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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

Open to Public Inspection

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
FEDERATED POLISH HOME

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1030 WEST MT. HOPE AVENUE

City or town, state or province, country, and ZIP or foreign postal code
LANSING MI 48910-9075

D Employer identification number
38-0533860

E Telephone number
517-374-01419

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 Form of organization: Corporation Trust Association Other

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, 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 <input type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	998.63
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	309.25
	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	42843.00	
b Less: cost of goods sold	7b	17662.37	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	25180.63	
8 Other revenue (describe in Schedule O)	8	7278.00	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	33766.51	
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	24226.58
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	1331.23
	17 Total expenses. Add lines 10 through 16 ▶	17	25557.81
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8208.70
	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	84604.26
	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	92812.96

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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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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

Table with columns Yes, No and row 46. No is checked.

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

Table with columns Yes, No and row 47. No is checked.

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

Table with columns Yes, No and row 48. No is checked.

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

Table with columns Yes, No and row 49a. No is checked.

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

Table with columns Yes, No and row 49b. No is checked.

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 title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains '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 business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains '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 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 (4-22-16), Type or print name and title (PATRICIA M. SHOCKLEY, TREASURER)

Paid Preparer Use Only: Preparer's name, signature, date, PTIN, firm's name, address, EIN, phone no.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

FEDERATED POLISH HOME

Supplemental Information to 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.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

38-0533860

PAGE 1, LINE 8 OTHER REVENUE: 2014 2015

USAGE FEES 6068.50 7278.00

PAGE 1, LINE 16, OTHER EXPENSES

CHARITABLE CONTRIBUTIONS 559.80 165.00

EASTER & CHRISTMAS PARTIES 217.46 194.03

LICENSES & FEES 505.01 265.01

PAPER & GENERAL SUPPLIES 1301.53 707.19

TOTAL 2583.90 1331.23

PAGE 2, LINE 24 OTHER ASSETS

INVENTORY 1201.40 1521.63

PAGE 2, LINE 26, TOTAL LIABILITIES

MICHIGAN SALES TAX PAYABLE 685.68 848.95