ef	ile P	ublic Visua	I Render ObjectId: 202110749349200821 - Submission: 2021-03-15	1	FIN: 81-4068395				
			Short Form		OMB No. 1545-1150				
Form 990EZ Department of the Treasury Internal Revenue Service		90EZ	EZ Return of Organization Exempt From Income Tax						
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private	oundations)	2020				
		,	Do not enter social security numbers on this form as it may be made public	. .	Open to Public				
			Go to <u>www.irs.gov/Form990EZ</u> for instructions and the latest informat	ion.	Inspection				
			ndar year, or tax year beginning 01-01-2020, and ending 12-31-2020 C Name of organization						
	Check i Address	D Employer i	dentification number						
_	Name c	-	ECORSE HISTORICAL SOCIETY	81-406839					
_	Initial r		Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 3869 W Jefferson Ave	E Telephone number					
_		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code	(313) 294-3740 F Group Exemption Number					
_		ed return tion pending	Ecorse, MI 48229						
				Number					
G A	ccoun	ting Method:	Cash O Accrual Other (specify)						
		5	required	to attach Schedule B 10, 990-EZ, or 990-PF).					
	/ebsit			-,,-					
J Ta	ix-exe	mpt status (ch	eck only one) - 🖉 501(c)(3) 🥙 🗆 501(c)() ┥ (insert no.) 🗆 4947(a)(1) or 🗆 527						
		-	Corporation O Trust O Association O Other						
LA	dd line	es 5b, 6c, and	d 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets (Part I	II, column (B) below)				
			, file Form 990 instead of Form 990-EZ						
P	art I	Check if	the organization used Schedule O to respond to any question in this Part I	ons for Part I)	0				
	1		is, gifts, grants, and similar amounts received	1	0				
	2	Program ser	vice revenue including government fees and contracts	2	0				
	3	Membership	dues and assessments	3	0				
	4	Investment	4	1					
	5a	Gross amou	nt from sale of assets other than inventory 5a	0					
	b	Less: cost o	r other basis and sales expenses 5b	0					
	с	Gain or (los	s) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0				
	6	Gaming and	fundraising events						
anu	а	Gross incom	e from gaming (attach Schedule G if greater than \$15,000) 6a	0					
Revenue	b		e from fundraising events (not including \$ <u>0</u> of contributions from events reported on line 1) (attach Schedule G if the						
		sum of such	gross income and contributions exceeds \$15,000) 6b	0					
	с	Less: direct	expenses from gaming and fundraising events 6c	0					
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0				
	7a	Gross sales	of inventory, less returns and allowances	0					
	b	Less: cost o	f goods sold	0					
	с	•	or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0				
	8		ue (describe in Schedule O)	8	0				
	9	Total rever	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	1				
·	10	Grants and	similar amounts paid (list in Schedule O)	10	0				
	11		d to or for members	11	0				
s	12	Salaries, oth	ner compensation, and employee benefits	12	0				
Expenses	13	Professional	fees and other payments to independent contractors	13	0				
led	14	Occupancy,	rent, utilities, and maintenance	14	0				
£	15	Printing, pul	blications, postage, and shipping	15	892				
	16	Other exper	nses (describe in Schedule O)	16	0				
	17	Total expe	nses. Add lines 10 through 16	▶ 17	892				
10	18	Excess or (d	leficit) for the year (Subtract line 17 from line 9)	18	-891				
Assets	19	Net assets o	r 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	3,348				
Net	20	Other chang	es in net assets or fund balances (explain in Schedule O)	20	0				
2	21	Net assets o	r fund balances at end of year. Combine lines 18 through 20	21	2,457				
For	Pape	erwork Redu	iction Act Notice, see the separate instructions. Cat. No. 10642I	Ł	Form 990-EZ (2020)				

Part II Balance Sheets(see the instructions for Part II) Check if the organization used Schedule O to respond to any question	on in this Part II		0		
	(A) Beginning of year		(B) End of year		
22 Cash, savings, and investments		8 22	2,4	457	
23 Land and buildings	0 23	b 0			
24 Other assets (describe in Schedule O)		0 24		0	
25 Total assets	3,34	8 25	2,457		
26 Total liabilities (describe in Schedule O)		0 26		0	
27 Net assets or fund balances (line 27 of column (B) must agree with line 22	1) 3,34	8 27	2,4	4 <u>57</u>	
Part III Statement of Program Service Accomplishments (see the Check if the organization used Schedule O to respond to any question			Expen (Required for s (3) and 501(c)	ection 501(c	
What is the organization's primary exempt purpose? PRESERVE ARTIFCATS OF HISTORICAL SIGNIFICANCE			organizations; others.)		
Describe the organization's program service accomplishments for each of its three measured by expenses. In a clear and concise manner, describe the services prov benefited, and other relevant information for each program title.					
28 THE ORGANIZATION RECRUITED AND ATTAINED MEMERSHIP AND NUMBER O PERSONS.THE ORGANIZATION INCREASED THE COLLECTION OF ARTIFACTS AVA HALL.			28a	0	
(Grants \$ 0) If this amount includes foreign grants, ch	eck here 🔒 🕨 🗌				
29			29a		
(Grants \$) If this amount includes foreign grants, ch	eck here 🛛 . 😱 🕞				
30			30a		
(Grants \$) If this amount includes foreign grants, ch	eck here 🔒 🕨 🗌				
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount includes foreign grants, ch	eck here 🕨 🗌		31a		
32 Total program service expenses (add lines 28a through 31a)			► 32		

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
IRIS TYE MORGAN	1	0	0	0
CHAIRPERSON				
DANA HUGHES	1	0	0	0
SECRETARY				
PAMELA HOLMES-HILL	1	0	0	0
WEBMASTER				
E DREW BROOKS	1	0	0	0
TRUSTEE				

Form **990-EZ** (2020)

————— Page 3 —

Form 990-EZ (2020)

Page **3**

Other Information (Note the Schedule A and personal benefit contract statement requirement	s in the	e	
instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V \cdot .			
		Yes	No
Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	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
Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
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
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 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. a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 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 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) 35b	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

37a	the year? If "Yes," complete applicable parts of Schedule N	36		No
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			-
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		L	
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	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			
e	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
	List the states with which a copy of this return is filed. 🕨 MI		22.26.1	2740
42a	The organization's books are in care of TIMOTHY MATTHEW SADOWSKI Telephone not	o. ⊳ <u>(</u> 3:	13) 294-3	3740
	Located at 🕨 3869 W Jefferson Ave Ecorse , MI ZIP + 4 🕨	48229)	
				-
_		r	Yes	No
	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: ►			
с	Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
		42c	▶ 0	No
13 S	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	▶ 0	No
43 S	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	42c	► ○ Yes	No No
43 S	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	42c 44a		
43 S	At any time during the calendar year, did the organization maintain an office outside the U.S.?	44a		No
43 S ; 44a b	At any time during the calendar year, did the organization maintain an office outside the U.S.?	44a 44b		No No
43 S 44a b c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	44a		No
43 S 44a b c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	44a 44b		No No
43 S 44a b c d	At any time during the calendar year, did the organization maintain an office outside the U.S.?	44a 44b 44c		No No
43 S 44a b c d 45a	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	44a 44b 44c 44d		No No No
43 S 44a b c d 45a	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	44a 44b 44c 44d 45a		No No No
43 S 44a b c d 45a	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	44a 44b 44c 44d 45a 45b	Yes	No No No No
43 S 44a b c d 45a	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	44a 44b 44c 44d 45a 45b		No No No No
43 S 44a b c d 45a	At any time during the calendar year, did the organization maintain an office outside the U.S.?	44a 44b 44c 44d 45a 45b	Yes	No No No No
43 S 44a b c d 45a	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	44a 44b 44c 44d 45a 45b	Yes	No No No No
43 S 44a b c d 45a 45b	At any time during the calendar year, did the organization maintain an office outside the U.S.?	44a 44b 44c 44d 45a 45b	Yes	No No No No Z (202
43 S 44a b c d 45a 45b	At any time during the calendar year, did the organization maintain an office outside the U.S.?	44a 44b 44c 44d 45a 45b	Yes	No No No No Z (202
43 S 44a b c d 45a 45b	At any time during the calendar year, did the organization maintain an office outside the U.S.?	44a 44b 44c 44d 45a 45b Form	990-E	No No No No No No Page No
43 S 444a b c d 45a 45b	At any time during the calendar year, did the organization maintain an office outside the U.S.?	44a 44b 44c 44d 45a 45b	990-E	No No No No No No Page
43 S 444a b c d 45a 45b	At any time during the calendar year, did the organization maintain an office outside the U.S.?	44a 44b 44c 44d 45a 45b Form 46	Yes 990-E Yes nes 50	No No No No Z (202 Page No No and 5
43 S 444a b c d 45a 45b	At any time during the calendar year, did the organization maintain an office outside the U.S.?	44a 44b 44c 44d 45a 45b Form 46	Yes 990-E Yes nes 50	No No No No Z (202 Page No No and 5
43 S 444a b c d 45a 45b	At any time during the calendar year, did the organization maintain an office outside the U.S.?	44a 44b 44c 44d 45a 45b Form 46	Yes 990-E Yes nes 50	No No No No Z (202 Page No No and 5

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48	Is the orga	anization a school as described in	section 170(b)(1)(A)(ii)? I	f "Yes," complete	e Schedule E		. 48		No
49a	Did the org	organization make any transfers to an exempt non-charitable related organization?					. 49a	1	No
b	If "Yes," w	as the related organization a secti	on 527 organization?				. 495	>	
50		this table for the organization's fiv					ees and ke	ey emplo	yees)
		received more than \$100,000 of c le and title of each employee	ompensation from the org (b) Average hours per week devoted to position	anization. If ther (c) Reportab compensatio (Forms W-2/10 MISC)	ole (d) on contrib 099- be	Health benefits	oyee of ot	(e) Estimated an e of other compen	
NONE	1								
f	Total nur	nber of other employees paid over	\$100,000						
51		this table for the organization's fiv		dependent contra	actors who ea	ach received mo	re than \$1	100,000 0	of
		tion from the organization. If there (a) Name and business address of		actor	(b) Ty	pe of service	(c) Com	pensatio	<u></u>
NONE					(-)		(0) 0011	peneatio	<u></u>
NONE	-								
d	Total nur	nber of other independent contrac	tors each receiving over \$	100,000		🕨			
52		organization complete Schedule A					. ► 🛛	.	Na
know	r penalties o	of perjury, I declare that I have ex elief, it is true, correct, and compl	amined this return, includ	ling accompanyin	ng schedules a	and statements,	and to th	e best of	
					:	2021-03-15			
Sign		nature of officer				Date			
Here		nothy Sadowski Controller be or print name and title							
Paic		Print/Type preparer's name	Preparer's signature			Check 🖵 if self-employed	TIN		
	parer Only	Firm's name				Firm's EIN 🕨			
	Ully	Firm's address 🕨				Phone no.			
May t	he IRS disc	I uss this return with the preparer s	hown above? See instruct	tions		►	O Yes		5 E Z (2020)
							1 01		(2020)
Ad	ditiona	l Data					Retu	rn to F	orm

Software ID: 20012124 **Software Version:** v1.00 **Special Condition Description**