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**Short Form
Return of Organization Exempt From Income Tax**

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

A For the 2011 calendar year, or tax year beginning _____, **2011, and ending** _____, **20** _____

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

C Name of organization
FEDERATED POLISH HOME

D Employer identification number
38-0533860

E Telephone number
517.394.0419

F Group Exemption Number ►

G Accounting Method: Cash Accrual Other (specify) ► _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► _____

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (**10**) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	350.00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	472.64
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	28467.30
	7b	Less: cost of goods sold	7b	9037.69
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	19429.61
	8	Other revenue (describe in Schedule O) USAGE FEES	8	8208.00
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	28460.25
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	23039.80
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	2447.51
17	Total expenses. Add lines 10 through 16 ►	17	25487.31	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2972.94
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	78021.33
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	80994.27

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	50,178.39	53,187.17
23 Land and buildings	27,250.00	27,250.00
24 Other assets (describe in Schedule O)	1,104.47	1,146.19
25 Total assets	78,532.86	81,583.36
26 Total liabilities (describe in Schedule O)	511.53	589.09
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	78,021.33	80,994.27

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? To PRESERVE A PLACE FOR POLISH ACTIVITIES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 <u>MAINTAIN BUILDING FOR THE BENEFIT OF MEMBERS & GUESTS TO HOLD SOCIAL, ARTISTIC, BUSINESS MEETINGS, LANGUAGE CLASSES, COMMUNITY AND CHARITABLE EVENTS.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	23029.80
29 <u>CHARITABLE DONATIONS, LIBRARY OPERATIONS, PROMOTION OF POLISH HERITAGE & CULTURE.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	463.61
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	23503.41

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>WILLIAM H. GABEL</u> <u>7269 W. ST. JOSEPH, GRANDLEDGE 48837</u>	<u>DIRECTOR</u> <u>1</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>DOROTHY KOWALSKI</u> <u>2220 CANT ST., LANSING MI 48910</u>	<u>DIRECTOR</u> <u>1</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>BETTY SECKINGER</u> <u>1877 CREEK LANDING HASLET 48840</u>	<u>CHAIR</u> <u>10</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>JO ANN SLABONEL</u> <u>15178 CITETWYN DR., LANSING 48906</u>	<u>DIRECTOR</u> <u>2</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>BARBARA SMITH</u> <u>13001 SHADYBROOK LANE, DEWITT 48820</u>	<u>DIRECTOR</u> <u>5</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>LEON SMITH</u> <u>13001 SHADYBROOK LANE, DEWITT 48820</u>	<u>DIRECTOR</u> <u>1</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>PATRICIA SHOCKLEY</u> <u>3514 KAREN ST., LANSING 48911</u>	<u>TREASURER</u> <u>20</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>VALERIA TARIKA</u> <u>2710 BEDFORD, LANSING 48911</u>	<u>SECRETARY</u> <u>20</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>TED KRAWCZYNSKI</u> <u>2800 N. SMITH RD, DIMONDALE 48921</u>	<u>DIRECTOR</u> <u>7</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Patricia M. Shockley Telephone no. 517.394.0252 Located at 3514 Karen St., Lansing MI ZIP + 4 48911-2814
42b 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.
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation. Entry: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Entry: NONE

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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.

Sign Here: Signature of officer: Patricia M. Shockley, Date: 4-17-12, Type or print name and title: PATRICIA M. SHOCKLEY, TREASURER

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

FEDERATED POLISH HOME

Employer identification number

38-0533860

LINE 8 PART I - OTHER REVENUE

2010

2011

USAGE FEES

7743.00

8208.00

LINE 16 PART I - OTHER EXPENSES

CHARITABLE CONTRIBUTIONS

240.00

265.00

CHRISTMAS & EASTER PARTIES

192.53

198.61

LICENSES & FEES

325.01

440.00

PAPER & GENERAL SUPPLIES

182.30

343.90

939.84

1247.51

SEC. 179 ELECTRON - FREEZERS

1200.00

2447.51

LINE 24 PART II - OTHER ASSETS

BEVERAGE INVENTORY

1104.47

1146.19

LINE 26 PART II - TOTAL LIABILITIES

SALES TAX PAYABLE

511.53

589.09