Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

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 and its instructions is at www.irs.gov/form990.

Open to Public

Dep	artment of	the Treasury	Do not enter social security numbers on this form as it may be	-	-		Inspection	
Inter		ue Service	► Information about Form 990 and its instructions is at www.irs andar year, or tax year beginning January 1 , 2016, and ending		m990. Pecembe	r 21	20 16	
<u>~</u>			C Name of organization Plast Institute: A National Institute for Polish & Polish		_		dentification number	
В		applicable:		Amenc	an 4 Di			
님	Address	- 1	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/su			30-0154459 E Telephone number		
	Name ch	-	· '	IIG	["	•		
	Initial ret		11633 Joseph Campau			31	3-733-4535	
님	_	m/terminated	,		- L.			
님	Amende		Hamtramck, MI 48212		Gross recei			
ш	Applicati	ion pending	F Name and address of principal officer: Thaddeus C. Radzilowski				rdinates? Ves 🗹 No	
			21495 Lundy Drive, Farmingtin Hills, MI 48336	H(b) A			cluded? Yes No	
느		mpt status:	✓ 501(c)(3)	⊣			:, (see instructions)	
<u></u>	Website		w.plastinstitute.org			mption nur		
K			Corporation	tion: 2	2003	M State of	egal domicile. MI	
Ŀ	art I	Summ						
	1	-	escribe the organization's mission or most significant activities: The Pi					
ջ	1		Center which serves Polish Americans and othe Ethnic groups and provide	s and br	rokers s	ocial serv	ices at the local	
鞷	1		is a Census Bureau, Census Information Center and Homeland Security.					
Activities & Governance	2		his box $ ightharpoonupigcupigcapar aigcapigcapigcapigcapigcapigcapigcapigcapigcapigcap$	of more	than 25	5% of its	net assets.	
පි	3		of voting members of the governing body (Part VI, line 1a)			3	11	
40	4	Number	of independent voting members of the governing body (Part VI, line 1b)			4	10	
Ē	5	Total nui	mber of individuals employed in calendar year 2016 (Part V, line 2a) .			5	4	
¥	6		mber of volunteers (estimate if necessary)			6	25	
¥	7a	Total uni	related business revenue from Part VIII, column (C), line 12			7a	0	
	<u>b</u>	Net unre	elated business taxable income from Form 990-T, line 34		<u> </u>	7b	0	
				Pi	rtor Year		Current Year	
•	8	Contribu	itions and grants (Part VIII, line 1h)..............[3:	30,112	247,562	
Ē	9	Program	ı service revenue (Part VIII, line 2g)					
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)					
œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33	30,112	247,562	
_	13		and similar amounts paid (Part IX, column (A), lines 1-3)					
	14		paid to or for members (Part IX, column (A), line 4)					
co.	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)		1:	72,794	149,543	
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)					
9	Ь		ndraising expenses (Part IX, column (D), line 25) ▶			+-		
ă	17		conses (Part IX, column (A), lines 11a-11d, 11f-24e) (Column (A), lines 11a-11d, 11f-24e)			89,031	93,738	
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25	+		61,825	243,281	
	19		e less expenses. Subtract line 18 from line 12	9 		66,368	4,281	
-		110401100		(<u>A</u> (Beginning			End of Year	
BQ	20	Total ac	(Da	() 		94,237	160,518	
3	21		bilities (Part X, line 26)	쏠!		27,864		
Not Assets	22		ets or fund balances. Subtract line 21 from line 20GDEM. UN	- }			116,051	
		Ciana	Street Block		'	66,368	44,467	
_	art II		ture Block					
			ury, I declare that I have examined this return, including accompanying schedules and state				knowledge and belief, it is	
	ue, conec	a, and comp	olete. Declaration of preparer (other than officer) is based on all information of which prepare	or mas any				
•			Madaus C. Rady Howshi		6	2540	bes 15, 701	
	gn	Sign	nature et officer		Date		•	
Н	ere	11 7	heddeus C. KADZILOS					
		Typ	e or print name and title					
P	aid	Print/T	ype preparer's name Preparer's signature					
	repare	er						
	se On		name •					
	3 C (11	עיי	address ►					
M	av the I		ss this return with the preparer shown above? (s					

For Paperwork Reduction Act Notice, see the separate instructions.

	0 (2016)	Page 2
Part I		
	Check if Schedule O contains a response or note to any line in this Part III	<u>···□</u>
1	Briefly describe the organization's mission:	
	The Plast Institute is a National Research, Policy and Cultural Center which serves Polish Americans and other ethnic group provides and brokers social services at the local level. It is a Census Bureau, U.S. Census Information Center and a Home	
	Passallis, Immigration and alternation also	8110
	Security immigration assistance site.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		s 🖾 No
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		s 🗹 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 11,506 including grants of \$) (Revenue \$)
	Historical and Sociological research and disseminating articles, lectures, monographs, surveys and programs on Poland a	nd East
	Central Europe and the American disaporas from those areas. Three major studies completed, 42 newspaper articles and	blogs,
	1 scholarly article, 18 lectures & events, 28 television and video programs.	

	Audience reached: 130,000 - 150,000	

4b	(Code:) (Expenses \$ 10,350 including grants of \$) (Revenue \$)
	Demographic and current affairs research and dissemination in support of initiative #4A (70%) and information center to si	rbbout
	responses to public for census data (30%) and a national communication portal through Congressional Quarterly (CQ).	
	A officer which are and	
	Audience reached: 100,000	
4c	(Code:) (Expenses \$ 175,000 including grants of \$ 175,000) (Revenue \$	
40	Social Science: Social service to immigrants and their families and to local ethnic and immigrant groups including research) ch
	and data for help in building community capacity and acculeration.	,
	Blife Add to the standard Administration accounts and account account and account and account and account account and account account and account account and account and account account and account account and account account and account account account and account account account account account and account account account account account and account acco	
	Number serves: 7,500	
	14818A 001.100. 1444	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ \$196.856	

Form 99		_	F	Page 3
Part I	V Checklist of Required Schedules		Yes	No
. 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	~	~
4	Section 501(c)(3) organizations. 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	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		•
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	١	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14.a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate	14a		-
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	V
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		V
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18	<u> </u>	~
	<u></u>		n 99 0	(2016)

Part	Checklist of Required Schedules (continued)		- ·	
20 ~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20-	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		7
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		٧
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		7
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	25b		v
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	21		-
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		•
, c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		7
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	~	-
		For	m 99 0	(2016

Part				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	.[
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 1	,	1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1		
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	1	, ,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	لــــا	~
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1 1	1	ł
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?] _]	i l	
	If "Yes," enter the name of the foreign country:	4a		
. 0	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			-
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		V
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		~
7_	Organizations that may receive deductible contributions under section 170(c).			}
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			ļ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	/B		
·	required to file Form 8282?	7c	'	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	,	<u> </u>	
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		V
. 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			l
_	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	1
9	Sponsoring organizations maintaining donor advised funds.			l
, a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		7
10	Section 501(c)(7) organizations. Enter:	9b		
a	Initiation fees and capital contributions included on Part VIII, line 12		ĺ	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	4 1		
11	Section 501(c)(12) organizations. Enter:	1 /	1	1
а	Gross income from members or shareholders) l	ŀ	ł
b	Gross income from other sources (Do not net amounts due or paid to other sources	7 !	1]
•	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		•
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	1
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	1
4	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which		1	}
	the organization is licensed to issue qualified health plans	<u> 1</u>	1	
C	Enter the amount of reserves on hand	1	<u> </u>	↓
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	ł	1

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Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S				
Secti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	· · · · · · ·	•••	<u>···</u>	<u> </u>
36Cu	on A. Governing body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	11			
10	If there are material differences in voting rights among members of the governing body, or		1		
	if the governing body delegated broad authority to an executive committee or similar	ļ	}		Ì
	committee, explain in Schedule O.		}		}
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	10	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	ionship with			
	any other officer, director, trustee, or key employee?		2	1	4
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other pe	rson? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		V
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?.	5		~
6	Did the organization have members or stockholders?		6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elec	t or appoint	_		
	one or more members of the governing body?	· · · · · · · · · · · · · · · · · · ·	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by stockholders, or persons other than the governing body?		~		
8	Did the organization contemporaneously document the meetings held or written actions undert	1	7b		~
•	the year by the following:	aken during			
а	The governing body?	ł	8a	1	
b	Each committee with authority to act on behalf of the governing body?		8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9]	~
Secti	on B. Policies (This Section B requests information about policies not required by the In	ternal Reveni	ue C	ode.)	
				Yes	No
40-					
10a	Did the organization have local chapters, branches, or affiliates?		10a		1
10a b	If "Yes," did the organization have written policies and procedures governing the activities of suc		10a		•
b	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urposes?	10a 10b		V
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	urposes?			
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling Describe in Schedule O the process, if any, used by the organization to review this Form 990.	urposes?	10b 11a		>>
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	ourposes? ng the form?	10b 11a 12a		>>
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risk	ourposes? ng the form? e to conflicts?	10b 11a		>>
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	ourposes? ng the form? e to conflicts?	10b 11a 12a 12b		>>
11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before filial Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	ourposes? ng the form? e to conflicts?	10b 11a 12a 12b		>>
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before filial Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	ourposes? ng the form? e to conflicts?	10b 11a 12a 12b 12c 13	V	>>
11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	ourposes? Ing the form? It is to conflicts? It is is to conflicts? It is is to conflicts? It is is to conflicts?	10b 11a 12a 12b	V	>>
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before filial Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	ourposes? Ing the form? It is to conflicts?	10b 11a 12a 12b 12c 13		>>
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before filial Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give not bid the organization regularly and consistently monitor and enforce compliance with the policity of the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and	ourposes? Ing the form?	10b 11a 12a 12b 12c 13		>>
11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with the organization's exempt policies and branches to ensure their operations are consistent with the organization's exempt policies that the organization provided a complete copy of this Form 990 to all members of its governing body before filling Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give not be organization regularly and consistently monitor and enforce compliance with the policity describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation and	ourposes? Ing the form?	10b 11a 12a 12b 12c 13 14		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of sur affiliates, and branches to ensure their operations are consistent with the organization's exempt policies and branches to ensure their operations are consistent with the organization's exempt policies. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give not be organization regularly and consistently monitor and enforce compliance with the policity describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ourposes? Ing the form? It is to conflicts? It is yes, " It is approval by a decision? It is approval by a decision?	10b 11a 12a 12b 12c 13 14		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt policies. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filial Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give not be describe in Schedule O how this was done. Did the organization regularly and consistently monitor and enforce compliance with the policity describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar and the organization invest in, contribute assets to, or participate in a joint venture or similar and the process in Schedule O (see instructions).	aurposes? Ing the form? Ing the fo	10b 11a 12a 12b 12c 13 14		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of sur affiliates, and branches to ensure their operations are consistent with the organization's exempt policies and branches to ensure their operations are consistent with the organization's exempt policies in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give not be describe in Schedule O how this was done. Did the organization regularly and consistently monitor and enforce compliance with the policity describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?	aurposes? Ing the form? It is to conflicts? It i	10b 11a 12a 12b 12c 13 14		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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b 11a b 12a b c 13 14 15 a b Secti	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt p Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	aurposes? Ing the form? Ing the fo	10b 11a 12a 12b 12c 13 14 15a 15b		V V V V V V V V V V V V V V V V V V V
b 11a b 12a b c 13 14 15 a b Secti	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt policies. And branches to ensure their operations are consistent with the organization's exempt policies and branches to ensure their operations are consistent with the organization's exempt policies. But the organization provided a complete copy of this Form 990 to all members of its governing body before filling becomes the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise. Did the organization regularly and consistently monitor and enforce compliance with the policity describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and cont	aurposes? Ing the form? Ing the fo	10b 11a 12a 12b 12c 13 14 15a 15b		V V V V V V V V V V V V V V V V V V V
b 11a b 12a b c 13 14 15 a b Secti	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt policies in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give not be organization regularly and consistently monitor and enforce compliance with the policing describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and take steps to so organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an organization to make its Forms 1023 (or 1024 rf applicable), 990, and available for public inspection. Indicate how you made these available. Check all that apply.	aurposes? Ing the form? It is to conflicts? It i	10b 11a 12a 12b 12c 13 14 15a 15b		V V V V V V V V V V V V V V V V V V V
b 11a b 12a b c 13 14 15 a b Secti	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt policies. And branches to ensure their operations are consistent with the organization's exempt policies and branches to ensure their operations are consistent with the organization's exempt policies. But the organization provided a complete copy of this Form 990 to all members of its governing body before filling becomes the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise. Did the organization regularly and consistently monitor and enforce compliance with the policity describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and contemporaneous substantiation of the deliberation and independent persons, comparability data, and cont	purposes? Ing the form? It is to conflicts? It i	10b 11a 12a 12b 12c 13 14 15a 15b	(c)(3)s	v v v v v only)

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Robin Koyl 11633 Joseph Campau Hamtramck, MI 48212

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Form	990	(201	61

Page 7

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees, Highest Compensated Employees	, and
	Independent Contractors		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor	any related	dorga	aniz	atio	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than of box, unless person is both officer and a director/trust						(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Highest compensated employee Key employee Officer Instructional trustee Individual trustee		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Thaddeus C. Radzilowski, Ph.D. President			٧	\ \r\ \r\ \r\ \r\ \r\ \r\ \r\ \r\ \r\ \	~					
(2) Joann Pleronek, Ph.D.				[
Chair	3-4	~		L						
(3) Ron Dzwonkowski				}			}	}		
Vice-Chair		~		L			L			
(4) Waldek Raczkowski Treasurer		~		,						
(5) Zofia Ladak			-	-	-	 -	-			
Secretary	t	V								
(6) Robert Brzustewicz										
Board Member		~				1	}			
(7) Konrad Salaber										
Board Member		-	-	├-	<u> </u>	 -	<u> </u>			
(8) John Radzilowski Board Member		/				}		{		
(9) Fr. Andrew Kowalczyk										
Board Member		~	L_	L	L_	<u> </u>	_	ļ		·
(10) Virginia Skrzyniarz	}		1	1	١.	١.	{			
Ex-Officio	 	~	├	<u> </u>	~	~	 	\$52,500		
(11)	 					}		{		
(12)							-			
(13)										
(14)	 			-	-		-		 	

	(A) Name and title		box, office	unless person is both an cer and a director/trustee) Reportable Reportable Compensation Compensation relate		(E) Reportable compensation from related organizations	n from arr		f				
		related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC) f on an	rom the ganization id relate anizatio	on ed
(15)							1	 			 		
(16)							L——				1		
(17)					-			-			 		
(18)													
(19)						-		-			+		
(20)				-	<u> </u>	-			 		 		
(21)				-	-	,		-	 		+		
			-	-				_			 		
(23)					-	-		-	 -				
(24)					-	-	,	-			+		
(25)				-	 	-		-			+		
1b c	Sub-total							>	\$52,500		 		
d	Total (add lines 1b and 1c)	<u></u>	<u></u>	<u>.</u>	·	<u> </u>		<u> </u>	\$52,500				
	Total number of individuals (including bur reportable compensation from the organ		to tr	1056	e list	ted	above	9) W	ho received m	ore than \$100, 	000 of		 .
3	Did the organization list any former of employee on line 1a? If "Yes," complete							əmp	oloyee, or high	est compensa	ated 3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	соп	npe	nsatio				the		
5 ,	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m any	un for s			dual		1
Section	on B. Independent Contractors							<u> </u>	Justi porson		· 5		1
1	Complete this table for your five highest compensation from the organization. Rej year.												tax
	(A) Name and business add	iress							(B) Description of s	ervices		C) Insation	
					_	<u></u> -		E					
	Total number of independent contractor				_								

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
1		Check if Schedule C	Contains	<u>a 162</u>	porise or riote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
ध ध	1a	Federated campaigns	 S	1a	0		1010100		012 014			
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .		1b	O			ļ				
8, G	С	Fundraising events .		1c	0	\						
a H	d	Related organizations		1d	0			1				
3, C	е	Government grants (cor	ntributions)	1e	\$213,188	1]	1			
i Si	f	All other contributions, g				Į.			}			
	ł	and similar amounts not inc	cluded above	1f	\$34,374				İ			
Ē B	g	Noncash contributions inclu	ded in lines 1a	-1f: \$								
	h	Total. Add lines 1a-1	f	<u> </u>	<u> ▶</u>	\$247,562			<u> </u>			
3					Business Code							
Program Service Revenue	2a	,										
æ	b	·						l				
ξ	C											
3	ď											
뎙	0				ļ			 	 			
` ∑	f	All other program ser						<u> </u>	<u> </u>			
	9	Total. Add lines 2a-2						,				
	3	Investment income and other similar amo							1			
·			•					 	 			
	4	Income from investmen		-	-			 	}			
	5	Royalties	(i) Rea		(ii) Personal			 	 			
	6a	Gross rents	(4).1.0		(1) (1)							
	b	Less: rental expenses			 							
	C	Rental income or (loss)			+							
	d	Net rental income or	(loss)					<u> </u>	- 			
	7a	Gross amount from sales of	(i) Securi		(ii) Other			 	+			
	'"	assets other than inventory	- "		 	\		١	1			
	Ь	Less: cost or other basis			 							
] -	and sales expenses .	l)				
	c	Gain or (loss)							1			
	d	Net gain or (loss)			' ▶			\ 				
	1 -	94 0. (1000)			r 			 	 			
enne	8a	Gross income from f	undraising		· []				
		events (not including \$	-		1				· I			
ě	ł	of contributions report	ted on line 1	ic).	}			}	1			
<u> </u>	1	See Part IV, line 18			a) '			İ				
Other Rev	Ь	Less: direct expense	s	. Ł				Ì				
U	C	Net income or (loss)	from fundra	aising	events . >							
,	9a	Gross income from g	aming activ	ities.								
	1	See Part IV, line 19		. '£	a			ĺ				
•		Less: direct expense										
		Net income or (loss)			tivities 🕨							
	10a	Gross sales of i	-			}		1				
	Ì	returns and allowand		•	a			1				
		Less: cost of goods			ا	ļ						
	<u>c</u>	Net income or (loss)		of inv				ļ	<u> </u>			
	<u></u>	Miscellaneous	Revenue		Business Code			<u> </u>				
	11a				<u> </u>			 				
	b							 	 			
	C					 		 				
	d	All other revenue			L	 		 	 			
	е				🟲	 		 	 			
	1 12	Total revenue, See	inethiction			247 562		1	1			

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	ll other organization	s must complete colu	ımn (A).
	Check if Schedule O contains a respon-	se or note to any lin	e in this Part IX .		🛚
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	52,250	39,188	10,450	2,612
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	32,230	37,100	10,430	2,012
7	Other salaries and wages	71,229	53,422	14,245	3,562
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	26,064	19,548	5,213	1,303
11	Fees for services (non-employees):		j	}	
а	Management . ,			-	
b	Legal				
C	Accounting				
d	Lobbying			+	
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	6,629	4,972	1,326	331
13	Office expenses	7,189	5,392	1,438	359
14	Information technology	6,525	4,894	1,305	326
15	Royalties	3,333			
16	Occupancy	13,748	10,311	2,750	687
17	Travel	6,655	4,991	1,331	333
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0		o	0
19	Conferences, conventions, and meetings .	516	387	103	26
20	Interest	10,268	7,701	2,054	513
21	Payments to affiliates	, '0	0	0	0
22	Depreciation, depletion, and amortization	4,275	3,206	855	214
23	Insurance	6,179	4,634	1,236	309
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		:		
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	License, Dues & Subscription	2,732	2,049	546	137
b	Building Renovation	2,732		0	
c	Building Maintenance	5,237	3,928	1,047	262
. d	Volunteer Expense	8,455	6,341	1,691	423
e	All other expenses	15,330	11,498	3,066	766
25	Total functional expenses. Add lines 1 through 24e	243,281	182,462	48,656	12,163
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

, it	art X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Pa	art X		
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		12,237	1	12,588
1	2	Savings and temporary cash investments			2	
- 1	3	Pledges and grants receivable, net			3	
- 1	4	· · · · · · · · · · · · · · · · · · ·			4	
- 1	5	Loans and other receivables from current and t				ļ
.		trustees, key employees, and highest co				
- 1		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers		1		
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volun			1	
en l		organizations (see instructions). Complete Part II of Sche			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		ļ	9	
	10a	Land, buildings, and equipment: cost or	1 1			
		other basis. Complete Part VI of Schedule D	10a 190,000			
	b	Less: accumulated depreciation	10b 42,000	144,000	10c	148,000
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15/ 007	15	
—	16	Total assets. Add lines 1 through 15 (must equa		156,237	16	160,518
	17 18	Accounts payable and accrued expenses		 	18	
	19	Grants payable			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
ģ	22	Loans and other payables to current and for				
Labilities	—	trustees, key employees, highest compen				
큡	1	disqualified persons. Complete Part II of Schedu	ule L		22	
Ĭ	23	Secured mortgages and notes payable to unrela	ated third parties	121,494	23	116,051
	24	Unsecured notes and loans payable to unrelated	-	0	24	0
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lines			_	
	-	of Schedule D		101 404	25	444.054
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► and	121,494	26	116,051
S	{	complete lines 27 through 29, and lines 33 an		1		
Ë	27	Unrestricted net assets		156,237	27	160,518
퍨	28	Temporarily restricted net assets		0		0
0	29	Permanently restricted net assets		0		0
ş	\	Organizations that do not follow SFAS 117 (ASC 9				
7	ţ	complete lines 30 through 34.			1 1	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
380	31	Paid-in or capital surplus, or land, building, or e	• •		31	
\$	32	Retained earnings, endowment, accumulated in		<u></u>	32	
2	33	Total net assets or fund balances		156,237		160,518
	34	Total liabilities and net assets/fund balances .	 	277,731	34	284,569 Form 990 motes

Form 99	00 (2016)		Pa	ige 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		24	7,562
2	Total expenses (must equal Part IX, column (A), line 25)		24	3,281
3	Revenue less expenses. Subtract line 2 from line 1			4.281
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		15	6,237
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		16	0,518
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	- [1 1
	reviewed on a separate basis, consolidated basis, or both:	1	}	1
	Separate basis Consolidated basis Both consolidated and separate basis			LJ
b	Were the organization's financial statements audited by an independent accountant?	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	i	Ì	
	separate basis, consolidated basis, or both:	1		{ }
	Separate basis Consolidated basis Both consolidated and separate basis			·
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		~
	If the organization changed either its oversight process or selection process during the tax year, explain in	j	}	
_	Schedule O.		-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1	ĺ	1
	the Single Audit Act and OMB Circular A-133?	3a	L	~
p	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	۱.	ł	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	L	1
		Fort	n 99 0	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

2016 Open to Public Inspection '

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

PIGST FMT Tute: A Northand Institute for Employer identification number 30-0154459 Polishy Polish angerean Affairs Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (described on lines 1-10 isted in your governing document? support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Part							
	(Complete only if you checked th	ne box on line	€ 5, 7, or 8 of	Part I or if the	e organızatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	,		,			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						}
	include any "unusual grants.")				L		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					L	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4						
	ion B. Total Support	,	,				·
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			 		 	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	. (see instructi	ons)	<u> </u>		12	I
13	First five years. If the Form 990 is for the	he organizatioi	n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he			· · · · ·	· · · · ·		· · · 🕨 🗆
	ion C. Computation of Public Suppor					,	
14	Public support percentage for 2016 (line		-			14	%
15	Public support percentage from 2015 Sci					15	%
16a	331/3% support test—2016. If the organ box and stop here. The organization qua	alifies as a pub	licly supported	dorganization			> 🗀
b	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	ion		> 🗀
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the forganization meets the forganization	eets the "facts "facts-and-circ	s-and-circums cumstances" t	tances" test, cl est. The organ	heck this box ization qualifie	and stop here s as a publicly	. Explain in y supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization.	ation meets the meets the "fac	ne "facts-and- cts-and-circum	circumstances stances" test.	" test, check The organizat	this box and ion qualifies a	stop here. s a publicly
18	Private foundation. If the organization d						

Schedul	e A (Form 990 or 990-EZ) 2016						Page 3
Part							
	(Complete only if you checked the lift the organization fails to qualify						nder Part II.
Section	on A. Public Support	under the te	sts listed beit	ow, please co	inplete Fait	····	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	18] 300	a39,835				1,194,549
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an	Q		्ष	νΦ	Ø	ф
	unrelated trade or business under section 513	} 			 		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	181,300	239,835	222,490	307,760	247,563	1/194/549
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	4	9	4	0	8	0
8	Public support. (Subtract line 7c from line 6.)				<u> </u>		
	on B. Total Support	(-) 2010	(1) 0040		(1) 0045	1 1 1 2 2 2 2 2	1 40 =
Galen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2012 181 300	(b) 2013 239835	(c) 2014 222 490	(d) 2015 307, 362	(e) 2016 247,562	(f) Total
10a	Gross income from interest, dividends,	101, 300	471075	200, 970	30,000	011,000	1,179,373
	payments received on securities loans, rents, royalties and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			}			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	181 300	239 820	222 4/2	2/127/1	247.53	1, 194, 549
14	First five years. If the Form 990 is for the organization, check this box and stop he	he organization	n's first, secon	id, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
Secti	on C. Computation of Public Suppo				· · · · · · · · · · · · · · · · · · · 	• • • • • •	· · · · · · · · · · · · · · · · · · ·
15	Public support percentage for 2016 (line			13. column (fl)		15	100 %
16	Public support percentage from 2015 Sc	= = =	-			16	100 %
Sect	on D. Computation of Investment In						
17	Investment income percentage for 2016			-		17	%
18	Investment income percentage from 201	-	•			18	%
19a	331/3% support tests - 2016. If the organ 17 is not more than 331/3%, check this box						
h	331n% support tests—2015. If the organi					_	

line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		,
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	-	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		- -	'
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
	on B. Type I Supporting Organizations	116		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			,
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	}		1
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported] [}	,
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the erganization energia for the hopeful of any augmented erganization other than the augmented	1	}	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		1	· '
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	'
	supervised, or controlled the supporting organization.	2	•	i '
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		}	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		ļ	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	ا ا	-	}
Secti	on D. All Type III Supporting Organizations	11	<u> </u>	L
0001	on b. All Type in supporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			·
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the)		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ì	ĺ	} '
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	-		} :
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's		l	}
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	1	
	supported organizations played in this regard.	3		į
Sect	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struci	ions).
2	Activities Test. Answer (a) and (b) below.		Voe	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		03	1:30
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}	1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ļ]
	how the organization was responsive to those supported organizations, and how the organization determined		1	1
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		} _	{
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	[
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	1	{	
_	-	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	l
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each) Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	ŧ	

Schedule A (Form 990 or 990-EZ) 2016 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1. Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

emergency temporary reduction (see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets	- 		
	Qualified set-aside amounts (prior IRS approval required)			
<u> 6 </u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2016 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount			/iii\
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
<u> </u>				
<u>C</u> _	From 2013			
<u>d</u> _	From 2014			
e	From 2015			
<u>f</u>	Total of lines 3a through e			
	Applied to underdistributions of prior years	 		
	Applied to 2016 distributable amount			
<u>i</u> _	Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from	 		
•	Section D, line 7:			
	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	ו		
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Fundamentary 2012	<u> </u>		
<u> </u>	Excess from 2013	<u> </u>		
<u>c</u>	Excess from 2014	 	······································	
d	Excess from 2015	<u> </u>	<u> </u>	
е	Excess from 2016	<u> </u>		

Schedule A (F	Page (
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
,	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Polish Employer identification number IAST Institute Anational Institute for Polish 12000 M Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: \$ Assets included in Form 990, Part X

Page	2

Part	III Organizations Maintaining	Colle	ctions of	Art, Hist	orical T	reasures,	or Ot	her Similar A	ssets (contini	ued)
3	Using the organization's acquisition, a collection items (check all that apply):	acces	sion, and ot			•		-	significa	nt use	of its
	Public exhibition					or exchang					
	Scholarly research			e L	☐ Other						
_	Preservation for future generations					6.4					. 5
4	Provide a description of the organizat XIII.	ion's	collections a	and expla	in now tr	ney turtner	tne org	anization's exe	empt pur	pose II	n Part
5	During the year, did the organization assets to be sold to raise funds rather									Yes [] No
Part	IV Escrow and Custodial Arra	nger	nents.								
	Complete if the organization 990, Part X, line 21.									on For	m
	Is the organization an agent, trustee, included on Form 990, Part X?									Yes [] No
b	if "Yes," explain the arrangement in Pa	art XII	and comple	ete the fo	lowing ta	ible [,]		,			
							<u> </u>	+	Amount		
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						<u>1f</u>				
2a	Did the organization include an amount										¬ No
Par	If "Yes," explain the arrangement in P. Endowment Funds.	art All	i. Check ner	e ii the ex	pianation	nas been	provide	on Part XIII		<u></u>	
r ai	Complete if the organization	anev	vered "Ves	" on For	m 000 E	Part IV line	a 10				
	Complete if the organization		Current year	(b) Pro		(c) Two year		(d) Three years ba	ick (e) F	our years	s back
1a	Beginning of year balance	<u> </u>			,	(-, ,		(-,			
ь	Contributions	<u> </u>							+-		
c	Net investment earnings, gains, and losses								 		
d	Grants or scholarships								~		
e	Other expenditures for facilities and										
	programs	į					-		- (
f	Administrative expenses							·			
g	End of year balance								+-		
2	Provide the estimated percentage of t		rrent year er	nd balanc	e (line 1g	, column (a	i)) held i	as:			
а	Board designated or quasi-endowme	nt 🕨		%			-,				
b	Permanent endowment ▶	%									
c	Temporarily restricted endowment ▶		%								
	The percentages on lines 2a, 2b, and	2c sh	ould equal 1	00%.							
3а	Are there endowment funds not in th	e pos	session of tl	he organi	zation tha	at are held	and ad	mınıstered for	the		
	organization by:									Yes	No
	(i) unrelated organizations								. 3a	(0)	<u> </u>
	(ii) related organizations								. <u>3a</u> ((ii)	
b	If "Yes" on line 3a(ii), are the related of								. [3]	<u> </u>	⊥
4_	Describe in Part XIII the intended use			on's endo	wment for	unds.					
Par											
	Complete if the organization	ans									-
	Description of property		(a) Cost or o			or other basis ther)	, , ,	Accumulated epreciation	(d) E	Book valu	
1a	Land										
b	Buildings				198	0,000	46	000		18 OC	<u>v/</u>
C	Leasehold improvements						L	•			
đ	Equipment				<u> </u>		<u> </u>				
<u>e</u>	Other	•			<u> </u>		<u> </u>				
Total.	. Add lines 1a through 1e. (Column (d) I	nust e	qual Form 9	990 <u>, P</u> art 2	K, columr	n (B), line 10	Oc.) .	<u> ▶</u>			

	Complete if the organization ar	iswered Yes on Fol	m 990, Part IV, line	e i ib. See Form	1990, Part X, line 1
	(a) Description of security or categ (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
Financial	denvatives				
	neld equity interests				
Other					
m) 					
B) C)					
D)					
E)					
F)					 _
(G)					
(H)		,			
al. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>			
art VIII	Investments – Program Relat Complete if the organization ar		rm 990. Part IV. line	e 11c. See Form	990. Part X. line 1
	(a) Description of investment		(b) Book value	(c) Me	thod of valuation
)					
)					
)					
)					
}					
<u></u>					
<u>) </u>					
3)			 		
9)					
	(h) must equal Form 990, Part X, col. (R) line 13.)				
tal. (Column	(b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>			
tal. (Column	Other Assets.		rm 990. Part IV. line	e 11d. See Form	1 990. Part X. line
tal. (Column			rm 990, Part IV, line	e 11d. See Form	n 990, Part X, line
al. (Column Part IX	Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
tal. (Column Part IX	Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
tal. (Column Part IX 1)	Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
tal. (Column Part IX	Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
Part IX Part IX 1) 2)	Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
Part IX Part IX 1) 2) 3)	Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
1al. (Column Part IX	Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
al. (Column Part IX	Other Assets.	nswered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
1) Part IX Par	Other Assets. Complete if the organization ar	nswered "Yes" on Fo (a) Description	rm 990, Part IV, line	e 11d. See Form	
tal. (Column Part IX 1) 22) 33) 4) 55) 66) 77) 88) 99)	Other Assets. Complete if the organization are	nswered "Yes" on Fo (a) Description	rm 990, Part IV, line	e 11d. See Form	
tal. (Column Part IX 1) 1) 22) 33) 44) 55) 66) 77)	Other Assets. Complete if the organization are simm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are	nswered "Yes" on Fo (a) Description col. (B) line 15.)			(b) Book value
Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX	Other Assets. Complete if the organization are simm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25.	nswered "Yes" on Fo (a) Description col. (B) line 15.) nswered "Yes" on Fo			(b) Book value
al. (Column Part IX)))))))))))))))))))	Other Assets. Complete if the organization are simm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	nswered "Yes" on Fo (a) Description col. (B) line 15.)			(b) Book value
al. (Column Part IX) (2) (3) (4) (5) (5) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization are simm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25.	nswered "Yes" on Fo (a) Description col. (B) line 15.) nswered "Yes" on Fo			(b) Book value
al. (Column Part IX) (2) (3) (4) (5) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (7) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization are simm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	nswered "Yes" on Fo (a) Description col. (B) line 15.) nswered "Yes" on Fo			(b) Book value
Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX	Other Assets. Complete if the organization are simm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	nswered "Yes" on Fo (a) Description col. (B) line 15.) nswered "Yes" on Fo			(b) Book value
Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX	Other Assets. Complete if the organization are simm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	nswered "Yes" on Fo (a) Description col. (B) line 15.) nswered "Yes" on Fo			(b) Book value
Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX	Other Assets. Complete if the organization are simm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	nswered "Yes" on Fo (a) Description col. (B) line 15.) nswered "Yes" on Fo			(b) Book value
Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX	Other Assets. Complete if the organization are simm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	nswered "Yes" on Fo (a) Description col. (B) line 15.) nswered "Yes" on Fo			(b) Book value
Part IX Par	Other Assets. Complete if the organization are simm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	nswered "Yes" on Fo (a) Description col. (B) line 15.) nswered "Yes" on Fo			(b) Book value
1) Part IX 2) 33	Other Assets. Complete if the organization are simm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are line 25. (a) Description of liability	col. (B) line 15.) . (b) Book value			(b) Book value

	XI Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, F				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		1	
С	Recoveries of pnor year grants	2c		1	
d	Other (Describe in Part XIII.)	2d		1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1 1	
С				4c	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part	XII Reconciliation of Expenses per Audited Financial Statem			er Re	turn.
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		_	
C	Other losses	2c	<u></u>	_]	
d	,	2d	L		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	; •	<i></i> .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1		1 :	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIII.)	4b		- -	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	L
22.14					
	XIII Supplemental Information.	d 4. D	art IV lines 1b and 2	h: Part	V line 4: Part V line
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
Provid					
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
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Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
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Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				

Page 5 Part XIII Supplemental Information (continued)			
Part XIII	Supplemental Information (continued)		
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization	Employer identification number		
Plast Institute: A National Institute for Polish & Polish AMerican Affairs	30-0154459		
·			
3.) Part VI, Section c, 19			
The Piast Institute makes available to any interested party its governing documents and financial statements upon written request at our office			
during business hours. Our annual reports are also available on the State of Michigan's website of non-profit	corporations.		
, , , , , , , , , , , , , , , , , , ,			
2.) Part IV, Section B, 11A			
The sealer Beauty did not one a carry of the DDD for the 2046 EV order to guidantee . HOwever, it was reviewed	t by the Chair of the Board and the		
The entire Board did not see a copy of the 990 for the 2016 FY prior to submission. HOwever, it was reviewed	by the Chair of the Board, and the		
Board Finance Committee Chair. They will report to the Board on it at the January 2018 meeting.			
board Finance Committee Chair. They was reported the board of it at the candle of the committee Chair.			
·			
1.) Dr. John Radzilowski, Professor University of Alaska, is the son of the President Dr. Thaddeus Radzilowski. Dr. John Radzilowski is a			
*			
recognized specialist on East European History and on AMerican Immigration two areas of special concern to the Plast Institute.			
•			