

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047  
**2005**  
 Open to Public Inspection

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

**A** For the 2005 calendar year or tax year beginning on \_\_\_\_\_, 2005

**B** Check if applicable:  Address change  Name change  Initial return  Final return  Amended return  Application pending

**C** Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**D** Employer identification number: **I** 06:0613108

**E** Telephone number: **R** (860) 621-0286

**F** Accounting method:  Cash  Accrual  Other (specify) \_\_\_\_\_

**G** Website: \_\_\_\_\_

**J** Organization type (check only one):  501(c) ( 8 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 155,647.05

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number: \_\_\_\_\_

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Direct public support	<b>1a</b>	5124.00		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	Total (add lines 1a through 1c) (cash \$ 5124.00 noncash \$ _____)	<b>1d</b>			5,124.00
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b>	Membership dues and assessments	<b>3</b>			12,662.00
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			1,751.68
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6a</b>	Gross rents	<b>6a</b>	2,650.00		
<b>b</b>	Less: rental expenses	<b>6b</b>	1,715.10		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			934.90
<b>7</b>	Other investment income (describe _____)	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ 5124.00 of contributions reported on line 1a)	<b>9a</b>	26456.00		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	23833.68		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			2,622.32
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	107,003.37		
<b>b</b>	Less: cost of goods sold	<b>10b</b>	76,843.02		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			30,160.35
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			53,255.25
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>			
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>			
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>			
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses (add lines 13 and 14, column (A))	<b>17</b>			60,321.88
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			(7,066.63)
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			303,355.21
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			296,288.58

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) . . . . . (cash \$ <u>7037.10</u> noncash \$ <u>750.00</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22 7787.10			
23	Specific assistance to individuals (attach schedule) . . . . .	23			
24	Benefits paid to or for members (attach schedule) . . . . .	24			
25	Compensation of officers, directors, etc. . . . .	25			
26	Other salaries and wages . . . . .	26			
27	Pension plan contributions . . . . .	27			
28	Other employee benefits . . . . .	28			
29	Payroll taxes . . . . .	29 2,533.27			
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31			
32	Legal fees . . . . .	32			
33	Supplies . . . . .	33 2950.00			
34	Telephone . . . . .	34 606.10			
35	Postage and shipping . . . . .	35 625.75			
36	Occupancy . . . . .	36 34,302.06			
37	Equipment rental and maintenance . . . . .	37			
38	Printing and publications . . . . .	38			
39	Travel . . . . .	39			
40	Conferences, conventions, and meetings . . . . .	40			
41	Interest . . . . .	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	Sales Tax . . . . .	43a 6,054.00			
b	Liquor Permit . . . . .	43b 240.00			
c	Liquor Liability Insurance . . . . .	43c 2,557.00			
d	Workers Compensation Insurance . . . . .	43d 1,838.00			
e	Workers Compensation Taxes . . . . .	43e 828.60			
f	. . . . .	43f			
g	. . . . .	43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 60,321.88			

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? .  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash—non-interest-bearing . . . . .	105,639.75	45	100,198.80
	46 Savings and temporary cash investments . . . . .		46	
	47a Accounts receivable . . . . .		47a	
	b Less: allowance for doubtful accounts . . . . .		47b	47c
	48a Pledges receivable . . . . .		48a	
	b Less: allowance for doubtful accounts . . . . .		48b	48c
	49 Grants receivable . . . . .		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a Other notes and loans receivable (attach schedule) . . . . .		51a	
	b Less: allowance for doubtful accounts . . . . .		51b	51c
	52 Inventories for sale or use . . . . .	20,517.00	52	18,736.25
	53 Prepaid expenses and deferred charges . . . . .		53	
	54 Investments—securities (attach schedule) . . . . .		54	
	55a Investments—land, buildings, and equipment: basis . . . . .		55a	
	b Less: accumulated depreciation (attach schedule) . . . . .		55b	55c
	56 Investments—other (attach schedule) . . . . .		56	
	57a Land, buildings, and equipment: basis . . . . .		57a	
	b Less: accumulated depreciation (attach schedule) . . . . .		57b	57c
	58 Other assets (describe ▶ . . . . .)		58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .	303,355.21	59	296,288.58	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .		60	
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) . . . . .		64b	
	65 Other liabilities (describe ▶ . . . . .)		65	
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		66		
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .		67	
	68 Temporarily restricted . . . . .		68	
	69 Permanently restricted . . . . .		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .	303,355.21	72	296,288.58
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	303,355.21	73	296,288.58	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .	303,355.21	74	296,288.58	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines b1 through b4		<b>b</b>	
<b>c</b>	Subtract line b from line a		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines d1 and d2		<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines c and d		<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>		
	Add lines b1 through b4		<b>b</b>	
<b>c</b>	Subtract line b from line a		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines d1 and d2		<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines c and d		<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
James Sokolowski West St. Southington, CT 06489	President - 10	-0-		
Jeffrey Jalowiecki 20 Frost St Plantsville, CT 06479	Vice-President - 8	-0-		
Emily Ottavi 155 Roxbury Rd Plantsville, CT 06479	Vice-President - 8	-0-		
James Parzych 445 Salmon Brook St Granby, CT 06035	Treasurer - 10	-0-		
Andrew Florian 512 Mount Vernon Rd Southington, CT 06489	Trustee - 2	-0-		
James Cox Redstone Hill Road Plainville, CT 06052	Trustee - 2	-0-		
James Shanley 123 Mountain Edge Dr Southington, CT 06489	Trustee - 2	-0-		

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 12

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b Yes No

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.

75c Yes No

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy?

75d Yes No

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributors to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Multiple rows for listing individuals.

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

76 Yes No

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

77 Yes No

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a Yes No

b If "Yes," has it filed a tax return on Form 990-T for this year?

78b Yes No

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79 Yes No

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a Yes No

b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.)

b Did the organization file Form 1120-POL for this year?

81b Yes No

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b		<input checked="" type="checkbox"/>	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
83b		<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed ▶ None		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	12
91a	The books are in care of ▶ James Parzych Telephone no. ▶ ( 860 ) 877-4477 Located at ▶ 33 Knowles Ave Plantsville, CT ZIP + 4 ▶ 06489-1110		
b	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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies					12,662.00
<b>94</b> Membership dues and assessments . . . . .					1,751.68
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .	90002	934.90			
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					2,622.32
<b>101</b> Net income or (loss) from special events . . . . .					30,160.35
<b>102</b> Gross profit or (loss) from sales of inventory					5,124.00
<b>103</b> Other revenue: a Contributions					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		934.90			52,320.35
<b>105</b> Total (add line 104, columns (B), (D), and (E))					53,255.25

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	These are membership dues to provide the members benefits and to maintain the club
101	Income is used for scholarships and donations to organizations and individuals
102	See Attached
103	Public contribution towards special events

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, in its entirety, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on information furnished by the taxpayer. No part of the information furnished to the preparer has been determined to be false or fraudulent.

**Please Sign Here**

Signature of officer: *James Parzych*

James Parzych Treasurer

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_

Form 990 Schedule

ID# 06-0613108

Polish Falcons Of America, Nest 307  
33 Knowles Ave.  
Plantsville, CT 06479

Year Ended - 2005

**Part 1 - Line 9**

Event	Gross Revenue	Contributions	Net Revenue	Direct Expenses	Net Profit
Kielbasa Open	22533.00	3924.00	18609.00	17602.62	1006.38
Lady Falcon Open	8001.00	1200.00	6801.00	5408.51	1392.49
Installation Dinner	1046.00	0.00	1046.00	822.55	223.45
	<u>31580.00</u>	<u>5124.00</u>	<u>26456.00</u>	<u>23833.68</u>	<u>2622.32</u>

**Part 1 - Line 10C**

Gross Sales		107,003.37
Begin Inventory	20,517.00	
Purchases - Liquor & Beer	40,235.86	
Purchases - Food & Soda	4,155.75	
Cost Of Labor	30,670.66	
	95,579.27	
Less Ending Inventory	18,736.25	
Cost Of Goods Sold		<u>76,843.02</u>
Gross Profit		<u>30,160.35</u>

Polish Falcons Of America, Nest 307  
33 Knowles Ave.  
Plantsville, CT 06479

Year Ended - 2005

**Part II Line 22**

A \$500 College Scholarship Was Given To		500.00
	Joseph Collier Southington, CT 06489	
He is not related to any member of the organization		500.00
A \$500 College Scholarship Was Given To		
	Kimberly Spreda Southington, CT 06489	
She is not related to any member of the organization		500.00
A \$500 College Scholarship Was Given To		
	Jennifer Jalowiecki Southington, CT 06489	
She is related to a member of the organization		
We have one scholarship specifically for relatives of members		
Donations To Various Organizations and Individuals		
	Aidan Stewart Cancer Fund	100.00
	American Legion Baseball	60.00
	American Legion Boys State	75.00
	American Legion Girls State	75.00
	Blood Drive	355.50
	Elks - Public Safety Night	50.00
	Leukemia & Lymphonia Society	100.00
	Other Clubs	1,490.00
	Packages To Poland	16.60
	SHS Lacrosse	50.00
	VA Medical Center	1,700.00
	Mark Miller	200.00
	Michael Clark	100.00
	College of the Holy Cross	25.00
	SHS Golf Tournament Booster Club	100.00
	Connecticut Magic	25.00
	SHS Grad Party	50.00
	Southington Firefigters Local 2033	50.00
	Southington Elks	50.00
	St Thomas	360.00
	Gary Hewins Memorial Golf Outing	150.00
	Walk To Cure	50.00
	Town of Southington	25.00
	Ashley Albini	50.00
	SGSL Building Project	100.00
	SVMFL	50.00
	American Legion	80.00
Use of building donated to American Red Cross		600.00
Use of building donated to American Cancer Society		150.00

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