ļ	10b		<u> </u>
(Fo	rm 99	0 or 990-	EZ) 2018

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2018

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

instructions)

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2018

<u>Par</u>	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	T					
Sect	ion D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exempt purpo	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 supp								
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 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount	<u> </u>							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See instructions								
3	Excess distributions carryover, if any, to 2018		· · · · · · · · · · · · · · · · · · ·	<u> </u>					
a	From 2013								
b	From 2014								
c	c From 2015								
<u>d</u>	d From 2016								
е	e From 2017								
f	f Total of lines 3a through e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2018 distributable amount);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;						
<u>i</u>	Carryover from 2013 not applied (see instructions)								
	Remainder Subtract lines 3g, 3h, and 3i from 3f		<u> </u>						
4	Distributions for 2018 from								
	Section D, line 7 \$	 							
a	Applied to underdistributions of prior years								
<u>b</u>	Applied to 2018 distributable amount								
<u>c</u>	Remainder Subtract lines 4a and 4b from 4								
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h								
	and 4b from line 1 For result greater than zero, explain in								
	Part VI See instructions								
7	Excess distributions carryover to 2019. Add lines 3j								
	and 4c								
8	8 Breakdown of line 7								
	Excess from 2014								
	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
<u> </u>	Excess from 2018								

Part VI

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 İNSTITUTE OF POLISH		50.1	4.4.0.0.0
	JLTURE, INC.	Ottor Circitor Francisco		440908
Pa	rt I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on		Account	S.
	Complete il the organization answered Tes on	(a) Donor advised funds	(h) Funds and other accounts
	Total control of control of	(a) Donor advised funds	(0	7 Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year	the coasts hald in decreased word		
	Did the organization inform all donors and donor advisors in writing the			□ v ₌₌ □ N ₌
	funds are the organization's property, subject to the organization's exc	•		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in			
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose		☐ Yes ☐ No
D-	conferring impermissible private benefit?			Yes No
- Fa	rt II Conservation Easements. Complete if the organization answered "Yes" on	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	k all that apply)		
	Preservation of land for public use (e g , recreation or education)	Preservation of a historically imp	ortant land	area
	Protection of natural habitat	Preservation of a certified historic	c structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	F	·
	easement on the last day of the tax year		<u> </u>	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 inc	cluded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25	/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the organiza	ition during	the
	tax year ▶	_		
	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mor	nitoring, 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 of	of violations, and enforcing conservation e	asements	during the year
	•			
7	Amount of expenses incurred in monitoring, inspecting, handling of vic	plations, and enforcing conservation easer	nents durir	ng the year
	> \$			
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i	1)	□ vaa □ Na
_	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
	In Part XIII, describe how the organization reports conservation easem balance sheet, and include, if applicable, the text of the footnote to the	•		ho
	organization's accounting for conservation easements	e organization s infancial statements that u	iescribes ti	
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar /	Assets.
* ***	Complete if the organization answered "Yes" on			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	not to report in its revenue statement and	balance sh	neet
	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 finance	cial statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t	to report in its revenue statement and bala	ance sheet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	
	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		•	\$
	If the organization received or held works of art, historical treasures, or	r other similar assets for financial gain, pro	ovide the	
	following amounts required to be reported under SFAS 116 (ASC 958)	- · · · · · · · · · · · · · · · · · · ·		
	removing amounts required to be reperted under extrement (rice ever)			
	Revenue included on Form 990, Part VIII, line 1	, g	•	\$

Schedule D (Form 990) 2018 AMERICA	N INSTITUTE	OF POI	LISH		<u>59-1</u>	<u>440908</u>		Page 2
Part III Organizations Maintain	ing Collections of	f Art, Histo	orical Trea	sures, d	or Othe	r Similar Ass	sets (continue	d)
3 Using the organization's acquisition, accelection items (check all that apply)	ssion, and other record	ls, check any	of the follow	ing that are	e a signifi	cant use of its		
a Public exhibition	d 🗌	Loan or exch	hange prograr	ms				
b Scholarly research	e 🗌	Other						
c Preservation for future generations								
4 Provide a description of the organization's	s collections and explain	n how they fu	urther the orga	anızatıon's	exempt _l	ourpose in Part		
XIII								
5 During the year, did the organization solid	it or receive donations	of art, historic	cal treasures,	or other s	imilar			
assets to be sold to raise funds rather that		part of the org	ganization's c	ollection?			Yes	No.
Part IV Escrow and Custodial A							1	
Complete if the organizat	ion answered "Yes	on Form	990, Part I'	V, line 9	, or rep	orted an amo	ount on Form	
990, Part X, line 21.				<u>.</u>				
1a Is the organization an agent, trustee, cust	odian or other intermed	diary for contr	ributions or ot	ther assets	s not			
ıncluded on Form 990, Part X?							Yes	No
b If "Yes," explain the arrangement in Part 2	Kill and complete the fo	ollowing table	:			(·	
							Amount	
c Beginning balance						1c		
d Additions during the year						1d		
 Distributions during the year 						1e		
f Ending balance						1f		
2a Did the organization include an amount of	n Form 990, Part X, line	e 21, for escre	ow or custodia	al account	t liability?		Yes	∐ No
b If "Yes," explain the arrangement in Part >	KIII Check here if the e	xplanation ha	as been provid	ded on Pa	rt XIII			
Part V Endowment Funds.					_			
Complete if the organizat	ion answered "Yes	" on Form					-	
	(a) Current year	(b) Prior	r year	(c) Two year	s back	(d) Three years b	oack (e) Four yea	ars back
1a Beginning of year balance								
b Contributions								
 Net investment earnings, gains, and 								
losses								
d Grants or scholarships	-							
e Other expenditures for facilities and								
programs		<u> </u>						
f Administrative expenses								
g End of year balance				<u> </u>				
2 Provide the estimated percentage of the	-	e (line 1g, co	olumn (a)) held	d as				
a Board designated or quasi-endowment								
	%							
c Temporarily restricted endowment ▶	%							
The percentages on lines 2a, 2b, and 2c								
3a Are there endowment funds not in the pos	ssession of the organiza	ation that are	held and adn	ministered	for the		[v.	
organization by							Ye	s No
(i) unrelated organizations							3a(i)	-
(ii) related organizations							3a(ii)	-
b If "Yes" on line 3a(ii), are the related orga							3b	
4 Describe in Part XIII the intended uses of		owment funds	<u>s</u>					
Part VI Land, Buildings, and Ed		" -	000 0-41	\	1- C	. Farm 000 F	Part V. lina 10	
Complete if the organizat					•			
Description of property	(a) Cost or other (investment)		(b) Cost or other (other)	basis		ccumulated preciation	(d) Book valu	Je
4 1 1	(investment)	<u>' </u>		000	de	preciation		000
1a Land	-		20	,000				,000
b Buildings	1 7	626		1		17 606		
c Leasehold improvements		,626				17,626 52,419		111
d Equipment	53	,829				52,418	 	.,411
e Other	et agual Facto 200 De l	4 V andrews 1	(D) less 40-1					411
Total. Add lines 1a through 1e (Column (d) mu	st equai ⊢orm 990, Par	τ Χ, column (i	ы), iine 10c)			>	<u> </u>	<u>,411</u>

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11b See Form 990,	Part X, line 12
	(a) Description of security or category	(b) Book value	(c) Method	of valuation
	(including name of security)		Cost or end-of-ye	ear market value
 Financial of 				
	eld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)		,		
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on			
	(a) Description of investment	(b) Book value	(c) Method o Cost or end-of-ye	
(1)				
(2)	<u> </u>			
(3)				
(4)				
(5)				
(6)				
(7)				<u>_</u>
(8)				
(9)			- · · · · · · · · · · · · · · · · · · ·	
	n (b) must equal Form 990, Part X, col. (B) line 13) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d See Form 990, I	Part X, line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)		·		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		<u>.</u>		
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities.	Form 990 Part IV line	e 11e or 11f. See Form	990, Part X,
	Complete if the organization answered "Yes" on	i omi 550, i artiv, iiik		
1	line 25			
	line 25 (a) Description of liability	(b) Book value		
(1) Federal	line 25			
(1) Federal	line 25 (a) Description of liability			
(1) Federal (2) (3)	line 25 (a) Description of liability			
(1) Federal (2) (3) (4)	line 25 (a) Description of liability			····
(1) Federal (2) (3) (4) (5)	line 25 (a) Description of liability			
(1) Federal (2) (3) (4) (5) (6)	line 25 (a) Description of liability			
(1) Federal (2) (3) (4) (5) (6) (7)	line 25 (a) Description of liability			
(2) (3) (4) (5) (6) (7) (8)	line 25 (a) Description of liability			
(1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	(a) Description of liability Income taxes			
(1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	line 25 (a) Description of liability	(b) Book value	nancial statements that some	orts the

Schedu	le D (Form 990) 20†8 AMERICAN INSTITUTE OF POLISH	59-14409	08	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a		
1 To	otal revenue, gains, and other support per audited financial statements		1	
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12			
a N	et unrealized gains (losses) on investments	2a		
b D	onated services and use of facilities	2b		
c R	ecoveries of prior year grants	2c		
d O	ther (Describe in Part XIII)	2d		
e A	dd lines 2a through 2d		2e	
3 S	ubtract line 2e from line 1		3	
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a		
b O	ther (Describe in Part XIII)	4b		
c A	dd lines 4a and 4b	-	4c	
5 To	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per	Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a		
1 To	otal expenses and losses per audited financial statements		1	
2 A	mounts included on line 1 but not on Form 990, Part IX, line 25		}	
a D	onated services and use of facilities	2a		
b P	rior year adjustments	2b		
c O	ther losses	2c		
d O	ther (Describe in Part XIII)	2d		
e A	dd lines 2a through 2d		2e	
3 S	ubtract line 2e from line 1		3	
4 A	mounts included on Form 990, Part IX, line 25, but not on line 1		'	
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a		
b 0	ther (Describe in Part XIII)	4b		
c A	dd lines 4a and 4b		4c	

Part XIII Supplemental Information.

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

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

.

Part XIII Supplemental Information (continued)

. . . .

Schedule D (Form 990) 2018

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, SCHEDULE (Form 990)

OMB No 1545-0047

▶ Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

|--|

lame of the organization	AMERICAN INSTITUTE OF POLISH CULTURE, INC.	E OF POLIS	H				₽ .C.	Employer identification number , 59 – 1440908	
Part 1 Gener	ᅵ둕	nd Assistance							
1 Does the organiza the selection criter 2 Describe in Part IV	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	e the amount of the g stance? monitoring the use of	grants or ass grant funds	istance, the grantees' in the United States	eligibility for the grant	s or assistance, and	_	X Yes	&
artii	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.	Domestic Organ at received more	izations and than \$5,000	and Domestic Go	I Domestic Governments. Complete if the organization Part II can be duplicated if additional space is needed	plete if the orga	nization answ eeded.	ered "Yes" on Form 9	90,
1 (a) Name ar	(a) Name and address of organization or government	(b) EIN		(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) POLISH AMERI	1) POLISH AMERICAN CLUB OF MIAMI			10,000				CULTURAL GRANT	-
2)									
3)									
4)				-					
2)									
(9									,
(2									
8)					,				
(6								-	
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table.	ent organizations liste line 1 table	d in the line	1 table				A A	

Schedule I (Form 990) (2018)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

59-1440908

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) (2018) 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 SCHOI	1 SCHOLARSHIPS	10	14,500			
2						•
3						
4						
5		,				-
9						
7						
Part IV	Supplemental Information. Provide the information		quired in Part I, line 2	; Part III, column (b)	required 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)

5 1 10 1

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

AMERICAN INSTITUTE OF POLISH CULTURE, INC.

Employer identification number

59-1440908

Form 990, Part III, Line 4d - All Other Accomplishments 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.