



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Short Form Return of Organization Exempt From Income Tax

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning _____, 2012, 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
Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number 517.374.0419
1030 WEST MT. HOPE AVE.		F Group Exemption Number ▶
City or town, state or country, and ZIP + 4 LANSING MI 48910-9075		

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

I Website: ▶ _____

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

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

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	753.13
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	356.33
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b 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	
c Less: direct expenses from gaming and fundraising events	6c		
d 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	29642.12	
b Less: cost of goods sold	7b	7345.74	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	22296.38	
8 Other revenue (describe in Schedule O) USAGE FEES	8	6801.00	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	30206.84	
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	28436.24
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	2488.74
17 Total expenses. Add lines 10 through 16 ▶	17	30924.98	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(718.14)
	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	80994.27
	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	80276.13

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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	53,187.17	52,118.31
23 Land and buildings	27,250.00	27,250.00
24 Other assets (describe in Schedule O) <u>INVENTORY</u>	1,146.19	1,482.41
25 Total assets	81,583.36	80,850.72
26 Total liabilities (describe in Schedule O)	589.09	574.59
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	80,994.27	80,276.13

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 & CHARITABLE EVENTS.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	28,436.24
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	361.24
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	28,797.48

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 title	(b) 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. JOE, GRAND LEDGE MI 48937</u>	<u>DIRECTOR</u> <u>1</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>DOROTHY KOWALSKI</u> <u>2720 GRANT 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 MI 48840</u>	<u>DIRECTOR</u> <u>5</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>JOANN SLABONEX</u> <u>15178 CHETWYN DR, LANSING MI 48906</u>	<u>DIRECTOR</u> <u>1</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>EVERLYN FOTENHAUER</u> <u>3118 SABLAIN PKWY, LANSING MI 48910</u>	<u>DIRECTOR</u> <u>1</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>CONNIE JUMA</u> <u>5462 AMBER DR, EAST LANSING MI 48823</u>	<u>CHAIR</u> <u>10</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>PATRICIA SHOCKLEY</u> <u>3514 KAREN ST., LANSING MI 48911</u>	<u>TREASURER</u> <u>20</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>VALERIA TARXA</u> <u>2710 BEDFORD, LANSING MI 48911</u>	<u>SECRETARY</u> <u>20</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>TED KRACZYNSKI</u> <u>2800 N. SMITH RD, DIMONDALE MI 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

	Yes	No
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		<input checked="" type="checkbox"/>
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. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c 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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	NONE
b Did the organization file Form 1120-POL for this year?	37b	
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?	38a	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b 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	40b	
c 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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e 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	40e	<input checked="" type="checkbox"/>
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., LAUSING MI ZIP + 4 48911-2814	
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)?	42b	<input checked="" type="checkbox"/>
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.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<input checked="" type="checkbox"/>
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	43	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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)	45b	<input checked="" type="checkbox"/>

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 Yes No
46

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations 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 Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
49a

b If "Yes," was the related organization a section 527 organization? Yes No
49b

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."

(a) Name and title of each employee paid more than \$100,000	(b) 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
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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ NONE

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 ▶ Yes No

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: 4-5-13
 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 EIN: _____
 Firm's address: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Supplemental Information to Form 990 or 990-EZ

2012

Open to Public Inspection

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

2011

2012

USAGE FEES

8208.00

6801.00

LINE 16, PART I - OTHER EXPENSES

2011

2012

CHARITABLE CONTRIBUTIONS

265.00

215.00

CHRISTMAS + EASTER PARTIES

198.61

146.24

LICENSES & FEES

440.00

325.62

PAPER + GENERAL SUPPLIES

343.90

1052.46

SEC. 179 ELECT-FREEZERS

1200.00

SEC 179 ELECT-MIXERS

749.42

2447.51

2488.74

LINE 24, PART II - OTHER ASSETS

2011

2012

BEVERAGE INVENTORY

1146.19

1482.41

LINE 26, PART II - TOTAL LIABILITIES

2011

2012

SALES TAX PAYABLE

589.09

574.59