

930

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

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

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, 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. D Employer identification number: 38-0533860. E Telephone number: 517.374.0419. F Group Exemption Number: 10.

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).

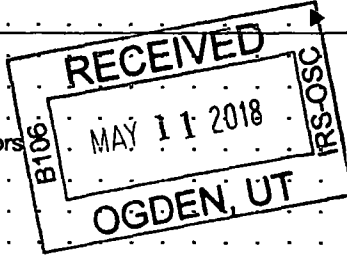
I Website: J Tax-exempt status (check only one) - 501(c)(3), 501(c)(10), 4947(a)(1), or 527.

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

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values are handwritten in the right column.



SCANNED JUL 24 2018 Revenue

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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	70135.36	22 87465.75
23 Land and buildings	27250.00	23 27250.00
24 Other assets (describe in Schedule O) <u>INVENTORY</u>	1336.55	24 1231.61
25 Total assets	98721.91	25 115947.36
26 Total liabilities (describe in Schedule O) <u>SALES TAX PAYABLE</u>	697	26 962.40
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	98714.94	27 114984.96

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? MAINTAIN BLDG FOR EXTERNAL 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; optional for others.)
28 <u>MAINTAIN THE BUILDING FOR THE BENEFIT OF MEMBERS + GUESTS TO HOLD SOCIAL, ARTISTIC, MEETINGS, POLISH CLASSES, COMMUNITY AND CHARITABLE EVENTS.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 22202.07
29 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
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 22202.07

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>CONNIE TUMA - SECRETARY</u>				
<u>5452 AMARA DR., EAST LANSING MI</u>	<u>10</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>WILLIAM GABEL</u>	<u>2</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>1217 POXSON AVE, LANSING MI</u>				
<u>VAL TARICA</u>	<u>2</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>2710 BEDFORD, LANSING MI</u>				
<u>PATRICIA SHOCKLEY, TREASURER</u>	<u>20</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>8514 KAREN ST., LANSING MI</u>				
<u>JAANN SLABOVEN</u>	<u>2</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>7524 E. ST. JOE HWY, GRAND LEDGE MI</u>				
<u>CHRISTINE HANSON</u>	<u>2</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>15178 CHETWYND DR. LANSING MI</u>				
<u>TERRY ULRICH - PRESIDENT</u>	<u>10</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>1136 HAPEMAN, LANSING MI</u>				
<u>VERONICA ULRICH</u>	<u>2</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>1136 HAPEMAN, LANSING MI</u>				
<u>JOYCE BRENNAN</u>	<u>2</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>614 N. DEERFIELD, LANSING MI</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. Otherwise, explain the change on Schedule O (see instructions)
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: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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
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:
42c At any time during the calendar year, did the organization maintain an office outside the United States? 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 46 Yes No [check]

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 47 Yes No [check]
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No [check]
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No [check]
b If "Yes," was the related organization a section 527 organization? 49b Yes No []

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 (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Handwritten 'N/A' in column (a).

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. Handwritten 'N/A' in column (a).

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 [] 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 Patricia M. Shockley Signature of officer Date 5-8-18 PATRICIA M. SHOCKLEY, TREASURER Type or print name and title

Paid Preparer Use Only Pnnt/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 [] Yes [] No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

FEDERATED POLISH HOME

Employer identification number

38-0533860

PAGE 1

LINE 9 OTHER REVENUE

2016

2017

USAGE FEES

8,104.50

6,857.00

PAGE 1

LINE 16 - OTHER EXPENSES

EASTER & CHRISTMAS PARTYS

215.74

337.85

LICENSES & FEES

490.01

490.00

PAPER & GENERAL SUPPLIES

357.69

3,485.47

CHARITABLE CONTRIBUTION

25.00

4,313.32

10,888.44