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TIN: 81-4068395 OMB No. 1545-0047

Form 990EZ

Internal Revenue Service

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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. ▶ Go to <u>www.irs.gov/Form990EZ</u> for instructions and the latest information.

Open to **Public Inspection**

A	For ti	ne 2021 calendar y	ear, or tax year beginning 01-01-2021, and en	ding 12-	31-2021					
_			ame of organization CORSE HISTORICAL SOCIETY				D Emplo	yer identification number		
_	Name (3.					81-4068395			
	Initial r	. · Nu	Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 3869 W Jefferson Ave			iite	E Telephone number			
Final return/terminated		urn/terminated						(313) 294-3740		
O Amended return City or town, state or province, country, and ZIP or foreign postal code Ecorse, MI 48229						F Group Exemption				
U	Applica	tion pending					Numbe			
			sh ○ Accrual Other (specify) ►				o attach	n Schedule B EZ, or 990-PF).		
	Vebsit ax-exe		ne) - Ø 501(c)(3) Ø ○ 501(c)() ◀ (insert no.) ○ 4947(a	a)(1) or \Box	527					
K F	orm of	organization:	rporation ○ Trust ○ Association ○ Other							
LA	dd lin	es 5b, 6c, and 7b to l	line 9 to determine gross receipts. If gross receipts a							
are	\$500		rm 990 instead of Form 990-EZ							
F	Part I	Revenue, Exp	penses, and Changes in Net Assets or Fur anization used Schedule O to respond to any question	d Balar	nces (se Part I	e the instruction	ns for Pa	art I)		
	1		, grants, and similar amounts received					2,165		
	2		venue including government fees and contracts				2	2,103		
	3	3	and assessments				3	0		
	4	•					4	1		
	5a		sale of assets other than inventory	5a	1		0	_		
	ь		basis and sales expenses				0			
	c		sale of assets other than inventory (Subtract line 5b		e 5a) .		5c	0		
	6	Gaming and fundraising events					-			
9	а	-	gaming (attach Schedule G if greater than \$15,000)	6a	I		0			
enr				<u> </u>						
Revenue	b		fundraising events (not including \$ _ 0 reported on line 1) (attach Schedule G if the	or co	ntributior	is from				
		sum of such gross i	income and contributions exceeds \$15,000)	6b			0			
	С	Less: direct expense	es from gaming and fundraising events	6с			0			
	d	Net income or (loss	s) from gaming and fundraising events (add lines 6a	and 6b ai	nd subtra	ct line 6c)	6d	0		
	7a	Gross sales of inver	ntory, less returns and allowances	7a		1	0			
	b	Less: cost of goods	sold	7b		ı	0			
	С	Gross profit or (loss	s) from sales of inventory (Subtract line 7b from line	7a)			7c	0		
	8	Other revenue (des	scribe in Schedule O)				8	0		
	9	Total revenue. Ad	d lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			•	▶ 9	2,166		
Expenses	10	Grants and similar :	amounts paid (list in Schedule O)				10	1		
	11	Benefits paid to or f					11	0		
	12	•	pensation, and employee benefits				12	0		
	13	·	nd other payments to independent contractors				13	496		
	14		tilities, and maintenance				14	0		
	15		ns, postage, and shipping				15	164		
	16	3, 1	ther expenses (describe in Schedule O)			16	0			
	17	•	add lines 10 through 16				17	660		
	18		for the year (Subtract line 17 from line 9)	• • •	· · ·		18	1,506		
Net Assets	19	` ,	balances at beginning of year (from line 27, column	 (A)) (mus	st agree v	 with		1,500		
			reported on prior year's return)	. ,, .	-		19	2,457		
	20		et assets or fund balances (explain in Schedule O) .				20	0		
	21	-	balances at end of year. Combine lines 18 through 20				21	3,963		
	ı — –							5,505		

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Part II Balance Sheets(see the instruc		ation in this Dart II				
Check if the organization used Sch	edule O to respond to any t					
22 Cash, savings, and investments		(A) B	eginning of year 2,457	•	End of year	3,963
23 Land and buildings			•	23	•	0
24 Other assets (describe in Schedule O)			0			0
25 Total assets			2,457	25		3,963
26 Total liabilities (describe in Schedule O).			0	26		0
27 Net assets or fund balances (line 27 of co	lumn (B) must agree with	line 21)	2,457	27		3,963
Part III Statement of Program Serv Check if the organization used Sch What is the organization's primary exempt purpor	edule O to respond to any obse?	•	rt III)		(Required for (3) and 501(enses r section 501(c) (c)(4) s; optional for
PRESERVE ARTIFCATS OF HISTORICAL SIGNIFIC Describe the organization's program service according to the organization of the program of the pro	omplishments for each of its			-	others.)	
measured by expenses. In a clear and concise meanified, and other relevant information for each		s provided, the number	of persons			
28 THE ORGANIZATION RECRUITED AND ATTAIL PERSONS.THE ORGANIZATION INCREASED THE HALL.	COLLECTION OF ARTIFACT	S AVAILABLE FOR DISP	LAY AT THE CITY		28 a	0
(Grants \$ 0) If this a	mount includes foreign grar	its, check here	. • ⊔		29a	
4 7					298	
(Constant)	and the standard formation and a	to also als boss	. • 🗆			
	mount includes foreign grar	its, check here	. • •			
30					30a	
(Grants \$) If this a	mount includes foreign grar	its, check here	. ▶ ⊔			
31 Other program services (describe in Schedul	eO)		<u>.</u> .			
(Grants \$) If this a	mount includes foreign grar	its, check here	. ▶ 🗆		31a	
32 Total program service expenses (add line					32	
Part IV List of Officers, Directors, Trust Check if the organization used Sch						
Check if the organization used Sen	edule o to respond to dify t	question in this rare IV.		<u> </u>	0	
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health bend contributions to end benefit plans, deferred compen	nployee o and	e) Estimated a f other comper	
IRIS TYE MORGAN	1	0		0		0
CHAIRPERSON						
DANA HUGHES	1	0		0		0
CECRETARY						
SECRETARY	-					
PAMELA HOLMES-HILL	1	0		0		0
WEBMASTER						
E DREW BROOKS	1	0		0		0
TRUSTEE						
					orm 990-EZ	(2021)
						(====)
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Part V Other Information (Note t	he Schedule A and perso	onal benefit contract	statement requir	ements i	n the	
instructions for Part V.) Check if th	e organization used Sched	ule O to respond to any	question in this Par	t V	0	
					Yes	No
33 Did the organization engage in any signific detailed description of each activity in Sch		•	"Yes," provide a	[33	No
Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.					34	No
35a Did the organization have unrelated busin activities (such as those reported on lines			r from business		35a	No
b If "Yes," to line 35a, has the organization	filed a Form 990-T for the v	ear? If "No." provide an	explanation in Schedu	_	35b	
c Was the organization a section 501(c)(4),				- F		
notice, reporting, and proxy tax requirement					35c	No

36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.)		
b	Did the organization file Form 1120-POL for this year?	37b		No
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 0; section 4912 0; section 4955 0			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that			
	has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
	The organization's books are in care of TIMOTHY MATTHEW SADOWSKI Telephone n	o. ▶ (31	3) 294-3	3740
42a		<u> </u>	,	
	Located at ► 3869 W Jefferson Ave Ecorse , MI ZIP + 4 ►	48229		
	2504054 402 250500 7 112	10225		
			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country:			
	if res, enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
	If "Yes," enter the name of the foreign country: •			
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•	▶ 0	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
_	Did the organization receive any payments for indoor tanning services during the year?			
		44c		No
u	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning			
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No
	Total 550 EZ (see instructions)			
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-			Yes	No
			. 63	.10
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	46		No
Par	t VI Section 501(c)(3) Organizations Only			
	All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the table:	for lir	nes 50	and 51.
	Check if the organization used Schedule O to respond to any question in this Part VI	<u> </u>		
			Yes	No
			163	
47	Did the organization energy in labbuing activities or have a costion E01/h) election in effect during the travers 2		163	
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No

48	Is the orga	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						48	No
49a	Did the org	Did the organization make any transfers to an exempt non-charitable related organization?						49a	No
b	If "Yes," wa	as the related organization a section 527 organization?						49b	
50		this table for the organization's five highest compensated employees (other than officers, directors, trust received more than \$100,000 of compensation from the organization. If there is none, enter "None."						nd key em	ployees)
		e and title of each employee	(b) Average hours per week devoted to position	(c) Reportabl compensation (Forms W-2/10 MISC)	e (cont	d) Health benef	ployee nd	(e) Estimated amou of other compensati	
NONE									
f 51	Complete t	nber of other employees paid over his table for the organization's fiv ion from the organization. If there	e highest compensated in	· · · · · · · · · · · · · · · · · · ·	· · ctors who	each received n	nore tha	an \$100,00	00 of
	· ·	(a) Name and business address o	,	actor	(b)	Type of service	(c)	Compensa	ition
NONE		<u> </u>				,,		<u> </u>	
IVOIVE	-								
d	Total num	nber of other independent contrac	tors each receiving over \$	\$100,000			-		
52		organization complete Schedule A ed Schedule A				ach a		✓ Yes	□ No
knowl		f perjury, I declare that I have ex elief, it is true, correct, and compl ge.							
	I.					2022-03-22			
Sign	Sig	nature of officer				Date			
Here									
	V IVP	Print/Type preparer's name	Preparer's signature		Date		PTIN		
Paid	t	7 77 27 27 2				Check if self-employed			
	parer	Firm's name				Firm's EIN ▶			
Use	Only	Firm's address Phone no.							
May t	he IRS discı	luss this return with the preparer s	hown above? See instruc	tions)	> 0		No
								Form 99	0-EZ (2021)
Ad	ditiona	l Data					R	eturn to	Form

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Special Condition Description