TACS INC PO BOX 77072 TRENTON, NJ 08628 (609) 818-1438 hnouri@cpa.com

July 1, 2020

POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC 208 EAST 30TH STREET NEW YORK, NY 10016

Dear Client,

Enclosed is the 2019 U.S. Form 990, Return of Organization Exempt from Income Tax, for POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC for the tax year ending December 31, 2019.

Your 2019 U.S. Form 990, Return of Organization Exempt from Income Tax, return will be electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

TACS INC

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

(Rev. January 2020) 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.

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

Open to Public Inspection

Inter	nal Reve	enue Service	t information.		Inspection				
Α	For the	e 2019 calen	dar year, or tax year beginning , 2019, and endir	ng	, 20				
в	Check if	f applicable:	C Name of organization POLISH INSTITUTE OF ARTS & SCIENCES OF	AMERICA INC	D Emple	oyer identification number			
	Address	s change	Doing business as		13-1524778				
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	none number			
	Initial re	turn	208 EAST 30TH STREET		(212)686-4164			
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	ed return	NEW YORK, NY 10016		G Gross	receipts \$ 752,118.			
	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a gro	up return fo	or subordinates? 🗌 Yes 🛛 No			
			BOZENA LEVEN, 2 HOLMES CT, BRIDGEWATER, NJ 088	307 H(b) Are all su	bordinat	es included? 🗌 Yes 🗌 No			
I	Tax-exe	empt status:	X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	lf "No," a	ttach a li	st. (see instructions)			
J	Website	e: 🕨 PIASA	ORG	H(c) Group ex	emption	number 🕨			
κ	Form of	organization: 🗙	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	ation: 1942	M State	of legal domicile: NY			
Ρ	art I	Summa	ry						
	1	Briefly des	cribe the organization's mission or most significant activities: PROV	IDE EDUCATI	ION A	BOUT POLAND			
S									
nan									
ven	2	Check this	box \blacktriangleright if the organization discontinued its operations or disposed	d of more than 2	25% of	its net assets.			
ő	3	Number of	voting members of the governing body (Part VI, line 1a)		3	16			
õ	4	Number of	independent voting members of the governing body (Part VI, line 1b)	4	16			
ties	5	Total numb	per of individuals employed in calendar year 2019 (Part V, line 2a)		5	2			
Activities & Governance	6	Total numb	per of volunteers (estimate if necessary)		6	2			
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0.			
	b	Net unrelat	ted business taxable income from Form 990-T, line 39		7b	0.			
				Prior Year		Current Year			
ē	8		ons and grants (Part VIII, line 1h)	75,	338.	666,187.			
Revenue	9	•	ervice revenue (Part VIII, line 2g)	33,	783.	83. 53,660.			
Sev.	10		t income (Part VIII, column (A), lines 3, 4, and 7d)	21,	577.	32,271.			
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.				
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	130,	698.	752,118.			
	13		similar amounts paid (Part IX, column (A), lines 1–3)		0.				
	14		aid to or for members (Part IX, column (A), line 4)		0.				
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	33,	619.	42,220.			
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)		0.				
ğ	b		aising expenses (Part IX, column (D), line 25) ►0.						
ш	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	100,	719.	150,150.			
	18	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	134,		192,370.			
	19	Revenue le	ess expenses. Subtract line 18 from line 12	-3,	640.	559,748.			
Net Assets or Fund Balances				Beginning of Curre		End of Year			
sets alan	20	Total asset	ts (Part X, line 16)	1,856,		2,414,614.			
ad B.	21		ties (Part X, line 26)	-	1,955. 1				
			or fund balances. Subtract line 21 from line 20	1,854,	711.	2,414,459.			
Pa	art II	Signatu	re Block						

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

				07/01/2020							
Sign	Signature of officer			Date							
Here	BOZENA LEVEN, EXECUTIVE	DIRECTOR									
	Type or print name and title		-								
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN						
Preparer	HOSSEIN NOURI	HOSSEIN NOURI	07/01/20	20 self-employed	P00005573						
Use Only	Firm's name ► TACS INC		I	486365							
Use Only	Firm's address ► PO BOX 77072, 1	1	Phone no. (609)818-1438								
May the IRS	May the IRS discuss this return with the preparer shown above? (see instructions)										
For Paperwo	For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 06/02/20 PRO Form 990 (2019)										

Form 99	0 (2019) Page 2
Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDE EDUCATION ABOUT POLAND AND IT'S CULTURE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$44,196. including grants of \$0.) (Revenue \$7,386.) PUBLISH POLISH QUARTERLY REVIEW
	(Code:) (Expenses \$11,751. including grants of \$0.) (Revenue \$14,545.) LIBRARY AND ARCHIVE SERVICES
4c	(Code:) (Expenses \$42,798. including grants of \$0.) (Revenue \$27,055.)
	ANNUAL MEETING
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 2,182. including grants of \$ 0.) (Revenue \$ 0.)
4e	Total program service expenses ► 100,927.

Form 99	0 (2019)		F	Page 3
Part	V 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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
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, Part III	5		×
6	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	×	
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	×	
с	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	104		
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		××
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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		×
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b 21	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

Form 99	0 (2019)		F	Page 4
Part	V 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 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
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? <i>If "Yes," complete Schedule J</i> .	23		×
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	04-		~
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		
b c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	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		×
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? <i>If "Yes," complete Schedule L, Part I</i> .	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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? <i>If "Yes," complete Schedule R, Part I</i>	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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 related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
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	×	
Part				
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable113Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable10		103	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	

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Part	V 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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	00		
6a	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 gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
U	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	154		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	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.			

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Secti	on 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 <u>16</u> 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 16			
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		×
3 4 5	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	3 4 5		× × ×
6	Did the organization have members or stockholders?	6	×	
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	×	
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
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	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
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		×
13	Did the organization have a written whistleblower policy?	13	×	
14 15	Did the organization have a written document retention and destruction policy?	14	×	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
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		×
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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright <u>NY</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Y Upon request Other (explain on Schedule O)	Г (Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	t inter	rest p	olicy,

- 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 records ►
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC , 208 EAST 30TH STREET, NEW YORK, NY 10016 (212)686-4164

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

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.

See instructions for the order in which to list the persons above.

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 hours for related organizations below dotted line)	er np ect		Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) BOZENA LEVEN EXECUTIVE DIRECTOR	30.00	×		×		3,600.	0.	0.
(2) KRZYSZTOF BLEDOWSKI TREASURER	5.00	×		×		0.	0.	0.
(3) NEAL PEASE VICE PRESIDENT	5.00	×		×		0.	0.	0.
(4) RENATA C VICREY SECRETARY	5.00	×		×		0.	0.	0.
(5) ROBERT BLOBAUM PRESIDENT	5.00			×		0.	0.	0.
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
	!	!			 · · · · ·	!	!	Farm 000 (2010)

rari	VII Section A. Officers, Directors,	Trusiees,					5, an	ur	iignest compe	IISaleu	Emplo	yees (C	Jonui	lueu
						C) ition								
	(A)	(B)	(do r	iot ch			e than o	one	(D)	(E)			(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Report		Estima		ount
		hours per week	office	er and	1	lirect	or/trus	·	compensation from the	compen from re			other bensati	on
		(list any	or o	Ins	Officer	Fe	Hig em	Former	organization	organiza			om the	011
		hours for	Individual t or director	l ti	icer	Key employee	ploy	me.	(W-2/1099-MISC)	(W-2/1099	9-MISC)	organi		
		related	cto	lion)	du	st co yee	Ĩ				related o	organiz	ations
		organizations below	l t	alt		oye	mp							
		dotted line)	Individual trustee or director	Institutional trustee		e	Dens							
			Û	tee			Highest compensated employee							
(15)							ä							
(,														
16)		+	-											
(17)														
(18)			-											
(19)														
(20)		+	-											
(21)														
(00)														
(22)		+	-			ľ								
(23)														
(24)								-						
(47)		+												
(25)														
1b	Subtotal								3,600.		0.			0
c	Total from continuation sheets to Part								5,000.		0.			0
d	Total (add lines 1b and 1c)								3,600.		0.			0
2	Total number of individuals (including bu							e) w	ho received mor	e than \$1	00,000	of		
	reportable compensation from the organ	ization 🕨					0							
													Yes	No
3	Did the organization list any former	officer dire	ector	tru	ster	≏ k	ev e	mnl	lovee or highes	t compe	ensated			
U	employee on line 1a? If "Yes," complete							-			noutou	3		×
4	For any individual listed on line 1a, is the										· ·			~
4	organization and related organizations													
	individual	greater th	απ φ	150,	000		i ie	з,	complete Schet		n such	4		~
_			• •	•			•	• •			· · ·			×
5	Did any person listed on line 1a receive of for services rendered to the organization									ion or inc		5		×
Secti	on B. Independent Contractors	, -	- 1-						I			-		
1	Complete this table for your five high compensation from the organization. Rep													
	compensation from the organization. Rep	on compen	ISALIU		LITE	, ca	ienua	i ye	ear ending with or (B)		e organ	(C)	s idX	year
	Name and business add	dress							Description of serv	vices		Compens	ation	
								-						

2	Total number	of	independent	contractors	(including	but	not	limited	to	those	listed	above)	who
	received more	tha	an \$100,000 of	^c compensation	on from the	orga	aniza	tion 🕨					

Form 990 (2019)

	90 (201	,					Page 9
Part	: VIII	Statement of Revenue					
		Check if Schedule O contains a respo	nse or note to an	ly line in this Pa	art VIII....		· · · · □
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns 1a					
ran	b	Membership dues	20,878.				
Ū, Ū	С	Fundraising events 1c					
ifts ar A	d	· · · · · · · · · · · · · · · · · · ·					
s, G	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f	645,309.				
ontrib nd Otl	g	Noncash contributions included in lines 1a–1f					
a C	h	Total. Add lines 1a-1f		666,187.			
			Business Code				
/ice	2a	ANNUAL MEETING	900099	27,055.	27,055.	0.	0.
ue ue	b	POLISH REVIEW	900099	7,386.	7,386.	0.	0.
Program Service Revenue	C	CAPITAL GAIN SALE OF INVESTMENT	900001	4,674.	4,674.	0.	0.
	d e	BOOK SALES	900001 900099	0. 14,545.	0. 14,545.	0.	0.
ŗõ	f	All other program service revenue	900099	14,545.	14,545.	0.	0.
L	g	Total. Add lines 2a–2f		53,660.			
	3	Investment income (including dividence		55,000.			
	•	other similar amounts)		32,271.	0.	0.	32,271.
	4	Income from investment of tax-exempt b					<u>.</u>
	5	Royalties <u></u>	🕨				
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a					
e	h	Less: cost or other basis					
venu		and sales expenses . 7b					
Be	لہ اہ	Gain or (loss)					
Other Reve	d						
đ	8a	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	с	Net income or (loss) from fundraising ev	ents 🕨				
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	с	Net income or (loss) from gaming activit	ies 🕨				
	10a	Gross sales of inventory, less					
		returns and allowances 10 a					
		Less: cost of goods sold 10 k					
	С	Net income or (loss) from sales of invent	-				
sno	44-		Business Code				
nec	11a b						<u> </u>
scellaneo Revenue	b						<u> </u>
Miscellaneous Revenue	c d	All other revenue					
Ē	e	Total. Add lines 11a–11d					
	12	Total revenue. See instructions		752,118.	53,660.	0.	32,271.

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses **(B)** Program service expenses (C) Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 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 3,600. 247. 3,353. 0. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 36,128. 18,064. 18,064. Ο. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 2,492. 1,246. 1,246. Ο. 11 Fees for services (nonemployees): Management а Legal b С Accounting 4,725 2,362 2,363. 0. d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees 0. 340. 0. 340. f Other, (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) Ο. 1,700. 116. 1,584. 12 Advertising and promotion 892. 446. 446. 0. 13 Office expenses 2,287. 157. 2,130. Ο. Information technology 14 15 Royalties Occupancy 16 Travel 9,093. 623. 8,470. 17 0. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest 21 Payments to affiliates 18,371. 1,258. 17,113. 22 Depreciation, depletion, and amortization . 0. 0. 23 16,805. 1,151. 15,654. Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.) 0. PUBLISHING COSTS-POLISH REVIEW 32,205. 32,205. 0. а ANNUAL MEETING COSTS 24,705. 24,705. 0. 0. b CONFERENCE, CONVENTION 0. С 8,854. 8,854. 0. d UTILITIES 9,742. 667. 9,075. 0. All other expenses 20,431. 8,826. 11,605. Ο. е 25 Total functional expenses. Add lines 1 through 24e 192,370. 100,927. 91,443. Ο. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2019)

Part X Balance Sheet Check if Schedule C contains a response or note to any line in this Part X (h) (b) (c) I Cash—non-interest-bearing 68,598.1 108,191.2 108,191.2 2 Savings and temporary cash investments 253,619.2 160,507.3 3 Pickges and grants receivable, net 4 4 Accounts receivable, net 4 5 Loans and other receivables from any ourrent or former officer, director, trustee, key employse, creator or founder, substantial contributor, or 35% controlled antity or family member of any of these persons. 5 6 Loans and other receivables from other disguilfied persons (as defined under section 4958()(1), and persons described in section 4958()(3)(B) 7 7 Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 9 10 Land, buildings, and equipment: cost or other 100 1.455,295. 11 Investments—porgram-related. See Part IV, line 11 1.455,295. 11 12 Investments—porgram-related. See Part IV, line 11 4.860.666.6 16 2,414,614.1 13 Investments—porgram-related. See Part IV, line 11 4.856,666.1 16 2,		n 990 (2	,			Page 11
(A) Beginning of year (B) 1 Cash—non-interest-bearing	P	art X				
1 Cash—mon-interest-bearing 68, 598 1 108, 191. 2 Savings and temporary cash investments 253, 619. 2 160, 507. 3 Pedges and grants receivable, net 4 3 3 4 Accounts receivable, net 4 4 4 5 Loans and other receivables from only current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 5 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1)), and persons described in section 4958(c)(3)(B). 6 6 7 Notes and loans receivable, net 7 7 7 9 Prepaid expenses and deferred charges 9 9 10a 1, 455, 296. 9 10a Lad, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1, 455, 296. 9 10a 1, 456, 296. 9 11 Investments – other securities. See Part IV, line 11 1, 456, 296. 11 1, 21, 240, 081. 11 12 Investments – other securities. See Part IV, line 11 1, 456, 666. 16 2, 414,			Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
2 Savings and temporary cash investments 253,619,2 160,507. 3 Pledges and grants receivable, net 3 4 4 Accounts receivables from any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4956(0(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a 1,455,296. 9 11 Investmentspublicly traded securities 10a 1,456,296. 11 Investmentspublicly traded securities 10a 1,456,296. 12 Investmentspublicly traded securities 11 11 13 Investmentspublicly traded securities 10a 1,456,296. 14 Intangible assets. 11 11 15 Investmentspublicly traded securities 11 11 16 Intangible assets. 11 12,240,081. 17 Total assets. Add lines 1 th		4	Cash non interact bearing		4	-
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11 Investments – publicly traded securities. 11 12 Investments – other securities. See Part IV, line 11 611,033. 12 1,240,081. 13 Investments – program-related. See Part IV, line 11 611,033. 12 1,240,081. 14 Intangible assets 14 13 14 15 Other assets. See Part IV, line 11 4,880. 15 5,670. 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,856,666. 16 2,414,614. 17 Accounts payable and accrued expenses 17 18 Grants payable. 18 19 20 Tax-exempt bond liabilities 20 21 22 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 Other liabilities not included on lines 17–24). Complete Part X of Schedule D 1,955. 25 155. <						
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14 Intangible assets 14 15 Other assets. See Part IV, line 11 4,880 15 5,670 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,856,666 16 2,414,614 17 Accounts payable and accrued expenses 17 18 Grants payable 17 18 Grants payable 18 19 20 12 Escrow or custodial account liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 1,955 25 155. 26 Total liabilities Add lines 17 through 25 1,955 26 155. 26 Total liabilities Add lines 17 through 25 1,955 26 155. 27 Ne				611,033.		1,240,081.
15 Other assets. See Part IV, line 11 4,880. 15 5,670. 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,856,666. 16 2,414,614. 17 Accounts payable and accrued expenses 17 18 19 2,414,614. 19 Deferred revenue 19 19 20 20 11 20 Tax-exempt bond liabilities 19 20 21 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 20 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 24 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 24 24 24 Unsecured notes and loans payable to unrelated third parties 1,955. 25 155. 26 Total liabilities. Add lines 17 through 25 1,955. 26 155. 26 Total liabilities. Add lines 17 through 25 1,955.						
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	ž	33			33	

REV 06/02/20 PRO

Form **990** (2019)

Part	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		52,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		92,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		59,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,85	54,7	11.
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,41	1 / /	50
Part	XII Financial Statements and Reporting		2,1.	L I , I	57.
	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 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O.	•			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled 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		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted 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 over				
	the audit, review, or compilation of its financial statements and selection of an independent accounta		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for				
	Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	3b		
	REV 06/02/20 PRO		Form	1 990	(2019)

SCHI	EDU	LE	Α	
(Form	990 (or 99	90-E	Z)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Name of the organization	۱
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2019	
Open to Public Inspection	

Name of the organization	Employer identification number
POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC	13-1524778
Part I Reason for Public Charity Status (All organizations must complete this p.	art.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only or	e box.)
1 A church, convention of churches, or association of churches described in section 17	0(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E2	Z).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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
- 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8
- 9 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:
- An organization that normally receives: (1) more than 33¹/₃% 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 331/3% 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 а 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.
 - 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, С 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) d 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 II. Type III. e functionally integrated, or Type III non-functionally integrated supporting organization.
 - f
 - Provide the following information about the supported organization(s). α

g i revide the fellewing information		<u> </u>	1			
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part IISupport 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.)

Secti	on A. Public Support	1 2			•	,	
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
•		78,040.	72,270.	114,180.	75,338.	666,187.	1,006,015.
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	78,040.	72,270.	114,180.	75,338.	666,187.	1,006,015.
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)						593,379.
6	Public support. Subtract line 5 from line 4						412,636.
-	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	78,040.	72,270.	114,180.	75,338.	666,187.	1,006,015.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
	similar sources	16,754.	18,579.	33,860.	32,110.	36,945.	138,248.
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						1,144,263.
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	199,279.
13	First five years. If the Form 990 is for the organization, check this box and stop he	re					
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6					14	36.06%
15	Public support percentage from 2018 Sch					15	53.68 %
16a	33 ¹ / ₃ % support test-2019. If the organization gua						
b	box and stop here. The organization qua 33 ¹ / ₃ % support test - 2018. If the organi	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	nore, check
4-	this box and stop here. The organization						
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organi	eck this box a zation qualifies	and stop here s as a publicly	. Explain in supported
b	10%-facts-and-circumstances test — 26 15 is 10% or more, and if the organization resupported organization	ation meets th neets the "fact	e "facts-and-c ts-and-circums	circumstances' stances" test.	' test, check † The organizati	this box and on qualifies as	stop here. a publicly
18	Private foundation. If the organization di						
	instructions				· ·		
							0 or 990-EZ) 2019

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ū	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4							
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b				·		
8	Public support. (Subtract line 7c from						
Ŭ	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(4) 2010	(5) 2010	(0) 2011	(4) 2010	(0) 2010	
10a	Gross income from interest, dividends,						
104	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
h							
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sect	tion 501(c)(3)
	organization, check this box and stop he	re					🕨 🗖
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8	B, column (f), d	ivided by line ⁻	13, column (f))		15	%
16	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2018			-		18	%
19a	33 ¹ / ₃ % support tests – 2019. If the organ						
	17 is not more than $33^{1/3}$ %, check this box						
b	33 ¹ / ₃ % support tests — 2018. If the organiz		-			-	
5	line 18 is not more than 33 ¹ / ₃ %, check this						
20	Private foundation. If the organization di		-				
20	rivate roundation. If the organization di			, isa, ui 190, (and see Inst	

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 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.
- 2 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- **b** 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.
- **c** 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.
- **b** 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.
- **c** 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).
- **b 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?
- 6 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 (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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** 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.*
- **b** 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.*
- **c** 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.*
 - **b** 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

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- а Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trus	t on Nov. 20, 1970 (explair	n in Part VI). See		
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
		(B) Current Year		

A) Prior Year	(B) Current Year (optional)
	Current Year
	A) Prior Year

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

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)	3) Supporting Organi	zations (continued)	Page
	ion D-Distributions	of eupporting organi		Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
<u>о</u> а	Excess from 2015			
a b	Excess from 2016			
<u>с</u>				
d	Excess from 2017 Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

5

- --

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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.)

Sch	edu	ıle	В
(Form	990.	990	-EZ

Department of the Treasury

or 990-PF)

OMB No. 1545-0047

Attach to F	orm 990, Form	1 990-EZ, o	r Form 990-P	F.
Go to www.i	rs.gov/Form99	0 for the la	itest informati	on

2019

Internal Revenue Service				
Name of the organization			Employer ider	tification number
POLISH INSTITUTE	OF ARTS & SCIENCES OF AMERI	CA INC	13-15247	78
Organization type (check	one):			
Filers of:	Section:			
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) or	ganization		
	4947(a)(1) nonexempt charitable tr	rust not treated as a private f	oundation	
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation	ท		
	4947(a)(1) nonexempt charitable tr	rust treated as a private found	dation	
	501(c)(3) taxable private foundatio	n		

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

□ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X REV 06/02/20 PRO Name of organization

Employer identification number

13-1524778

POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Dr. Susanne S. Lotarski 8101 Connecticut Ave., Apt S610 Chevy Chase MD 20815	\$ <u>593,379.</u>	PersonImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

13-1524778

POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

	Form 990, 990-EZ, or 990-PF) (2019)			Page 4					
Name of org				Employer identification number					
	INSTITUTE OF ARTS & SCIENC			13-1524778					
Part III	(10) that total more than \$1,000 f the following line entry. For organiz contributions of \$1,000 or less for	or the year from any zations completing Pa the year. (Enter this in	one contributor. rt III, enter the tota formation once. S	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and al of <i>exclusively</i> religious, charitable, etc., See instructions.)					
(a) N a	Use duplicate copies of Part III if a	dditional space is nee	ded.						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
			fer of gift						
	Transferee's name, address,	and ZIP + 4		nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Trans	fer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Trans	fer of gift						
_	Transferee's name, address,			nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Trans	fer of gift						
	Transferee's name, address,	and ZIP + 4	Relatio	ationship of transferor to transferee					

SCHEDULE D (Form 990)		Complete if the org	al Financial Statements anization answered "Yes" on Form 990,		OMB No. 1545-0047
Department of the Treasury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990. 190 for instructions and the latest inforn	Open to Public Inspection	
Name	of the organization			Employer identif	cation number
POL	ISH INSTIT	UTE OF ARTS & SCIENCES OF	AMERICA INC	13-1524778	
-		izations Maintaining Donor Advi			
	Compl	ete if the organization answered "	Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds	and other accounts
1	Total number	at end of year			
2	Aggregate val	ue of contributions to (during year) .			
3	Aggregate val	ue of grants from (during year)			
4	Aggregate val	ue at end of year			
5		ization inform all donors and donor a organization's property, subject to the			
6		ization inform all grantees, donors, ar			
	-	able purposes and not for the benefit			·
Der					· Ves No
Par		ervation Easements.			
		ete if the organization answered "			
1		conservation easements held by the c		af a biatavia alluri	
		n of land for public use (for example, recreation of natural habitat		•	•
				Ji a certilleu fiis	one structure
0		on of open space	d a qualified concernation contributio	n in the form of	a concernation
2		s 2a through 2d if the organization hel the last day of the tax year.	d a qualified conservation contributio		a conservation
а		of conservation easements		2a	
b		restricted by conservation easements	· · · · · · · · · · · · · · · · · · ·		
c	-	nservation easements on a certified hi		-	
d	Number of co	onservation easements included in (ure listed in the National Register			
3	Number of co tax year ►	nservation easements modified, trans	ferred, released, extinguished, or ter	minated by the	organization during the
4	Number of sta	ates where property subject to conserv	vation easement is located >		
5		anization have a written policy reg d enforcement of the conservation eas			ng of . 🗌 Yes 🗌 No
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcin	g conservation ea	asements during the year
7	Amount of exp ► \$	enses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation ea	sements during the year
8		nservation easement reported on line 2 70(h)(4)(B)(ii)?			
9	balance sheet	escribe how the organization reports co and include, if applicable, the text of accounting for conservation easemer	the footnote to the organization's fin	•	
Par	III Organ	izations Maintaining Collections	of Art, Historical Treasures, or	Other Similar	Assets.
	Compl	ete if the organization answered "	Yes" on Form 990, Part IV, line 8.		
1a	of art, historio	ation elected, as permitted under FAS cal treasures, or other similar assets de in Part XIII the text of the footnote t	held for public exhibition, education	n, or research ir	
b	art, historical to provide the fo (i) Revenue in (ii) Assets incl	ation elected, as permitted under FAS treasures, or other similar assets held llowing amounts relating to these item included on Form 990, Part VIII, line 1 uded in Form 990, Part X	for public exhibition, education, or re s:	search in furthe ► ►	rance of public service, \$ \$
2	If the organiz	ation received or held works of art,	historical treasures, or other similar	assets for fina	ncial gain, provide the
а		unts required to be reported under FA Ided on Form 990, Part VIII, line 1 .		►	\$

a	Revenue included on Form 990, Part VIII, line I	•	•	•	•	•	•		•		•	•	•		Ф
b	Assets included in Form 990, Part X													►	\$

BAA

Schedu	le D (Form 990) 2019								Page 2
Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Ot	her Similar A	ssets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		her recor	ds, check	any of the	e follov	ving that make	significant u	se of its
а	Public exhibition		d		or exchange	oroar	am		
b	Scholarly research		,						
c	Preservation for future generations		e						
4	Provide a description of the organiza		and evola	in how th	ov furthor t	the orc	anization's eve	ampt purpos	a in Part
	XIII.		-		-	-			
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							🗙 No
Part			. –	000 F		•			-
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on Fori	m 990, P	art IV, line	9, or	reported an a	mount on F	orm
1a	Is the organization an agent, trustee							not	
	included on Form 990, Part X?							. 🗌 Yes	No No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	ble:			-	
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou							•	
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the ex	planation	has been	provide	ed on Part XIII		
Par			"	- 000 D	aut IV / Una	10			
	Complete if the organization								
	De sienie en effere en la classe e	(a) Current year	(b) Pric	or year	(c) Two years	s back	(d) Three years ba	ick (e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year er	d balanc	e (line 1a,	column (a)) held	as:		
а	Board designated or quasi-endowme		%	(U		,			
b	Permanent endowment	%	-						
с	Term endowment ► %								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in th			zation that	t are held a	and ad	ministered for t	the	
	organization by:	•	U						es No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	l as requi	red on Scl	hedule R?			. 3b	
4	Describe in Part XIII the intended uses	s of the organization	on's endo	wment fu	nds.				
Part	VI Land, Buildings, and Equip								
	Complete if the organization	answered "Yes	" on For	n 990, P	art IV, line	e 11a.	See Form 990), Part X, lin	e 10.
	Description of property	(a) Cost or of (investm		• •	other basis her)		Accumulated epreciation	(d) Book v	alue
1a	Land		0.	65	50,000.			650	,000.
b	Buildings		0.	73	34,842.		484,677.		,165.
С	Leasehold improvements		0.		0.		0.		0.
d	Equipment		0.		1,456.		1,456.		0.
e	Other		0.	6	59,998.		69,998.		0.
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X	(, column	(B), line 10	c.) .		900	,165.

Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 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-year market value (1) Financial derivatives . . . (2) Closely held equity interests . (3) Other VANGUARD DOUBLELINE LOW DURATION BOND 115,572. Cost (A) VANGUARD OSTERWEIS STRATEGIC INCOME 40,579. Cost (B) VANGUARD ISHARE TRUST 50,577. Cost 50,404. Cost (C) VANGUARD VANECK VECTOR (D) VANGUARD INTER-TERM INV GRADE ADM 92,943. Cost 57,920. (E) VANGUARD EM MKT GOV BOND Cost 35,439. (F) VANGUARD REIT INDEX Cost (G) VANGUARD HIGH DIV YEILD INDX ADM 58,922. Cost (H)See Statement 737,725. Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 1,240,081 Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (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 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► . Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CREDIT CARDS 155 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ► 155.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedu	e D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		Return.
1	Total revenue, gains, and other support per audited financial statements	3	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	1
d	Other (Describe in Part XIII.)		1
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	
b	Other (Describe in Part XIII.)		1
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments		1
c	Other losses		1
d	Other (Describe in Part XIII.)		1
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		-
c			4c
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, li</i>		5
_	XIII Supplemental Information.		•
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4: Part IV lines 1b and 2b	. Part V line 4: Part X line
	: XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par		
Pt I	II, Line 4: POLISH ARTS AND PAINTINGS USED IN PER	MANENT DISPLAY	

Schedule D (Form 990) 2019 Page 5				

Additional information from your Schedule D: Supplemental Financial Statements

Schedule D: Supplemental Financial Statements Part VII: Investments - Other Securities.

Description	Book Value	Method Valuation
VANGUARD INTER-TERM CORP BOND	75,217.	Cost
VANGUARD FEDERAL MONEY MKT FUND	57,567.	Cost
VANGUARD SHORT-TERM CORP BOND IDX	153,400.	Cost
VANGUARD TOTAL STOCK MKT IDX	158,211.	Cost
VANGUARD WELLINGTON FUND ADMIRAL	148,690.	Cost
VANGUARD WELLINGTON INCOME FUND ADM	144,640.	Cost
Total	727 725	

Total 737,725.

Continuation Statement

SCHEDULE O Supplemental Information to Form 990 or 990-EZ (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.			OMB No. 1545-0047			
Department of the Treasury	Open to Public					
Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	Employer identifier	Inspection			
Name of the organization	'E OF ARTS & SCIENCES OF AMERICA INC	Employer identifica				
	MEMBERS ARE INVITED TO JOIN AFTER MEETING MINIMUM					
AND SCHOLARLY C	RITERIA.					
Pt VI, Line 7a:	ONE THIRD OF THE GOVERNING BODY IS ELECTED ANNUAL	Y BY THE RE	GULAR			
MEMBERS. VANDII	ATES ARE SELECTED BY THE NOMINATING COMMITTEE AND	EACH REGULA	R			
MEMBER MAY ALSO	MAKE A NOMINATION.					
Pt VI, Line 11k	: THE GOVERNING BODY MEETS TO REVIEW THE 990 FORM	BEFORE IT I	S			
FILED WITH THE	IRS.					
Pt VI, Line 18:	THE INFORMATION IS AVAILABLE FOR INSPECTION BY TH	E GENERAL P	UBLIC			
UPON REQUEST AN	D ON ORGANIZATION'S WEBSITE.					
Pt VI, Line 19:	EXPANATION OF GOVERNING DOCUMENTS, ETC, AVAILABLE	TO PUBLIC:				
THE INFORMATION	IS AVAILABLE FOR INSPECTION BY THE GENERAL PUBLIC	UPON REQUE	ST,			
ON ORGANIZATION	WEBIATE, AND MINUTES OF THE MEETINGS.					
Pt III, Line 4d	:					
Expenses: \$2,18	2 including grants of: \$0 Revenue: \$0					
Description:	LECTURE AND OTHER SCHOLARLY EVENTS					
Pt IX, Line 24e						
Description:	BANK SERVICE CHARGES					
Total: \$1,103	·					
Program servi	ces: \$0					
Management and general: \$1,103						
Fundraising: \$0						
Description:	Description: DUES AND SUBSCRIPTIONS					
Total: \$1,390						
Program services: \$95						
Management and general: \$1,295						

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page Employer identification number
POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC	13-1524778
Fundraising: \$0	
Description: EQUIPMENT RENTAL AND MAINTENANCE	
Total: \$901	
Program services: \$62	
Management and general: \$839	
Fundraising: \$0	
Description: MEALS	
Total: \$522	
Program services: \$36	
Management and general: \$486	
Fundraising: \$0	
Description: POSTAGE	
Total: \$2,421	
Program services: \$166	
Management and general: \$2,255	
Fundraising: \$0	
Description: REPAIR AND MAINTENANCE	
Total: \$3,791	
Program services: \$1,896	
Management and general: \$1,895	
Fundraising: \$0	
Description: SUPPLIES	
Total: \$2,453	
Program services: \$168	
Management and general: \$2,285	
Fundraising: \$0	
Description: TELEPHONE	

lame of the organization	Employer identification number
POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC	13-1524778
Total: \$2,894	
Program services: \$1,447	
Management and general: \$1,447	
Fundraising: \$0	
Description: ARCHIVE MAINTENANCE	
Total: \$1,341	
Program services: \$1,341	
Management and general: \$0	
Fundraising: \$0	
Description: BOOKS, SUBSCRIPTIONS AND REFERENCE	
Total: \$2,040	
Program services: \$2,040	
Management and general: \$0	
Fundraising: \$0	
Description: EXHIBITS AND LECTURES	
Total: \$585	
Program services: \$585	
Management and general: \$0	
Fundraising: \$0	
Description: LIBRARY MAINTENANCE	
Total: \$990	
Program services: \$990	
Management and general: \$0	
Fundraising: \$0	

Form 8879-E0	IRS <i>e-file</i> Signature Authorization for an Exempt Organization
	ior an Exempt organization

OMB No. 1545-1878

For calendar y	/ear 2019,	or fiscal y	ear beginning	1	,

2019, and ending ▶ Do not send to the IRS. Keep for your records.

19

Name of exempt	organizati	- - n
maine of exempt	Ulyanizan	ווכ

Department of the Treasury

Internal Revenue Service

Employer identification number

POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC Name and title of officer

13-1524778

BOZENA LEVEN, EXECUTIVE DIRECTOR

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

▶ Go to www.irs.gov/Form8879EO for the latest information.

1a	Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .	. 1	b	752,118.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	. 2	b	
3a	Form 1120-POL check here Figure b Total tax (Form 1120-POL, line 22)	. 3	b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	. 4	b	
5a	Form 8868 check here B Balance Due (Form 8868, line 3c)	. 5	b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

		to enter my PIN	0 8 8 0 7 as my signature
ERO firm name		_	Enter five numbers, but do not enter all zeros
	ERO firm name	ERO firm name	

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►	Date ► 07/01/2020
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	2 2 5 9 9 0 7 8 6 2 4
	Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ►

Date ► 07/01/2020

ERO Must Retain This Form – See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form. BAA

Form 8879-EO (2019)

Form 990 Part IX, Line 24e

Description

(B)

Program

Employer Identification No.

(D)

Fundraising

0.

13-1524778

(C)

Management

Name									
POLISH	INSTITUTE	OF	ARTS	&	SCIENCES	OF	AMERICA	INC	1

(A)

Total

services and general 0. 1,103. BANK SERVICE CHARGES 1,103. 0. 95. 0. DUES AND SUBSCRIPTIONS 1,390. 1,295. EQUIPMENT RENTAL AND MAINTENANCE 901. 62. 839. 0. 522. 0. MEALS 36. 486. 2,255. POSTAGE 2,421. 166. 0. 0. REPAIR AND MAINTENANCE 3,791. 1,896. 1,895. 2,453. 2,285. SUPPLIES 168. 0. TELEPHONE 2,894. 1,447. 1,447. 0. 0. ARCHIVE MAINTENANCE 1,341. Ο. 1,341. 2,040. 2,040. 0. 0. BOOKS, SUBSCRIPTIONS AND REFERENCE 0. EXHIBITS AND LECTURES 585. 585. 0. LIBRARY MAINTENANCE 990. 990. 0. 0. Total to Form 990, Part IX,

20,431.

8,826.

11,605.

line 24e

Additional information from your 2019 Federal Exempt Tax Return

Schedule A: Public Charity Status and Public Support Gross Receipts

Gross Receipts		Itemization Statement
	Description	Amount
2015		42,854.
2016		38,044.
2017		46,145.
2018		23,250.
2019		48,986.
	Т	otal 199,279.

CHAR500

1. General Informatio	n			
For Fiscal Year Beginning (mm/dd/yyyy)		nd Ending (mm/dd/yyy	
Check if Applicable:	Name of Organization POLISH INSTITUTE	n: OF ARTS & SCIENCES O	F AMERICA INC	Imployer Identification Number (EIN): 1 3 1 5 2 4 7 7 8
Name Change Initial Filing	Mailing Address: 208 EAST 30TH STI	REET		NY Registration Number: 0 6 - 3 9 - 3 7
Final Filing Amended Filing	City / State / Zip: NEW YORK, NY 100)16		Telephone: 212-686-6164
Reg ID Pending	Website: PIASA.ORG			Email: PIASANY@VERIZON.NET
Check your organization's registration category:	7A only EF	TL only 🔀 DUAL (7A &	EPTL) 🗌 EXEMPT*	Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com.</u>
2. Certification See instructions for certification signatories.	requirements. Improp	er certification is a violatic	on of law that may be subj	ect to penalties. The certification requires two
			ing all attachments, and to ws of the State of New Yorl	the best of our knowledge and bellef, k applicable to this report.
		BOZ	ENA LEVEN, EXECUTIVE	DIRECTOR 07012020
President or Authorized Officer	r: <u>Signature</u>		Print Name	and Title Date
		KRZ	SZTOF BLEDOWSKI, TR	EASURER 07012020
Chief Financial Officer or Treasu			Print Name	and Title Date
3. Annual Reporting E	xemption			
categories (DUAL filers) that app	ly to your registration, cannot claim an exem	complete only parts 1, 2, a	and 3, and submit the cert	category (7A or EPTL only filers) or both ified Char500. No fee, schedules, or additional otion, you must file applicable schedules and
	l: Total contributions fr id not engage a profes	om NY State including res sional fund raiser (PFR) or	idents, foundations, gove fund raising counsel (FRC	rnment agencies, etc. did not exceed \$25,000) to solicit contributions during the fiscal year.
3b. EPTI, filing exempti fiscal year.	<u>on</u> : Gross receipts did r	not exceed \$25,000 and th	ne market value of assets o	lid not exceed \$25,000 at any time during the
4. Schedules and Atta	achments			
See the following page for a checklist of Schedules and attachments to complete your filing.	fund raising	activity in NY State? If ye		ising counsel or commercial co-venturer for nplete Schedule 4b.
5. Fee				
next page to calculate your	A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order payable to: <u>"Department of Law"</u>

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

"The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

Annual Filing Checklist

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- [X] IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- S25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- 50, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- S250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov <u>Is my Registration Category 7A, EPTL, DUAL or EXEMPT?</u> Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activites for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS From 990 Part I, line 22 - IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between
- Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

	000
orm	330

Department of the Treasury

F

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2019

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev. January 2020)

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

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

Internal Revenue Service Inspection For the 2019 calendar year, or tax year beginning , 2019, and ending Α , 20 C Name of organization POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC Check if applicable: D Employer identification number R Address change Doing business as 13-1524778 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 208 EAST 30TH STREET (212)686-4164 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10016 **G** Gross receipts \$ 752,118. Amended return H(a) Is this a group return for subordinates? See X No Application pending F Name and address of principal officer: BOZENA LEVEN, 2 HOLMES CT, BRIDGEWATER, NJ 08807 H(b) Are all subordinates included? Yes No Tax-exempt status: **X** 501(c)(3) 4947(a)(1) or 527 If "No," attach a list. (see instructions) 501(c) () < (insert no.) J Website: ► PIASA.ORG H(c) Group exemption number > Form of organization: 🗙 Corporation 🗌 Trust 🗌 Association Other ► 1942 M State of legal domicile: NY κ L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE EDUCATION ABOUT POLAND 1 Activities & Governance Check this box \blacktriangleright if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 16 . 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 2 6 6 2 Total unrelated business revenue from Part VIII. column (C), line 12 7a 7a 0. Net unrelated business taxable income from Form 990-T, line 39 h 7b 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) <u>666</u>,187. 8 75,338. Revenue 9 Program service revenue (Part VIII, line 2g) 33,783. 53,660. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21,577. 32,271. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 0. 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 130,698 752,118. 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) . . . 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 33,619 42,220. Expenses Professional fundraising fees (Part IX, column (A), line 11e) 16a 0. Total fundraising expenses (Part IX, column (D), line 25) b 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 100,719. 150,150. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 134,338. 192,370. Revenue less expenses. Subtract line 18 from line 12 19 -3,640. 559,748. t Assets or d Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1,856,666. 2,414,614. . . . 21 Total liabilities (Part X, line 26) . 1,955. 155. Ret 22 Net assets or fund balances. Subtract line 21 from line 20 1,854,711. 2,414,459.

Signature Block Part II

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

				07/01/2020							
Sign	Signature of officer		Γ	Date							
Here	BOZENA LEVEN, EXECUTIVE	DIRECTOR									
	Type or print name and title										
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗌 if	PTIN						
Preparer	HOSSEIN NOURI	07/01/20	P00005573								
Use Only	Firm's name ► TACS INC	Fi	Firm's EIN ► 22-3486365								
	Firm's address ► PO BOX 77072, T	PI	Phone no. (609)818-1438								
May the IRS	discuss this return with the preparer s	shown above? (see instructions)			🗙 Yes 🗌 No						
For Paperwo	For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 06/02/20 PRO Form 990 (2019)										

Form 99	0 (2019)		Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Pa	art III	🛛
1	Briefly describe the organization's mission:		
	PROVIDE EDUCATION ABOUT POLAND AND IT'S CULTURE		
2	Did the organization undertake any significant program services during the ye	ar which were not listed on	 the
-	prior Form 990 or 990-EZ?		. 🗌 Yes 🗵 No
3	Did the organization cease conducting, or make significant changes in h services?	ow it conducts, any progr	am . 🗌 Yes 🗵 No
4	Describe the organization's program service accomplishments for each of its expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 44,196. including grants of \$	0 .) (Revenue \$	7,386.)
	PUBLISH POLISH QUARTERLY REVIEW		
4b	(Code:) (Expenses \$11,751. including grants of \$ LIBRARY AND ARCHIVE SERVICES		
4c	(Code:) (Expenses \$42,798. including grants of \$ ANNUAL MEETING	<u>0 . </u>) (Revenue \$	<u>27,055.</u>)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 2,182. including grants of \$ 0.) (Revenue \$	\$0.)	
4e	Total program service expenses ► 100,927.		

Form 99	0 (2019)		F	Page 3
Part	V 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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
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, Part III	5		×
6	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? <i>If "Yes," complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	×	
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	×	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	L
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes," and <i>if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		×
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		×
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

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Part	V 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 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
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? <i>If "Yes," complete Schedule J</i>	23		×
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	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 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		×
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? <i>If "Yes," complete Schedule L, Part I</i> .	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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? <i>If "Yes," complete Schedule R, Part I.</i>	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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 related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
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	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Day 2 of Form 1006. Enter 0, if not applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the exemption complex with backup wi			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	
		-		(2019)
		1 011		(2013)

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Part	V 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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
0a	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 gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ũ	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	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.			_

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	struc	tions.
Casti	Check if Schedule O contains a response or note to any line in this Part VI	<u>· ·</u>		X
Secu	ion 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 <u>16</u> 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 on Schedule O.	5	163	
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	5		
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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	
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	×	
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	,	
10-	Did the exception have least chanters, branches, or effiliates?	100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	××	
b		120	~	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	×
13	Did the organization have a written whistleblower policy?	13	×	
14 15	Did the organization have a written document retention and destruction policy?	14	×	
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		~
a	The organization's CEO, Executive Director, or top management official	15a 15b		×
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150		×
160				
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		×
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			
<u></u>	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires on propriation to make its Forma 1022 (1024 or 1024 A, it applicable) 000, and 000			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	·		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict (of into	rest n	olicy

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records ► POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC, 208 EAST 30TH STREET, NEW YORK, NY 10016 (212)686-4164

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

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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	C)					
(A)	(B)	(d.a. m	at ak		ition	a than a		(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours per week		officer and a director/trustee					compensation from the	compensation from related	of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) BOZENA LEVEN	30.00	-								
EXECUTIVE DIRECTOR		×		×				3,600.	0.	0.
(2) KRZYSZTOF BLEDOWSKI TREASURER	5.00	×		×				0.	0.	0.
(3) NEAL PEASE	5.00									
VICE PRESIDENT		×		×				0.	0.	0.
(4) RENATA C VICREY	5.00									
SECRETARY		×		×				0.	0.	0.
(5) ROBERT BLOBAUM	5.00	-								
PRESIDENT				×				0.	0.	0.
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
	<u> </u>		I		L	L		<u> </u>	<u> </u>	– – – – – – – – – –

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Part	VII Section A. Officers, Directors, 1	Frustees,	Key	Em	ploy	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (c	continue	:d)
					•	C)								
	(A)	(B)	(do r	not ch		ition	e than o	ne	(D)	(E))		(F)	
	Name and title	Average					is both		Reportable	Report			ed amoun	t
		hours per week		1		-	or/trust	ŕ	compensation from the	compen from re		-	other ensation	
		(list any	Individual trustee or director	Inst	Officer	Key	High	Former	organization	organiza	ations	fro	om the	
		hours for related	lirec	ituti	cer	Key employee	nest	ner	(W-2/1099-MISC)	(W-2/1099	9-MISC)		zation and rganizatio	
		organizations	tor al	onal		ploy	e on					related c	gamzatio	15
		below dotted line)	uste	Institutional trustee		ee	Iper							
		dotted line)	ď	stee			Highest compensated employee							
(å							
(15)		+	-											
(4.0)														
(10)		+	-											
(17)														
<u>(17)</u>		+	1											
(18)														
(10)		+	1											
(19)														
<u>(</u>		+	1											
(20)														
<u></u>		+	1											
(21)														
<u></u>			1											
(22)														
			1											
(23)														_
			1											
(24)														
(25)														
1b	Subtotal			•	•	•			3,600.		0.		(0.
C	Total from continuation sheets to Part					•								
d	Total (add lines 1b and 1c)								3,600.		0.		(0.
2	Total number of individuals (including bu		d to th	nose	e list	ted	above	e) w	ho received mor	e than \$1	00,000	of		
	reportable compensation from the organ	zation >					0						<u>x</u>	
-													Yes N	0
3	Did the organization list any former of							mpl	loyee, or highes	st compe	ensated			
	employee on line 1a? If "Yes," complete							• •			· ·	3	,	×
4	For any individual listed on line 1a, is the organization and related organizations													
	individual	greater th	anφ	150,	,000) : 1	i ie	5,	complete Sched	uie J ic	or such	4		×
5	Did any person listed on line 1a receive of	· · · · ·	 	nea	tion	fro	m anv	 	related organizat	tion or in	 dividual			Ì
5	for services rendered to the organization											5		×
Secti	on B. Independent Contractors		Joinpi	010	00/	iout								<u> </u>
1	Complete this table for your five high	lest comp	ensat	ed	inde	ene	ndent	00	ontractors that r	eceived	more t	han \$1	00 000	of
•	compensation from the organization. Rep												,	
	(A)							<u> </u>	(B)			(C)		
	Name and business add	lress							Description of serv	vices	(Compens	ation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of Revenue

Part	. VIII	Statement of Revenue Check if Schedule O contains a response or	note to an	/ line in this Pa	rt \/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns 1a					
ran un	b	Membership dues 1b	20,878.				
, G	с	Fundraising events 1c					
ifts ar A	d	Related organizations 1d					
s, G nila	е	Government grants (contributions) 1e					
ons	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts			45,309.				
ot	g	Noncash contributions included in					
Con	_	lines 1a–1f		666 107			
0	h	Total. Add lines 1a–1f	►	666,187.			
e	20	ANNUAL MEETING 9000		27,055.	27 055	0.	0
Program Service Revenue	2a b	POLISH REVIEW 9000		7,386.	27,055. 7,386.	0.	0.
jram Ser Revenue	c b	CAPITAL GAIN 9000		4,674.	4,674.	0.	0.
ver Ver	d	SALE OF INVESTMENT 9000		4,0/4.	<u> </u>	0.	0.
gra Re	e	BOOK SALES 9000		14,545.	14,545.	0.	0.
ro	f	All other program service revenue		11,515.	11,515.		
ш	g	Total. Add lines 2a–2f .	🕨	53,660.			
	3	Investment income (including dividends, inte		,			
		other similar amounts)	· ·	32,271.	0.	0.	32,271.
	4	Income from investment of tax-exempt bond pro	-				
	5	Royalties	🕨 🗍				
		(i) Real (ii)	Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	🕨				
	7a		ii) Other				
		sales of assets					
		other than inventory 7a					
evenue	b	Less: cost or other basis					
ver		and sales expenses . 7b					
	- I	Gain or (loss) 7c					
Other R	d	Net gain or (loss)	🕨				
đ	oa	events (not including \$					
-		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events	🕨				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	с	Net income or (loss) from gaming activities .	🕨				
	10a	, , , , , , , , , , , , , , , , , , ,					
		returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory .					
sn		Busi	ness Code				
neo	11a						
lan en	b						
scellanec Revenue	C.	All 1					
Miscellaneous Revenue	d						
-	e	Total. Add lines 11a–11d			F2 660		20.001
	12	Total revenue. See instructions	🏲	752,118.	53,660.	0.	32,271.

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) (C) Management and general expenses Program service expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 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 3,600. 247. 3,353. 0. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 36,128. 18,064. 18,064. Ο. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 2,492. 1,246. 1,246. Ο. 11 Fees for services (nonemployees): Management а Legal b С Accounting 4,725. 2,362. 2,363. 0. d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees 0. 340. 340. f 0. Other, (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) Ο. 1,700. 116. 1,584. 12 Advertising and promotion 892. 446. 446. 0. 13 2,287. 157. 2,130. Office expenses Ο. Information technology 14 15 Royalties Occupancy 16 Travel 9,093. 623. 8,470. 17 0. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest 21 Payments to affiliates 18,371. 1,258. 17,113. 22 Depreciation, depletion, and amortization . 0. 0. 23 16,805. 1,151. 15,654. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.) 0. PUBLISHING COSTS-POLISH REVIEW 32,205. 32,205. 0. а ANNUAL MEETING COSTS 24,705. 24,705. 0. 0. b CONFERENCE, CONVENTION 0. С 8,854. 8,854. 0. d UTILITIES 9,742. 9,075. 0. 667. All other expenses 20,431. 8,826. 11,605. Ο. е 25 Total functional expenses. Add lines 1 through 24e 192,370. 100,927. 91,443. 0. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) I Cash—non-interest-bearing 63, 593. 1 108, 191. 2 Savings and temporary cash investments 253, 619. 2 106, 507. 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 4 5 1 Cash and other receivables from any current or former officer, director, trustee, kay amployae, creator of founder, substantial contributor, or 35% 5 6 Loans and other receivables from other disqualified persons (as defined under section 4956(c)(3)(B) 6 6 7 Notes and loans receivable, net 7 7 8 Investments or use 8 9 10a Land, 456, 296. 9 10 11a Investments – other securities. See Part IV, line 11 11 11 13 Investments – other securities. See Part IV, line 11 13 14 14 Intargible assets. Add lines 1 through 15 (must equal line 33) 11, 856, 656. 16 2, 414, 614. 14 Intargible assets. Add lines 1 through 15 (must equal line 33) 1, 856, 656.		n 990 (20	,			Page 11
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and complete lines 27, 28, 32, and 33. 27 27 Net assets without donor restrictions 27 28 Organizations that do not follow FASB ASC 958, check here ► X 28 0rganizations that do not follow FASB ASC 958, check here ► X 29 29 Capital stock or trust principal, or current funds 0. 29 30 Paid-in or capital surplus, or land, building, or equipment fund 0. 30 31 Retained earnings, endowment, accumulated income, or other funds 1,854,711. 31 2,414,459. 32 Total net assets or fund balances 1,854,711. 32 2,414,459.		26	Total liabilities. Add lines 17 through 25	1,955.	26	155.
27 Net assets without donor restrictions 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here ► X 28 and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 0. 29 30 Paid-in or capital surplus, or land, building, or equipment fund 0. 30 31 Retained earnings, endowment, accumulated income, or other funds 1,854,711. 31 2,414,459. 32 Total net assets or fund balances 1,854,711. 32 2,414,459. 33 Total liabilities and net assets/fund balances 1,856,666. 33 2,414,614.	nces					
B 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 0. 29 29 Paid-in or capital surplus, or land, building, or equipment fund 0. 30 31 Retained earnings, endowment, accumulated income, or other funds 1,854,711. 31 2,414,459. 32 Total net assets or fund balances 1,854,711. 32 2,414,459. 33 Total liabilities and net assets/fund balances 1,856,666. 33 2,414,614.	alai	27			27	
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St Total liabilities and net assets/fund balances030301,854,711.312,414,459.311,854,711.322,414,459.321,854,711.322,414,459.331,854,666.332,414,614.	ŗ	29	-	0.	29	
31 Retained earnings, endowment, accumulated income, or other funds 1,854,711. 31 2,414,459. 32 Total net assets or fund balances 1,854,711. 32 2,414,459. 33 Total liabilities and net assets/fund balances 1,856,666. 33 2,414,459.	ets					
32 Total net assets or fund balances 1,854,711. 32 2,414,459. 33 Total liabilities and net assets/fund balances 1,856,666. 33 2,414,614.	SS					2,414,459.
Ž 33 Total liabilities and net assets/fund balances	žΑ					
	ž					2,414,614.

REV 06/02/20 PRO

Form **990** (2019)

Par 1 2 3 4 5 6	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)					
2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) .					
2 3 4 5	Total expenses (must equal Part IX, column (A), line 25)	1				
3 4 5				75	52,1	18.
4 5		2		19	92,3	70.
5	Revenue less expenses. Subtract line 2 from line 1	3		5!	59,7	48.
	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,8!	54,7	11.
6	Net unrealized gains (losses) on investments	5				
-	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 on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,42	14,4	59.
Part	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 🗌 Accrual 🗌 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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		×
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	n 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 ov	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ant?	.	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the [
	Single Audit Act and OMB Circular A-133?			3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the 🗌			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		
	REV 06/02/20 PRO			Form	1 990	(2019

SCHI	EDU	LE	Α	
(Form	990 (or 99	90-E	Z)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

of the organization
of the organization

2019
Open to Public Inspection

lame	of the organization	Employer identification number
POL	ISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC	13-1524778
Par	t I Reason for Public Charity Status (All organizations must complete this pa	art.) See instructions.
The c	organization is not a private foundation because it is: (For lines 1 through 12, check only on	e box.)
1	A church, convention of churches, or association of churches described in section 17	0(b)(1)(A)(i).
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E2	<u>Z</u>).)
3	A hospital or a cooperative hospital service organization described in section 170(b)(1	
4	A medical research organization operated in conjunction with a hospital described in s hospital's name, city, and state:	ection 170(b)(1)(A)(iii). Enter the
5	An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.)	d by a governmental unit described in
6 7	 A federal, state, or local government or governmental unit described in section 170(b) An organization that normally receives a substantial part of its support from a govern described in section 170(b)(1)(A)(vi). (Complete Part II.) 	
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in or university or a non-land-grant college of agriculture (see instructions). Enter the nam university:	
10	□ An organization that normally receives: (1) more than 33 ¹ / ₃ % of its support from contrik receipts from activities related to its exempt functions—subject to certain exceptions, support from gross investment income and unrelated business taxable income (less se acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Pa	and (2) no more than 33 ^{1/3} % of its ection 511 tax) from businesses
11	An organization organized and operated exclusively to test for public safety. See secti	on 509(a)(4).
12	An organization organized and operated exclusively for the benefit of, to perform the fu of one or more publicly supported organizations described in section 509(a)(1) or se Check the box in lines 12a through 12d that describes the type of supporting organization	ction 509(a)(2). See section 509(a)(3).
а	Type I. A supporting organization operated, supervised, or controlled by its support	ted 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.
- 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, С 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) d 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 II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization.
- f
- Provide the following information about the supported organization(s). α

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part IISupport 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.)

Secti	on A. Public Support			<i></i>	•	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	78,040.	72,270.	114,180.	75,338.	666,187.	1,006,015.
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	78,040.	72,270.	114,180.	75,338.	666,187.	1,006,015.
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).						593,379.
6	Public support. Subtract line 5 from line 4						412,636.
	on B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	78,040.	72,270.	114,180.	75,338.	666,187.	1,006,015.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		10 550		20, 110	26.045	120.040
0	Net income from unrelated business	16,754.	18,579.	33,860.	32,110.	36,945.	138,248.
9	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						1,144,263.
12	Gross receipts from related activities, etc					12	199,279.
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		d, third, fourth			
	on C. Computation of Public Suppor			1			
14 15	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch					14	<u>36.06%</u> 53.68%
16a	33 ¹ / ₃ % support test-2019. If the organi						
ioa	box and stop here. The organization qua						
b	331 /3% support test—2018. If the organi this box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	nore, check
17a							
b							
18	Private foundation. If the organization di						
	instructions	<u></u>	<u>.</u> .	<u> </u>	<u></u> .	<u></u>	🕨 🗖
							0 or 990-EZ) 2019

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.						
7a	Amounts included on lines 1, 2, and 3						
74	received from disqualified persons .						
Ŀ							
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
-							
c	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from line 6.)						
Sacti	on B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(a) 2013	(b) 2010	(0) 2017	(u) 2010	(e) 2019	
10a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
-	Add lines 10a and 10b						
C							
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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
4.4	First five years. If the Form 990 is for th		a'a firat agaan	d third fourth		~ ~ ~ ~ ~ ~	$\sum_{i=1}^{i} \sum_{j=1}^{i} \sum_{i=1}^{j} \sum_{j=1}^{i} \sum_{j$
14	organization, check this box and stop he	0		, ,			
Casti	-						
	on C. Computation of Public Suppor			10		45	0/
15	Public support percentage for 2019 (line 8		-			15	%
<u>16</u>	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment Inc			w line 19 oct	imp (f)	17	07
17 19	Investment income percentage for 2019 (I			-		17	%
18 10a	Investment income percentage from 2018						%
19a	33 ¹ / ₃ % support tests – 2019. If the organi 17 is not more than 33 ¹ / ₃ %, check this box a						
			-			-	
b	331 /3% support tests 2018. If the organiz						
	line 18 is not more than 331/3%, check this b		-				
20	Private foundation. If the organization die		box on line 14,	, 19a, or 19b, (check this box a	and see ins	tructions 🕨 🗋

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 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.
- 2 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- **b** 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.
- **c** 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.
- **b** 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.
- **c** 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).
- **b 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?
- 6 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 (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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** 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.*
- **b** 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.*
- **c** 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.
 - **b** 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

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

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Section D. All Type III Supporting Organizations

the supported organization(s).

			Yes	No
I	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	2		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		3	3

or management of the supporting organization was vested in the same persons that controlled or managed

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) below.*
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

Yes No

1

_

1	Check here if the organization	satisfied the Integ	ral Part Test as a o	qualifying trust	t on Nov. 20, 1970 (explair	i in Part VI). See
	instructions. All other Type III	non-functionally ir	ntegrated supporti	ng organizatio	ons must complete Sectior	is A through E.

Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions).	0		

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

Schedule A (Form 990 or 990-EZ) 2019

	V Type III Non-Functionally Integrated 509(a)	N Supporting Oraco	zations (continued)	Page (
Part		a supporting Organi			
Sect	ion D–Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish e	exempt purposes			
2					
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations		
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 whic (provide details in Part VI). See instructions.	h the organization is res	ponsive		
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2019				
a	From 2014				
b	From 2015				
с	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2015				
b	Excess from 2016				
С	Excess from 2017				
d	Excess from 2018				
e	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

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 B	Schedule of Contributors	OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	 Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	2019
Name of the organizatio	Employer iden	tification number
POLISH INSTIT	UTE OF ARTS & SCIENCES OF AMERICA INC 13-15247	78
Organization type (c	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	Sol(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

13-1524778

POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Dr. Susanne S. Lotarski 8101 Connecticut Ave., Apt S610 Chevy Chase MD 20815	\$593,379.	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

13-1524778

POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s \$	

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2019)			Page 4
Name of org	ganization			Employer identification number
POLISH	INSTITUTE OF ARTS & SCIENCES	OF AMERICA IN	1C	13-1524778
Part III	the following line entry. For organizati contributions of \$1,000 or less for the	the year from any ons completing Par year. (Enter this in	one contributor. t III, enter the tota formation once. S	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and I of <i>exclusively</i> religious, charitable, etc.,
(a) No.	Use duplicate copies of Part III if addi	tional space is need	led.	
(a) No. from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held
_	Transferee's name, address, and	(e) Transf d ZIP + 4	-	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use d	of gift	(d) Description of how gift is held
-				
		(e) Transf	er of gift	
	Transferee's name, address, and	d ZIP + 4	Relation	ship of transferor to transferee
				•
(a) No. from Part I	(b) Purpose of gift	(c) Use d	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, and	d 7ID + 4	Relation	ship of transferor to transferee
-			Telation	
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, and	d ZIP + 4	Relation	ship of transferor to transferee

SCHE	EDULE D	Supplementa	al Financial S	tatements		ОМ	IB No. 1545	-0047
(Forn	n 990)	► Complete if the org				G	201	g
		Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, Attach to Form 990.	11e, 11f, 12a, or 12b.			en to Pu	_
	ent of the Treasury Revenue Service	► Go to www.irs.gov/Form9		nd the latest informatio	on.		spection	
Name o	of the organization			En	nployer i	dentification n	umber	
		JTE OF ARTS & SCIENCES OF			-1524			
Par		izations Maintaining Donor Advi ete if the organization answered "`			or Acc	ounts.		
	Compi		(a) Donor ad		(b)	Funds and othe	er accounts	
1	Total number a	at end of year			.,			
2		ue of contributions to (during year) .						
3		ue of grants from (during year)						
4 5		ue at end of year		bat the assets held i	n dono	or advised		
5	-	organization's property, subject to the	•				🗌 Yes	🗌 No
6		zation inform all grantees, donors, ar						
		able purposes and not for the benefite or the benefite or the benefite or the benefite of the			-			
Par	<u> </u>	rvation Easements.			• •		Yes	∐ No
i ai		ete if the organization answered "	Yes" on Form 990	, Part IV, line 7.				
1		conservation easements held by the c						
		of land for public use (for example, recrea	ation or education)	Preservation of a		2 1		rea
		of natural habitat on of open space		Preservation of a	certified	d historic sti	ructure	
2		s 2a through 2d if the organization hel	d a qualified conser	vation contribution in	the for	m of a cons	ervation	
		he last day of the tax year.				Held at the E		Tax Year
а					2a			
b	0	restricted by conservation easements nservation easements on a certified hi			2b 2c			
c d		onservation easements included in (. ,				
-					2d			
3		nservation easements modified, trans	ferred, released, ex	tinguished, or termina	ated by	the organiz	ation dur	ring the
4	tax year ►	tes where property subject to conserv	vation pasament is l					
5		anization have a written policy reg			ion, ha	ndling of		
		l enforcement of the conservation eas					🗌 Yes	🗌 No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of viola	tions, and enforcing co	nservati	ion easemen	ts during	the year
7	Amount of exp	enses incurred in monitoring, inspecting	n handling of violatic	ons and enforcing con	servatio	n easement	s durina t	he vear
•	►\$		g, nanaling of violatio	ino, and emeroing cen	oorvatio		o danng t	ino your
8		nservation easement reported on line 2						_
•		70(h)(4)(B)(ii)?					Yes	∐ No
9		scribe how the organization reports co , and include, if applicable, the text of			•			s the
_	organization's	accounting for conservation easemer	nts.	-				
Part		izations Maintaining Collections ete if the organization answered "`			ner Sin	nilar Asse	ts.	
1a		tion elected, as permitted under FAS						
		al treasures, or other similar assets le in Part XIII the text of the footnote t					rance of	ⁱ public
b		ition elected, as permitted under FAS					sheet w	orke of
D.		reasures, or other similar assets held						
	provide the fol	lowing amounts relating to these item	IS:					
	(i) Revenue in	cluded on Form 990, Part VIII, line 1 uded in Form 990, Part X.....				► \$		
2		ation received or held works of art,						
-	following amo	unts required to be reported under FA	SB ASC 958 relatin	g to these items:		-	-	
а	Revenue inclu	ded on Form 990, Part VIII, line 1				▶ \$		
b	Assets include	ed in Form 990, Part X				▶ \$		

Schedu	e D (Form 990) 2019								Page 2
Part	Organizations Maintaining	Collect	ions of Art, I	Historical	Treasures	, or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		n, and other re	ecords, che	eck any of th	e follov	ving that make s	ignificant u	ise of its
а	Public exhibition			d 🗌 Loar	n or exchang	e proar	am		
b	Scholarly research				-				
С	Preservation for future generations	6							
4	Provide a description of the organiza XIII.		ections and e	xplain how	they further	the org	ganization's exen	npt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								🗙 No
Part	IV Escrow and Custodial Arra	angemei	nts.						
	Complete if the organization 990, Part X, line 21.	n answere	ed "Yes" on	Form 990,	Part IV, line	e 9, or	reported an an	nount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							ot	🗌 No
b	If "Yes," explain the arrangement in P	art XIII an	d complete th	e following	table:				
							A	mount	
С	Beginning balance					10	;		
d	Additions during the year					1d	1		
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou								∐ No
-	If "Yes," explain the arrangement in P	art XIII. C	heck here if th	e explanati	on has been	provide	ed on Part XIII .		
Par						- 10			
	Complete if the organization							() F	
		(a) Curre	ent year (b) Prior year	(c) Two year	rs back	(d) Three years back	k (e) Four ye	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	the curren	t year end bal	ance (line 1	g, column (a	i)) held a	as:		
а	Board designated or quasi-endowme		%	,		,,			
b	Permanent endowment	0/							
с	Term endowment ► %								
	The percentages on lines 2a, 2b, and	2c should	l equal 100%.						
3a	Are there endowment funds not in the	e possess	sion of the org	anization tl	hat are held	and ad	ministered for th	e	
	organization by:	-	_						es No
	(i) Unrelated organizations							3a(i)	
	() 5							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	•		•				3b	
4	Describe in Part XIII the intended uses		ganization's e	ndowment	funds.				
Part									
	Complete if the organization								
	Description of property	(a)	Cost or other bas (investment)		t or other basis (other)		Accumulated epreciation	(d) Book v	value
1a	Land			0.	650,000.			650),000.
b	Buildings				734,842.		484,677.	250),165.
С	Leasehold improvements			0.	0.		0.		0.
d	Equipment			0.	1,456.		1,456.		0.
е	Other			0.	69,998.		69,998.		0.
Total.	Add lines 1a through 1e. (Column (d) r	nust equa	I Form 990, P	art X, colurr	nn (B), line 10)c.).	🕨 📋	900),165.

Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 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-year market value Financial derivatives . . . (2) Closely held equity interests . (3) Other VANGUARD DOUBLELINE LOW DURATION BOND 115,572. Cost (A) VANGUARD OSTERWEIS STRATEGIC INCOME 40,579. Cost (B) VANGUARD ISHARE TRUST 50,577. Cost 50,404. (C) VANGUARD VANECK VECTOR Cost (D) VANGUARD INTER-TERM INV GRADE ADM 92,943. Cost 57,920. (E) VANGUARD EM MKT GOV BOND Cost 35,439. (F) VANGUARD REIT INDEX Cost (G) VANGUARD HIGH DIV YEILD INDX ADM 58,922. Cost (H)See Statement 737,725 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 1,240,081 Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (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 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CREDIT CARDS 155 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 155.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedul	e D (Form 990) 2019				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Retur	n.
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			
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				r Ret	urn.
	Complete if the organization answered "Yes" on Form 990,				
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			
b	Prior year adjustments			-	
С	Other losses			-	
d	Other (Describe in Part XIII.)			-	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	İ		-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	
_	XIII Supplemental Information.	/			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				
Pt I	II, Line 4: POLISH ARTS AND PAINTINGS USED IN PER	MANE	NT DISPLAY		

Schedule D (Fo	rm 990) 2019 Page 5
Part XIII	Supplemental Information (continued)
· -	

Additional information from your Schedule D: Supplemental Financial Statements

Schedule D: Supplemental Financial Statements Part VII: Investments - Other Securities.

Description	Book Value	Method Valuation
VANGUARD INTER-TERM CORP BOND	75,217.	Cost
VANGUARD FEDERAL MONEY MKT FUND	57,567.	Cost
VANGUARD SHORT-TERM CORP BOND IDX	153,400.	Cost
VANGUARD TOTAL STOCK MKT IDX	158,211.	Cost
VANGUARD WELLINGTON FUND ADMIRAL	148,690.	Cost
VANGUARD WELLINGTON INCOME FUND ADM	144,640.	Cost
Total	737,725.	

Continuation Statement

13-1524778

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-	- F	OMB No. 1545-0047	
(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.		is on	2019	
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		Employer identifica	ation number	
POLISH INSTITUT	'E OF ARTS & SCIENCES OF AMERICA INC	13-1524778		
Pt VI, Line 6:	MEMBERS ARE INVITED TO JOIN AFTER MEETING MINIMUM	EDUCATIONAL	1	
AND SCHOLARLY C	RITERIA.			
Pt VI, Line 7a:	ONE THIRD OF THE GOVERNING BODY IS ELECTED ANNUAL	JY BY THE RE	GULAR	
MEMBERS. VANDII	ATES ARE SELECTED BY THE NOMINATING COMMITTEE AND	EACH REGULA	R	
MEMBER MAY ALSO	MAKE A NOMINATION.			
Pt VI, Line 11k	: THE GOVERNING BODY MEETS TO REVIEW THE 990 FORM	BEFORE IT I	S	
FILED WITH THE	IRS.			
Pt VI, Line 18:	THE INFORMATION IS AVAILABLE FOR INSPECTION BY TH	IE GENERAL P	UBLIC	
UPON REQUEST AN	D ON ORGANIZATION'S WEBSITE.			
Pt VI, Line 19:	EXPANATION OF GOVERNING DOCUMENTS, ETC, AVAILABLE	TO PUBLIC:		
THE INFORMATION	IS AVAILABLE FOR INSPECTION BY THE GENERAL PUBLIC	UPON REQUE	ST,	
ON ORGANIZATION	WEBIATE, AND MINUTES OF THE MEETINGS.			
Pt III, Line 4d	:			
Expenses: \$2,18	2 including grants of: \$0 Revenue: \$0			
Description:	LECTURE AND OTHER SCHOLARLY EVENTS			
Pt IX, Line 24e	:			
Description:	BANK SERVICE CHARGES			
Total: \$1,103				
Program servi	ces: \$0			
Management ar	d general: \$1,103			
Fundraising:	\$0			
Description:	DUES AND SUBSCRIPTIONS			
Total: \$1,390				
Program services: \$95				
Management and general: \$1,295				

chedule O (Form 990 or 990-EZ) (2019) lame of the organization	Pag Employer identification number
POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC	13-1524778
Fundraising: \$0	
Description: EQUIPMENT RENTAL AND MAINTENANCE	
Total: \$901	
Program services: \$62	
Management and general: \$839	
Fundraising: \$0	
Description: MEALS	
Total: \$522	
Program services: \$36	
Management and general: \$486	
Fundraising: \$0	
Description: POSTAGE	
Total: \$2,421	
Program services: \$166	
Management and general: \$2,255	
Fundraising: \$0	
Description: REPAIR AND MAINTENANCE	
Total: \$3,791	
Program services: \$1,896	
Management and general: \$1,895	
Fundraising: \$0	
Description: SUPPLIES	
Total: \$2,453	
Program services: \$168	
Management and general: \$2,285	
Fundraising: \$0	
Description: TELEPHONE	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC	13-1524778
Total: \$2,894	
Program services: \$1,447	
Management and general: \$1,447	
Fundraising: \$0	
Description: ARCHIVE MAINTENANCE	
Total: \$1,341	
Program services: \$1,341	
Management and general: \$0	
Fundraising: \$0	
Description: BOOKS, SUBSCRIPTIONS AND REFERENCE	
Total: \$2,040	
Program services: \$2,040	
Management and general: \$0	
Fundraising: \$0	
Description: EXHIBITS AND LECTURES	
Total: \$585	
Program services: \$585	
Management and general: \$0	
Fundraising: \$0	
Description: LIBRARY MAINTENANCE	
Total: \$990	
Program services: \$990	
Management and general: \$0	
Fundraising: \$0	

Form 8879-E0	EO IRS <i>e-file</i> Signature Authorization for an Exempt Organization			
	For calendar year 2019, or fiscal year beginning, 2019, and ending	, 20		
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information 		2019	
Name of exempt organization Employer identification				
POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC 13-1524778				
Name and title of officer				
BOZENA LEVEN, EXECUTIVE DIRECTOR				
Part I Type of Return and Return Information (Whole Dollars Only)				

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .		1b	752,118.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		2b	
3a	Form 1120-POL check here Figure b Total tax (Form 1120-POL, line 22)		3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		4b [–]	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)		5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

🗙 I authorize	TACS INC		to enter my PIN	0 8 8 0 7 as my signature
	E	RO firm name	_	Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►	Date ► 07/01/2020
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	2 2 5 9 9 0 7 8 6 2 4
	Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ►

Date► 07/01/2020

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form. BAA

Form 8879-EO (2019)

Form 990 Part IX, Line 24e

Name	
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POLISH INSTITUTE OF ARTS & SCIENCES OF AMERICA INC

Employer Identification No. 13-1524778

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
BANK SERVICE CHARGES	1,103.	0.	1,103.	0.
DUES AND SUBSCRIPTIONS	1,390.	95.	1,295.	0.
EQUIPMENT RENTAL AND MAINTENANCE	901.	62.	839.	0.
MEALS	522.	36.	486.	0.
POSTAGE	2,421.	166.	2,255.	0.
REPAIR AND MAINTENANCE	3,791.	1,896.	1,895.	0.
SUPPLIES	2,453.	168.	2,285.	0.
TELEPHONE	2,894.	1,447.	1,447.	0.
ARCHIVE MAINTENANCE	1,341.	1,341.	0.	0.
BOOKS, SUBSCRIPTIONS AND REFERENCE	2,040.	2,040.	0.	0.
EXHIBITS AND LECTURES	585.	585.	0.	0.
LIBRARY MAINTENANCE	990.	990.	0.	0.
Total to Form 990, Part IX,	20,431.	8,826.		0.

Additional information from your 2019 Federal Exempt Tax Return

Schedule A: Public Charity Status and Public Support Gross Receipts

Itemization Statement

Description	Amount
2015	42,854.
2016	38,044.
2017	46,145.
2018	23,250.
2019	48,986.
Tota	l 199,279.