C. Andrew Lafond, CPA501 Office Center Drive, Suite 2Fort Washington, PA 19034

I am providing this letter in connection with your review of the statement of financial position, statements of activities and cash flows of The Polish Institute of Arts and Sciences of America, Inc. (the Organization) as of December 31, 2023 and for the year ended December 31, 2023 for the purpose of obtaining limited assurance that there are no material modifications that should be made to the financial statements in order for the statements to be in conformity with accounting principles generally accepted in the United States of America. I confirm that I am responsible for the preparation and fair presentation of the financial statements of financial position, results of operations, and cash flow in accordance with accounting principles generally accepted in the United States of America and the selection and application of the accounting policies.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if the involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person using the information would be changed or influenced by the omission or misstatement.

We confirm, to the best of our knowledge and belief, as of May 16, 2024, the following representations made to you during your review(s).

- 1. The financial statements referred to above are fairly presented in accordance with accounting principles generally accepted in the United States of America.
- 2. We have made available to you all:
 - a. Financial records and related data.
 - b. Minutes of the meeting of stockholders, directors, and committees of directors, or summaries of recent meetings for which minutes have not yet been prepared.

- 3. No material transactions exist that have not been properly recorded in the accounting records underlying the financial statements.
- 4. We acknowledge our responsibility for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of financial statements.
- 5. We acknowledge our responsibility to prevent and detect fraud.
- 6. We have no knowledge of any fraud or suspected fraud affecting the entity involving management or others where the fraud could have a material effect on the financial statements, including any communications from employees, former employees, or others.
- 7. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
- 8. No material losses exist (such as from obsolete inventory or purchase or sales commitments) that have not been properly accrued or disclosed in the financial statements.

9. There are no-

- a. Violations or possible violations of laws or regulations whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency.
- b. Unasserted claims or assessments that our lawyer has advised us are probable of assertion that must be disclosed in accordance with FASB ASC 450, *Contingencies*.
- c. Other material liabilities or gain or loss contingencies that are required to be accrued or disclosed by FASB ASC 450, *Contingencies*.
- 10. The Organization has satisfactory title of all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral.
- 11. We complied with all aspects of contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
- 12. The following have been properly recorded or disclosed in the financial statements:

- a. Related party transactions and related accounts receivable or payable, including sales, purchases, loans, transfers, leasing arrangements, and guarantees.
- b. Guarantees, whether written or oral, under which the Organization is contingently liable.
- c. Significant estimates and material concentrations known to management that are required to be disclosed in accordance with FASB ASC 275, *Risks and Uncertainties*.
- 13. We are in agreement with the adjusting journal entries, if any, you have recommended, and they have been posted to the Organization's accounts.
- 14. To the best of our knowledge and belief, no events have occurred subsequent to the balance sheet date and through the date of this letter that would require adjustment to, or disclosure in, the financial statements.

15. We have responded fully and truthfully to all inquiries made to us by you during your review.

Bozena Leven Executive Directo

Robert Blobaum, President

CHAR500 Online

For new annual filings, and amendments

33308

Zip:

Annual Filing for Charitable Organizations

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

charitiesnys.com

Open to Public Inspection

Filing Type:	New Filin	g OAm	endment 	Filing Year: 202	3	-	
General Infor	mation	J 15.18	U.S. 47 (2.4)	SEAL FOR S		28. 12. 360au	
Current Organizat	tion Name:	POLISH INSTITUTE O	OF ARTS & SCIENCES IN AMERICA INC	Updated Nam	e:	N/A	
NY Registration N	lumber:	01-01-56		Registration C	ategory:	DUAL	
Organization Typ	e:	Corporation	1	EIN:		131524778	
Current Fiscal Yea	ar End:	12/31		Updated Fiscal	Year End:	N/A 2126864164	
Organization Ema	nil:	PIASANY@	GMAIL.COM	Organization's	Phone:		
Tax Exempt Statu		501(c)(3)		Website:		WWW.PIASA.ORG	
Organization Add	dress						
Mail	ing Address		Principal Ac	ldress		NY State Address	
208 East 30t New York NY 10016 UNITED STA			208 East 30th Str New York NY 10016 UNITED STATES		NA .		
Primary Contact	Information	1		•			
First Name: BO	ZENA		— Last Name: LEV	'EN	— Title: _E	EXECUTIVE DIRECTOR	
Phone: 917	76786292			VEN@TCNJ.ED			
Organization Tun							
Organization Typ Type of IRS documents		rith IRS:	RS990 Orga	nization Type: <u>P</u>	rivate		
Third Party P	reparer Ir	nformatio	n for the section	TOTAL B		对约内以及	
First Name: HC	SSEIN		Last Name: NO	URI	Title: _0	CPA	
Firm Name: TA	CS NATION	NAL LLC	Phone: 609	55866797	Email:	hnouri@cpa.com	
Third Party Addr	ess						
Stroot: 3000 G	ALT OCEA	N DR LINIT	2016				
Street: 3900 G		IT DIT, OITH					

Country: United States

Re	egistration Category
1.	Does the organization conduct activity in New York State other than soliciting? This may include, but is not limited
	to, maintaining an office, having employees or staff, or running a program. ⑤ Yes ○ No
2.	Does the organization have assets in New York State? O No
3.	Is the organization incorporated or formed in New York State?
4.	Has the organization received more than \$25,000 in total contributions from New York State residents, foundations, corporations or government agencies or other entities in the period covered by this filing? O Yes No
5.	Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residents,
	foundations, corporations, government agencies or other entities?
6.	Does the organization use a professional fundraiser or fundraising counsel? OYes No
Ва	sed on your responses to the above questions, this organization's registration category remains as DUAL
Co	ontribution Information
1.	Did the organization solicit or receive contributions during the fiscal year in New York State?
3.	Choose the total contributions in New York State this fiscal year: \$0-\$24,999
Aı	nnual Exemptions
1.	Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?
2.	Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? O Yes No
3.	Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year? OYes No
	sed on your responses to annual exemption questions, this organization is required to file underEPTL during this cal year.

Financial Information		建型。241 形 编	
Type of IRS document filed with IRS Organization's total contributions: Organization's net assets: Organization's total liabilities: Organization's total income: For this filing year, does your organization	☐ Dissolving ☑ N	Organization's total reversions of the following with the None	nue N/A ts/ N/A
Filing Information Did your organization use a profession Oyes Oyes General Information	tion	Description of Services	Description of Compensation
	Number: N/A ract End: N/A Phone : N/A	N/A	N/A
		N/A	N/A
Contract Start: N/A Contract	ation ID: N/A act End: N/A Phone: N/A	N/A	N/A

Did the organization receive government grants during this fiscal year?

O Yes

No

Government Grant Agency	Grant Amount	
N/A	N/A	

Documents

- ☑ IRS document
- ☐ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- □ Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email
President	BOZENA	LEVen	bleven1@optonline.net
Chief Financial Officer	KRZYSZTOF	BLEDOWSKI	KRZYSZTOF@BLEDOWSKI.COM

Signature of President

—Docusigned by: Bozena Leven

Date:

5/13/2024

Signature of Chief Financial Officer

EREUSETOF BLEDOWSKI

Date:

5/13/2024

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

		the Treasury ue Service		cial security numbers on this s.gov/Form990 for instruction	-	•		Open to Public Inspection		
A	For the	2023 calend	endar year, or tax year beginning , 2023, and ending					, 20		
В		applicable:		SH INSTITUTE OF ARTS	SCIENCES O	F AMERICA INC	D Emplo	yer identification number		
	Address		Doing business as				-	524778		
$\overline{\Box}$	Name ch	-				one number				
			· ·	208 EAST 30TH STREET (212			1	686-4164		
$\overline{\Box}$		n/terminated		e, country, and ZIP or foreign pos	tal code					
\Box	Amended		NEW YORK, NY 10				G Gross	receipts \$ 469,086.		
\Box		on pending	F Name and address of principa	al officer:		H(a) Is this a		r subordinates? Yes X No		
			BOZENA LEVEN, 2 H	OLMES CT, BRIDGEWA	ATER, NJ 08					
1	Tax-exen	npt status:	▼ 501(c)(3) 501(c) () (insert no.) 49				t. See instructions		
J	Website:	PIASA	ORG			H(c) Group	exemption i	number		
ĸ	Form of o			ociation Other	L Year of for		7	of legal domicile: NY		
	art I	Summa						3		
	1	Briefly des	cribe the organization's m	nission or most significant	activities: PRO	VIDE EDUCA	TION A	BOUT POLAND		
9			-		********		*********			
Governance	1									
rer	2	Check this	box [] if the organizatio	n discontinued its operation	ons or disposed	of more than 2	5% of its	net assets.		
9	3	Number of	voting members of the g	overning body (Part VI, line	e 1a)	2 8 8 A 1	3	17		
ø	4	Number of	independent voting mem	bers of the governing bod	y (Part VI, line	1b)	4	17		
ties	5	Total numb	per of individuals employe	ed in calendar year 2023 (P	art V, line 2a)	1 W W VE 193 SW	5	2		
Activities &	6	Total numb	per of volunteers (estimate	e if necessary)		1 X X 10 10 10	6	3		
Ac	7a	Total unrela	ated business revenue fro	om Part VIII, column (C), lin	e 12		7a	0.		
	b	Net unrelat	ed business taxable inco	me from Form 990-T, Part	I, line 11	* * * * * *	7b	0.		
						Prior Ye	ar	Current Year		
9	8	Contributions and grants (Part VIII, line 1h)					,532.	38,449.		
Ž.	9	Program se	service revenue (Part VIII, line 2g)					376,571.		
Revenue	10	Investment	income (Part VIII, column	n (A), lines 3, 4, and 7d) .		42	12,036. 54,			
œ	11	Other reve	nue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, ar	nd 11e)					
	12	Total reven	ue-add lines 8 through 1	1 (must equal Part VIII, colu	ımn (A), line 12)	284	284,826. 469,			
	13	Grants and	l similar amounts paid (Pa	art IX, column (A), lines 1-3)					
	14	Benefits pa	aid to or for members (Par	rt IX, column (A), line 4) .						
S	15	Salaries, otl	her compensation, employ	ee benefits (Part IX, column	(A), lines 5-10)	32	32,871. 19,			
Expenses	16a	Professiona	al fundraising fees (Part I)	K, column (A), line 11e) .						
xpe	b ·	Total fundr	aising expenses (Part IX,	column (D), line 25)	0.					
ü	17	Other expe	nses (Part IX, column (A),	lines 11a-11d, 11f-24e)		273	,946.	352,511.		
	18	Total exper	nses. Add lines 13–17 (mi	ust equal Part IX, column (A), line 25)	306	,817.	372,059.		
		Revenue le	ss expenses. Subtract lin	e 18 from line 12		-21	,991.	97,027.		
Net Assets or Fund Balances						Beginning of Cur		End of Year		
sset	20		s (Part X, line 16)		*** * * * *	2,464	,779.	2,582,348.		
at As	21		ties (Part X, line 26)				105.	4,139.		
_			or fund balances. Subtra	ct line 21 from line 20		2,464	,674.	2,578,209.		
	art II 📗		re Block							
				this return, including accompanyir than officer) is based on all inform				ny knowledge and belief, it is		
0:							5/10/20	024		
Sig	- 1	Signature of o	of officer Date							
He	re		The same of the sa	IVE DIRECTOR						
			name and title							
Pa	id	Print/Type	preparer's name	Preparer's signature		Date	Check [if PTIN		
	eparei	Hossei	n Nouri	Hossein Nouri		05/10/2024	self-empl	oyed P00005573		
	e Only					Firm	's EIN 8	4-1927520		
_		Firm's add		EAN DR, FORT LAUDE		33308 Pho	те по. (60	9) 558-6797		
Ma	y the IR	S discuss t	his return with the prepar	er shown above? See inst	ructions	#7 THE REST OF SHIP	2 2 8	. X Yes No		

orm 99	0 (2023)	Page Z
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	V
1	Briefly describe the organization's mission:	_ N
	PROVIDE EDUCATION ABOUT POLAND	
	INOVIDE EDUCATION IDOO! IOMAD	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	7
	services?	No
	If "Yes," describe these changes on Schedule O.	ad bu
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	
	the total expenses, and revenue, if any, for each program service reported.	uioro,
	the total experience, and revenue, in any, i.e. sacrific egistic entrees repensed.	
4a	(Code:) (Expenses \$ 47,028. including grants of \$ 0.) (Revenue \$ 27,655.)	
,,,	PUBLISH POLISH QUARTERLY REVIEW	
	TOURION TOURISH VONKIDION NOVIEW	
4b	(Code:) (Expenses \$ 271,931. including grants of \$ 254,921.) (Revenue \$ 0.)	
710	LIBRARY AND ARCHIVE SERVICES	
	IIDRAKI AND ARCIIIVE GERVICES	
		u=\u-
4c	(Code:) (Expenses \$ 23,645. including grants of \$ 0.) (Revenue \$ 8,335.)	
70	ANNUAL MEETING	
	ANNOAL MEETING	

	Other was a serious /Describe on Cabady 1- C.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 1,132. including grants of \$ 0.) (Revenue \$ 0.)	
40	(Expenses \$ 1,132. including grants of \$ 0.) (Revenue \$ 0.) Total program service expenses 343,736.	

Form 990 (2023) Page **3**

Part	IV Checklist of Required Schedules			-50
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	×	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	Ů		^
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	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 Rev. Proc. 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? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		×
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	·		
	complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V.	40		.,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	107.15	×
	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d 11e	~	×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	He	×	-
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	148	-	X
	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV.	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		×
ь 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		-
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Form 990 (2023) Page **4**

Part	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24a 24b 24c		×
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 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	24d 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the 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		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in noncash 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? If "Yes," complete Schedule M	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	02		
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
	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? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on 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		V	NI-
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Page 5 Form 990 (2023) Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Part V 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . × 2b 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)? × If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). × Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c × Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e × Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f × If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? × Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? X b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter: Gross income from other sources. (Do not net amounts due or paid to other sources 11b 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b C X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 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 the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities X that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.