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Form 990-EZ       Parter of Organization Exempt From Income Tax       Parter Section 90:(c), 27, or 497:(c)(1) of the Internal Revenue Code (secrept Private Securations)       Parter Section 90:(c), 27, or 497:(c)(1) of the Internal Revenue Code (secrept Private Securations)       Parter Section 90:(c), 27, or 497:(c)(1) of the Internal Revenue Code (secrept Private Securations)       Parter Section 90:(c), 27, or 497:(c)(1) of the Internal Revenue Code (secrept Private Securations)       Parter Section 90:(c), 27, or 497:(c)(1) of the Internal Revenue Code (secrept Private Securations)       Parter Section 90:(c), 27, or 497:(c)(1) of the Internal Revenue Code (secrept Private Securations)       Parter Section 90:(c), 27, or 497:(c)(1) of the Internal Revenue Code (secrept Private Securations)       Parter Section 90:(c), 27, or 497:(c)(1) of the Internal Revenue Code (secrept Private Securations)       Parter Section 90:(c), 27, or 497:(c)(1) of the Internal Revenue Code (secrept Private Securations)       Parter Section 90:(c), 27, or 497:(c)(1) of the Internal Revenue Code (secrept Private Securations)       Parter Section 90:(c), 27, or 497:(c)(1) of the Internal Revenue Code (secrept Private Securations)       Parter Section 90:(c), 27, or 497:(c)(1) of the Internal Revenue Code (secrept Private Securations)       Parter Section 90:(c), 27, or 497:(c)(1) of the Internal Revenue Code (secrept Private Securations)       Parter Section 90:(c), 27, or 497:(c), 27, or 4					Short Form		OMB No. 1545-1150			
Water section SQ1(c), S27, or 497(c)(1) of the Internal Revenue Code (accept private foundation)         P to not enter social security numbers on this form as it may te made public.           Open to Public         Inspection             Control application:           P to the 2016 Calendar year, or tax year beginning 01-01-2016           and ending 12-31-2016           Dem to Public         Inspection             Control application:           Control application:           Control application           D to the 2016           D to the 2016             Control application:           Control application           Control application           D to the 2016           D to the 2016             Control application:           Control application           Control application           D to the 2016           D to the 2016             Dem change           Control application           D to the 2016           D to the 2016           D to the 2016             Dem change           D to the 2016           D to the 2016           D to the 2016           D to the 2016             Dem change           D to the 2016           D to the 201           D to the 201	_	990_F7		Re		ax				
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Build Hermit Roum Server         Information about Form 990-82 and its instructions is at www.rs.gov/com/990         Inspection           A For the 2016 calendar year, or tax year beginning 01-01-2016         , and ending 12-31-2016         Employee identification number           A form the 2016 calendar year, or tax year beginning 01-01-2016         , and ending 12-31-2016         Employee identification number           A more the 2016 calendar year, or tax year beginning 01-01-2016         , and ending 12-31-2016         Employee identification number           A more the ending         Corose High State (nr. 0. box, if mail is not delivered to street address)         Rom/year         Ending the immer (11) 294-2700           B Accounting Method:         © corose characle         Corose High State (nr. 0. box, if mail is not delivered to street address)         Rom/year         Final state (nr. 0. box, if mail is not delivered to street address)         Rom/year           D accounting Method:         © corose characle         If characle (nr. 0. box, if mail is not delivered to street address)         Rom/year         Final street (nr. 0. box if mail is not delivered to street address)         Rom/year           D accounting Method:         © corose characle (nr. 0. box, if mail is not delivered to street address)         Rom/year         Final street address (nr. 0. box if mail is not delivered to street address)         Rom/year           D account states (nr. 0. box determine grass needors. If grass receipts are \$200.000 or more, or if total asseets (Rom in				•	Do not enter social security numbers on this form as it may be made public		Open to Public			
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J Tar-exempt satus(ches only one) ● 501(c)(3)       □ finset no.) ○ 4947(a)(1) or ○ 527         K Form of organization:       © Coporation ○ Thust       ○ Association ○ Other         L Add lines 50, cand 7b to line 5 to determine gross receipts; if gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below)         are \$500,000 or more, file Form 990 instead of Form 990-EZ       Image 500,000 or more, or if total assets (Part II, column (8) below)         Part I       Revenue, Expresse, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check If the organization used Schedule 0 to respond to any question in this Part 1       0         3       0         4       0         5       0 or more, or if total assets or Part 1         6       0         7       0         9       0         4       0         5       0         6       0         5       0         6       0         6       0         6       0         6       0         7       0         8       0         9       5         9       0         9       0         9       0         9 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
K Form of organization:       © Corporation       Trust       ○ Association       ○ Other         L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are s200,000 or more, file Form 990 instaad of Form 990-EX       > * \$ 950,000 or more, file Form 990 instaad of Form 990-EX         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)          I       Contributions, gifts, grants, and similar amounts received	1 1	vedsit	e:	nly one) - 🔽 50	$1(c)(3)^{(0)} \cap 501(c)() = (insert no.) \cap 4947(a)(1) or \cap 527$					
LAdd lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if or Massets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II) column (B) below) are \$500,000 or more, or if total assets (Part II) column (B) below) are \$500,000 or more, or if total assets (Part II) column (B) below) are \$500,000 or more, or if total assets (Part II) column (B) below) are \$500,000 or more, or if total assets (Part II) column (B) below) are \$500,000 or more, or if total assets (Part II) column (B) below) are \$500,000 or more, or if total assets (Part II) column (B) below) are \$500,000 or more, or if total assets (Part II) column (B) below) are \$500,000 or more, or if total assets (Part II) column (B) below) are \$500,000 or more, or if total assets (Part II) column (B) below) are \$500,000 or more, or if total assets (Part II) column (B) below) are \$500,000 or more, or if total assets (Part II) column (B) below) are \$500,000 or more, or if total assets (Part II) column (B) below) are \$500,000 or more, or if total assets (Part II) or if \$500,000 or more, or if total assets (Part II) or if \$500,000 or more, or if total assets (Part II) or if \$500,000 or more, or if total assets (Part II) or if \$500,000 or more, or if \$500,000 or more, \$500,000 or if total assets or if undraising events (add lines 6a and 6b and subtract line 6c) or \$600 or \$600 or \$700 or \$700 or \$600 or \$700 or \$70										
are 5500,000 or more, file Form 990 instead of Form 990-EZ.						scots (P	art II. column (B) bolow)			
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10Grants and similar amounts paid (list in Schedule O)10011Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping15016Other expenses (describe in Schedule O)1657117Total expenses. Add lines 10 through 161757118Excess or (deficit) for the year (Subtract line 17 from line 9)1838419Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19020Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine 18 through 2021384		8	Other revenue (	(describe in	8					
11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       0         16       Other expenses (describe in Schedule O)       16       571         17       Total expenses. Add lines 10 through 16       17       571         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       384         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       0         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       384						_				
12Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping15016Other expenses (describe in Schedule O)1657117Total expenses. Add lines 10 through 161757118Excess or (deficit) for the year (Subtract line 17 from line 9)1838419Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19020Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 2021384										
13       Professional fees and other payments to independent contractors       13       0         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       0         16       Other expenses (describe in Schedule O)       16       571         17       Total expenses. Add lines 10 through 16       17       571         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       384         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       0         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       384			-							
15       Printing, publications, postage, and shipping       1       15       0         16       Other expenses (describe in Schedule O)       16       571         17       Total expenses. Add lines 10 through 16       17       571         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       384         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       0         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       384	585									
15       Printing, publications, postage, and shipping       1       15       0         16       Other expenses (describe in Schedule O)       16       571         17       Total expenses. Add lines 10 through 16       17       571         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       384         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       0         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       384	SUB									
15       Printing, publications, postage, and shipping       1       15       0         16       Other expenses (describe in Schedule O)       16       571         17       Total expenses. Add lines 10 through 16       17       571         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       384         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       0         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       384	Exp									
17       Total expenses. Add lines 10 through 16       17       571         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       384         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       0         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       384       384	_									
18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       384         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       0         20       Other changes in net assets or fund balances at end of year. Combine lines 18 through 20       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       384			-	-						
19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       0         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       384	_				_					
20Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 2021384	ats					10	384			
20Other changes in net assets or fund balances (explain in Schedule O)20021Net assets or fund balances at end of year. Combine lines 18 through 2021384	et Asse	19				19	Ω			
21   Net assets or fund balances at end of year. Combine lines 18 through 20		20		-						
	ž		-							
	Foi						Form <b>990-EZ</b> (2016)			

Form 990-EZ (2016)								F	Page <b>2</b>
Part II Balance Sheets Check if the organi	(see the instructions zation used Schedule	for Part II) O to respond to any c	question in this Pa	art II					
		· · ·	-	(A) B	eginning of year		( <b>B)</b> End o		
22 Cash, savings, and investme	nts		[		0	22			384
23 Land and buildings			· · · ·		0				0
24 Other assets (describe in Sch	,		· · · ·		0				0
25 Total assets			· · · ·		0				<u>384</u> 0
27 Net assets or fund balance	-				-	20			384
		Accomplishments	1	ns for Par				Exp	enses
	-	O to respond to any o	•		0			quired fo and 501(	r section 501( $\alpha$
What is the organization's prima PRESERVE ARTIFCATS OF HISTO		E					orga	anization	s; optional for
Describe the organization's prog			s three largest pr	ogram	services, as	-	othe	ers.)	
measured by expenses. In a clear benefited, and other relevant information of the second seco	ormation for each pro	ogram title.			•				
28 CEREMONY, DESCRIBED THE PLANS OF THE ORGANIZATION A PERSONS.	AND RECRUITED MEM	IERSHIP AND NUMBER	OF PERSONS BE	ENEFITE	D ARE 50			28a	a 57:
(Grants \$ 0) 29	If this amoun	t includes foreign grar	nts, check here	<u>· ·</u>	. ► 🗆			20-	
27								29a	1
(Grants \$)	If this amoun	t includes foreign grar	te chock hara						
<b>30</b>		t includes foreign graf	its, theth here	• •	. 🕨 🗆				
30								30a	3
(Cronta t.)	Té this surgers	tinalıdan favrian avar	the sheet have						
(Grants \$ )		t includes foreign grar							
<b>31</b> Other program services (des	,							•	
(Grants \$ ) 32 Total program service exp		t includes foreign grar					•	31a 32	57
Part IV List of Officers, D	) irectors, Trustees,	and Key Employees	(list each one even	if not co	mpensated □ see the	instructi	ons for Par	t IV)	
Check if the organi	zation used Schedule	O to respond to any c	question in this Pa	art IV.				Ó	
(a) Name and	title	(b) Average hours per week devoted to position	(c) Reporta compensati (Forms W-2/1 MISC) (if not	on 099- <b>paid,</b>	(d) Health ben contributions to er benefit plans, deferred compen	nployee and		mated ar compens	
ROBERT HELLAR		5	enter -0-	)		0			0
				, in the second s		Ŭ			°
CHAIRPERSON IRIS TYE MORGAN		5		0		0			0
IKIS TTE MOKGAN		5		0		0			U
CO-CHAIRPERSON									
DANA HUGHES		5		0		0			0
SECRETARY									
PAMELA HOLMES-HILL		5		0		0			0
WEBMASTER									
E DREW BROOKS		5		0		0			0
TRUSTEE									
							Form <b>9</b>	<b>90-EZ</b> (	2016)
									,
		Pag	e3 ———						
Form 990-EZ (2016)								F	Page <b>3</b>
	•	chedule A and perso			•				
Instructions for Pa	rt v.) Check if the org	ganization used Schedu	ule O to respond	to any	question in this Pai	τν			
<b>33</b> Did the surger's the s					Vac II provide -		<del></del>	Yes	No
33 Did the organization enga detailed description of eac			reported to the I	к5? lt "	res," provide a		33		No
<b>34</b> Were any significant change of the amended document on Schedule O (see instru	ges made to the orga is if they reflect a cha	nizing or governing do	n's name. Other	vise, ex	plain the change	у	34		No
, , , , , , , , , , , , , , , , , , ,	,					• •			
<b>35a</b> Did the organization have activities (such as those r					r from business		35a		No
·		a Form 990-T for the y		vida an	explanation in School	le O	35b		
<b>D</b> If Yes, to line 35a, has r									

**b** If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

\_\_\_\_\_

F

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)

	notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	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>37a</b>			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? $\$ .	38a		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			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 0; section 4912 0; section 4955 0			
b	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 41	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
42a	List the states with which a copy of this return is filed. MI The organization's books are in care of TIMOTHY MATTHEW SADOWSKI Telephone no.	313) 2	94-374	)
720	Located at  3869 W Jefferson Ave Ecorse, MI ZIP + 4			
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	Yes	No No
	If "Yes," enter the name of the foreign country: ►			
с	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> 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		► o	
	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	of Form 990-EZ 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
с	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	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			No
	Form 990-EZ (see instructions)	45b		No
		Form	990-Е	<b>Z</b> (2016)
	Page 4			
Form	990-EZ (2016)			Page <b>4</b>
			Yes	No
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 tables	for li	1es 50	and 51

			Yes	No
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	nization a school as described in	section 170(b)(1)(A)(ii)?	If "Yes," complete Sch	nedule E .	. 48 No	
49a	. 49a No						
b	<b>b</b> If "Yes," was the related organization a section 527 organization?						
	Complete t who each r	tees and key employees)					
	<b>(a)</b> Name	e and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefit contributions to empl benefit plans, and deferred compensat	loyee of other compensation	
NONE							
f 51	Complete t	ber of other employees paid ove his table for the organization's fiv ion from the organization. If ther	ve highest compensated in	dependent contractor	s who each received mo	▶ ore than \$100,000 of	
		(a) Name and business address of	of each independent contra	actor	(b) Type of service	(c) Compensation	
NONE							
d	Total num	ber of other independent contrac	ctors each receiving over s	\$100,000	🕨		
52		organization complete Schedule A				<b>N</b>	
nowle	penalties o	d Schedule A	xamined this return, includ	ling accompanying sc	hedules and statements	Yes     No       s, and to the best of my ation of which preparer	
	<u>,                                     </u>						
Sign	Signature of officer Date						
lere		othy Sadowski Controller					
	Тур	e or print name and title Print/Type preparer's name	Preparer's signature	Date		PTIN	
Paid	l			Date	Check if self-employed	111	
	barer	Firm's name			Firm's EIN		
Jse	Only	Firm's address					
lay th	ne IRS discu	uss this return with the preparer s	shown above? See instruc	tions		• O Yes O No	
						Form <b>990-EZ</b> (2016	
Ad	ditional	Data				Return to Form	
				<b>D:</b> 16000425			
			Software Versio	on: v1.00			
Form	<u>990-ЕZ,</u>	Special Condition Descrip	tion:				

**Special Condition Description**