## 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For the	2020 calenda	r year, or tax year beginning January 1 , 2020, and ending	10000000	ember				
В	Check if ap	oplicable:	C Name of organization	D Empl	entification number				
	Address c	hange		37379799					
$\Box$	Name cha		E Telephone number						
=	Initial retur	rn n/terminated	6495 Clarkston Road		24	8-922-0270			
	Amended	92565666448643564	City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exe	mption			
	Application		Clarkston, MI 48346	Num	ber 🕨	?			
G	Account	ing Method:	Cash	Check I	▶ Vi	f the organization is <b>not</b>			
	Nebsite			THE SECTION AND ADDRESS OF		ach Schedule B			
JI	ax-exen	npt status (che	ck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527	(Form 9	90, 990	)-EZ, or 990-PF).			
K	Form of	organization:	☐ Corporation ☐ Trust ☐ Association ☑ Other Non-Profit						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total		2				
_	- 3	(5 155)	500,000 or more, file Form 990 instead of Form 990-EZ		\$	29,000			
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the						
- Daniel	il >		the organization used Schedule O to respond to any question in this Part I						
?	1		ns, gifts, grants, and similar amounts received		1	12,646			
?	2		ervice revenue including government fees and contracts	æ æ	2	1 105			
?	3		p dues and assessments		3 4	1,105 12,753			
	4	Investment		0	4	12,753			
	5a		unt from sale of assets other than inventory	0					
	b		5c	0					
	6 6	Gaming and fundraising events:							
	а	Gross inco	ome from gaming (attach Schedule G if greater than						
ue		\$15,000) .		0					
Revenue	b	Gross inco							
Re			aising events reported on line 1) (attach Schedule G if the						
			h gross income and contributions exceeds \$15,000) 6b	95					
	С		t expenses from gaming and fundraising events 6c	675					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract		1,000,000,000,000			
	No.4	line 6c) .		8 8	6d	(580)			
	7a		s of inventory, less returns and allowances	288					
	b		of goods sold	715		(407)			
	C		t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c 8	(427)			
	8				9	27,610			
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		10	0			
	11		id to or for members		11	0			
S	12	1/2	her compensation, and employee benefits 2		12	14,452			
Se	13		al fees and other payments to independent contractors 2		13	3,549			
Expense	14		, rent, utilities, and maintenance		14	3,174			
X	15	A CONTRACTOR OF THE SECOND	blications, postage, and shipping		15	3,540			
	16		nses (describe in Schedule O) 🔞		16	7,432			
	17		nses. Add lines 10 through 16		17	32,147			
	18	Excess or (	deficit) for the year (subtract line 17 from line 9)	* *	18	(4,536)			
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree						
ASS			figure reported on prior year's return)		19	175,488			
et.	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		20	0			
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶	21	170,952			

							3/
12	V STA	990-EZ (2020)			r)		Page 2
?	Pa	rt II Balance Sheets (see the instructions t					
		Check if the organization used Schedule	O to respond to a	ny question in this		(a) (a)	
					(A) Beginning of year		(B) End of year
	22	Cash, savings, and investments			175,488		170,952
	23	Land and buildings		M 6 M 56 6 DE		23	0
	24	Other assets (describe in Schedule O)		K 11K 4 19C 19C 19C		24	0
	25 26	Total assets		E DE DE GE 180 DE	175,488		170,952
	27	Net assets or fund balances (line 27 of column	(P) must agree wit			26	470.050
?	Par				175,488	21	170,952
	T. C.	Check if the organization used Schedule					Expenses
	Wha	t is the organization's primary exempt purpose?	o to respond to a	rry question in this	Part III		quired for section
					•		(c)(3) and 501(c)(4)
		ribe the organization's program service accompli neasured by expenses. In a clear and concise m				2000000	anizations; optional for ers.)
		ons benefited, and other relevant information for ea		c services provided	i, the number of		1,000.
?	28	Maintain the Clarkston Community Heritage Museum	CONTRACTOR STATE STATE STATE OF THE STATE OF	its 2-3 timese per yea	r, benefiting		
		an estimated 22,000 people per year.	*****************************				
				***************************************			
	?	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗌	288	16,522
	29	Public education programs on various preservation					
		historic programs. Benefits and estimated 4,000 peo	ple per year.				
				ants, check here .		<b>29</b> a	2,252
	30	Design, manufacture and install historic educational		known history on sig	gnificant		
		sites in the community, benefiting an estimated 10,00	00 people per year.				
		(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ □	30a	4,643
	31	Other program services (describe in Schedule O)				-	1,010
				ants, check here .		31a	0
	32	Total program service expenses (add lines 28a t	hrough 31a)		▶	32	23,416
	Par		Employees (list each	n one even if not com	pensated—see the ir	stru	ctions for Part IV)
		Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗀
			(b) Average	(c) Reportable	(d) Health benefits,		
		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and		Estimated amount of other compensation
			devoted to position	(if not paid, enter -0-)	deferred compensation		
		than Smith, President & Treasurer	12				
		Vompole, Clarkston, MI 48346	150	C	)	0	0
		ie DeVault, Vice-President	3			~	
		Allen Road, Clarkston, MI 48346	•	C		0	0
		Crawford, Secretary	4	No.		27	
		Perry Lake Road, Clarkston, MI 48348	-	0	)	0	0
- 0		sa Luginski	1			_	
		Main Street, Clarkston, MI 48346		0		0	0
		la Freeman	2				
		Kelly Lake Drive, Clarkston, MI 48348				0	0
		Mason	1	12		_	_
		Lamson, Waterford, MI 48329 Smith, Museum Director	•	0		0	0
		Vompole, Clarkston, MI 48346	20	14 252		0	•
	107 V	vompole, olarizatori, ivii 40340		14,352		0	0
						+	
E :							

	Part					
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part			
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No	-
?	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		V	?
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?				
	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	35a 35b			
	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		V	
	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		V	?
	37a	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		V	
	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	== 0	V	?
	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved				
	39	Section 501(c)(7) organizations. Enter:		- 1		
	a	Initiation fees and capital contributions included on line 9				
	b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
		section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
	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		V	?
	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 sections 4912, 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 transaction? If "Yes," complete Form 8886-T	40e		V	
	41	List the states with which a copy of this return is filed ▶				
	42a		248-92		)	
	92		48346			
	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)? If "Yes," enter the name of the foreign country >	42b	Yes	NO V	
		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 United States? . If "Yes," enter the name of the foreign country ▶	42c		V	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1		
			S	Yes	No	
		Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	-X-16	V	
	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		V	
	С	Did the organization receive any payments for indoor tanning services during the year?	44c		V	
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	71.100		455	
		explanation in Schedule O	44d		V	
		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V	
	b	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	451			
		UIII  000-L2, 000    III    UU    UU	45b	ı I	V	

Form 99	90-EZ (	2020)						F	Page 4
46	Did to ca	the organization engage, directly or ir andidates for public office? If "Yes," o	complete Schedule C	campaign activities , Part I	on beha	alf of or in oppos	sition 46	Yes	No
Part	VI	Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51.		estions 47–49b a	nd 52, a	and complete ti	ne tables	for lin	es
		Check if the organization used Scl	nedule O to respond	to any question	in this P	art VI	* * *		. 🛛
47		the organization engage in lobbying ? If "Yes," complete Schedule C, Par		section 501(h) ele		The same of the sa	6 MASSACTOR	Yes	No
48 49a b 50	Did to	e organization a school as described in the organization make any transfers to es," was the related organization a se plete this table for the organization's	o an exempt non-cha ection 527 organization five highest compen	aritable related orgon?	anizatior  other tha	n?  an officers, direc	. 48 . 49a . 49b	es, an	d key
		loyees) who each received more than  Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contr	On. If there is not  i) Health benefits, ributions to employee fit plans, and deferred compensation	(e) Estimat	ed amou	unt of
51	\$100	number of other employees paid over plete this table for the organization' ,000 of compensation from the organ Name and business address of each independ	s five highest compe nization. If there is no	ensated independe			ch received		than
					ē.				
			***************************************				5		
d 52	Did	number of other independent contra the organization complete Schedu pleted Schedule A			. ▶ ganizati		ch a ▶ □ Yes	s 🗆 I	No
Under pe	enalties	of perjury, I declare that I have examined this rad complete. Declaration of preparer (other than	eturn, including accompan	ying schedules and stat	ements, ar	nd to the best of my	nowledge and	d belief,	it is
Sign Here		Signature of officer  Jonathan Smith, Treasurer  Type or print fame and title		maton of which propa	or mas any	Date	1/20	000	
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check self-emple			
Use (		Firm's name ▶				Firm's EIN ▶			
May th	e IRO	Firm's address ▶ discuss this return with the preparer	shown ahove? See i	netructione		Phone no.	▶ □ Ve		No.
viay III	10 11 10	aloodoo tillo rotarri with the preparer	SHOWIT ADOVE: SEE I	1130100010115			►   L  Yes	> LJ [	Vo

#### 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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Clarkston Community Historical Society

Employer identification number

23-7379799

Oldil	istori community mistorical society					23-13	17177
Pa	rt I Reason for Public Cha	rity Status. (Al	Il organizations mus	st compl	ete this	oart.) See instructi	ons.
The	organization is not a private found						
1	A church, convention of church						
2	A school described in section					102 503 30.00 50.000	
3	A hospital or a cooperative ho		(5)			5.05	
4	A medical research organizati						(iii). Enter the
	hospital's name, city, and stat		3000 ( 🗣 1000 0 0 100 0 100 100 0 1			, , , , , , , , , , , , , , , , , , ,	(,
5	An organization operated for		college or university	owned o	or operate	ed by a governmen	tal unit described in
	section 170(b)(1)(A)(iv). (Com		conego or animorally	omiou (	operat.	od by a governmen	ar arme accompca m
6	☐ A federal, state, or local gover	Without Land Committee and Com	mental unit described	l in sacti	on 170/h	/4\/A\/ <sub>4</sub> \	
7	An organization that normally						o the general public
3	described in section 170(b)(1			port non	i a govoi	innerital unit of hor	ii tile general public
8	☐ A community trust described			Dort II \			
9					A AN ELLER OF BUILDING BOOK	Personal Delivers of the Control of the Control	
9	An agricultural research organ	ization described	d in section 170(b)(1)	(A)(IX) op	erated in	conjunction with a	and-grant college
	or university or a non-land-gra university:	int college or agr	iculture (see instruction	ons). End	er trie nar	ne, city, and state o	the college of
10	An organization that normally	receives /11 more	than 331/00% of ite cu	innort fro	m contrib	outlone momborehir	food and aroos
10	receipts from activities related support from gross investmen	to its exempt fu	nctions, subject to ce	rtain exc	eptions: a	and (2) no more than	331/3% of its
	support from gross investmen	t income and un	related business taxa	ble incon	ne (less s	ection 511 tax) from	businesses
102020	acquired by the organization a			300 000 JA		and the second s	
11	An organization organized and	25	and the same of th				
12	An organization organized and						
	of one or more publicly support						
	Check the box in lines 12a thro		The same of the sa			Commence of Commen	
а	☐ <b>Type I.</b> A supporting organ						
	the supported organization					he directors or trust	ees of the
	supporting organization. Y						
b	☐ <b>Type II.</b> A supporting orga						
	control or management of		70		e persons	that control or man	age the supported
	organization(s). You must	2.2.4.1.4.1.4.1.4.1.1.1.1.1.1.1.1.1.1.1.			7992	pers prof vis	227 727 51 51 52 5250
C	☐ Type III functionally integ	2.0				(7)	ally integrated with,
12	its supported organization	SEC SECULO	26 127 82		i seri		
d	☐ Type III non-functionally						
	that is not functionally inte						id an attentiveness
	requirement (see instructio	21					
е	Check this box if the organ						e II, Type III
120	functionally integrated, or	968 au 1000	1070 (77)	pporting	organizat	ion.	
f	Enter the number of supported				BV BU B		00 00
g	Provide the following information						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the	organization ur governing	(v) Amount of monetary	(vi) Amount of
			above (see instructions))		ment?	support (see instructions)	other support (see instructions)
				202			3.5
				Yes	No		
(A)						0	
70							
B)							
C)							
D)							
D)		11					
E)			<u>.</u>				
1850							

Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked the						
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf	9					
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	GHERIS JAF LOGO	860 12 had as	09177	SUITE SH	arrigo to Establish	
	each person (other than a	Allocation salication	onn 41. San a 1		5991 691	bores y istano es	
	governmental unit or publicly						
	supported organization) included on	otions to Furo	300 91 SODER		(S88) de)	OCCUPANTAN	
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	others for Parm	580 St. 560 EX		580h 909	adule in federal ga	
G	The state of the s	ogara jari ota	960 OL 900-ES	240 Ac 3	15005	entraction of	
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	(-,	(4)	(=, == :	(4) 2010	(0) 2020	(1) 10101
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from				Į,		
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	CHOUR IGH BURN	WAA 05, ARD-010	- CH 1/01	DEBOOT A TREE	STORES W. LINES AND	
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the			third, fourth,	or fifth tax ye		n 501(c)(3)
	organization, check this box and stop her	re					▶ 🗆
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2020 (line 6					14	%
15	Public support percentage from 2019 Sch					15	%
16a	331/3% support test—2020. If the organi box and stop here. The organization qual						
b	33 <sup>1</sup> / <sub>3</sub> % support test—2019. If the organization						
D	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test—20	14	150 16 16	Fe5			
174	10% or more, and if the organization m	eets the facts	and-circumsta	ances test. ch	eck this box a	nd <b>stop here.</b>	Explain in
	Part VI how the organization meets the						
	organization			10.00	0.55	A 1000	
b	10%-facts-and-circumstances test-20	19. If the orga	nization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17a	
	15 is 10% or more, and if the organizatio	n meets the fa	cts-and-circur	nstances test,	check this box	x and stop her	e. Explain
	in Part VI how the organization meets the					(A)	The second secon
40	organization						
18	<b>Private foundation.</b> If the organization of instructions	ald not check	a box on line	13, 16a, 16b	, 1/a, or 17b,	cneck this bo	x and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,007	5,473	4,374	4,244	3,751	18,849
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	34,167	29,550	35,056	32,188	2,676	133,637
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	35,174	35,023	39,430	36,432	6,427	152,486
7a	Amounts included on lines 1, 2, and 3			***	(400	100	0.000
	received from disqualified persons .	400	400	400	400	400	2,000
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			0	0	0	0
V etativ		400	400	400	400	400	2,000
С 8	Add lines 7a and 7b Public support. (Subtract line 7c from	400	400	400	400	400	2,000
0	line 6.)						150,486
Secti	on B. Total Support						100/100
	dar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	35,174	35,023	39,430	36,432	6,427	152,486
10a	Gross income from interest, dividends,			(325,113,25)	,		
Ioa	payments received on securities loans, rents,						
	royalties, and income from similar sources .	6,484	18,476	-12,600	27,132	22,573	62,065
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				1.1		
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	6,484	18,476	-12,600	27,132	22,573	62,065
11	Net income from unrelated business						
	activities not included in line 10b, whether				14		
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets		10.54	100	200		-
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,	and furnish		1	22.002.2		044.554
25/42	and 12.)	41,658	53,499	26,830	63,564	29,000	214,551
14	First 5 years. If the Form 990 is for the						
04	organization, check this box and stop he					* * * * *	<u> </u>
- A	on C. Computation of Public Suppor Public support percentage for 2020 (line 8			13 column (fl)	· · · · · · · · · · · · · · · · · · ·	15	70.1 %
15 16	Public support percentage for 2020 (interest Public support percentage from 2019 Sch					16	84.8 %
	on D. Computation of Investment Inc			<u> </u>		10	0.10 70
17	Investment income percentage for 2020 (			ov line 13. colu	mn (f))	17	28.9 %
18	Investment income percentage for 2020 (					18	14.4 %
19a	331/3% support tests—2020. If the organi	ization did not	check the box	on line 14, ar	nd line 15 is m		The state of the s
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly supp	orted organizati	on . ▶ 🗸
b	331/3% support tests-2019. If the organiz						
252	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	d not check a l	oox on line 14	, 19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗌

### Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	e Par	t V.)	
Sect	ion 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			E.
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	nyge		Bal.
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	2 3a	RE .	
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 <b>Part VI</b> when and how the organization made the determination.	3b	187	
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		A.U.
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	RE	
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 <b>Part VI</b> .	6	(B)	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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	18 10	R.L
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 <b>Part VI.</b>	9a	16 mm	Parent Parent
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 <b>Part VI</b> .	9b	12	
С	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 <b>Part VI</b> .	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 line 10b below.	10a		e de la constante de la consta
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ASIE	8	C Feel Land

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)		10000	
		SEVEN	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	TICONS.		EGNOO!
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		100
Ĭa	A family member of a person described in line 11a above?	11b		
b	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	7/14/11/1	100	
·	detail in <b>Part VI</b> .	11c	Company Address	SECONDAY.
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	775.45		-
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	Principal Control		4,000/6
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	Trains		2000
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	Helis		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		Jul 2 Gilleri
2	Did the organization operate for the benefit of any supported organization other than the supported	<b>Licit</b>	718	47,1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	WE HE		10000
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		032	
Casti	supervised, or controlled the supporting organization.	2		
Secu	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	Sales and	i and and	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	wotte	15.	Lips Into
	or management of the supporting organization was vested in the same persons that controlled or managed	iic is		KI
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		Yes	No
Sa	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Chris	165	NO
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	MANAGE LAND	PACK PA	7.0000
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	SHOW	Sept. S	T BOAR
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Vene		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	VISA	SEN I	P. Docu
		2	TR.	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	100:00	TIES T	
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	100.00		Super.
	supported organizations played in this regard.	3		
Secti	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	nstru	ction	s).
a	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> </ul>			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	lsee ir	struc	tions).
2	Activities Test. Answer lines 2a and 2b below.	,000		No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	GGeö	egy =	
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	Page 1	LOC II	150100
	those supported organizations and explain how these activities directly furthered their exempt purposes,	UU III	100	5.07000
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	COLO	13	
		2a	Hassi I	
b	Did the activities described in line 2a, above, 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	Cens	03	Same
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Cono	100	20000
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	100.00	222	TE PIPE
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	Mark II	18.10	line -
i.	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	town in	e conserva
b	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	08.	\$ 01,0

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	rage
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru	st on Nov. 20, 1970 (expl	ain in <b>Part VI</b> ). <b>See</b> ions A through E.
Sec	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
_ 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	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Seci	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current 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):		or green the box and sen or green the box and sen	Tartistoris Th
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	4 (8	s, onuch the box son as	Agrandant Jan.
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount		p. Others the pox are see	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	OF WEST PROPERTY OF THE PERSON	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	a great the box and ag	
4	Enter greater of line 2 or line 3.	4	CURRENT THE BOX OF DEED	
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	Taneyina perabusa	
7	Check here if the current year is the organization's first as a non-functional (see instructions)		ntegrated Type III support	ing organization

	lle A (Form 990 or 990-EZ) 2020			n	Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	a)	
Seci	ion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets	V		4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.	δ		6	
7	Total annual distributions. Add lines 1 through 6.	P. 1900		7	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Seci	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6	is on line 14, 19a, or 10	a, phack this box ar		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.	ix on line 14, 19a, or 19 stor line 14, 19a, or 19			
3	Excess distributions carryover, if any, to 2020	ox on line 14, 196, or 19	o, onsok tals box ar		ea instructions
а	From 2015	LUNIO DES TA TOR RUSO	E. Abant this box of	SE.	AT THE REPORT OF THE PARTY
b	From 2016				Later was a some the same
С	From 2017	7, 00 Inc 14, 128, 01 11:	o chear als nex su	ad a	ea nextrodora in C
d	From 2018	occur (tea 14, 19a, or 15	a, break this box at	14	SA THERESERS TO THE
е	From 2019	AVAILBUS DV TON HAVED	to where the edition of	18	HE STEPPENSON TO STORY
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years	ncien lie 14, the on th			es habilicators in L
h	Applied to 2020 distributable amount	ox am Trie 14, 10a, or 10	o, check this box at	is a	
i_	Carryover from 2015 not applied (see instructions)		o page this box of		AND THE PROPERTY OF THE PARTY
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				Liver and the state of the state of
4	Distributions for 2020 from	OT GO THE 14. 150, OF 15	o' buscle and box st		
	Section D, line 7: \$	14 on line 14, 19a, or 15	b, check this box as	101.5	se instructions Pri
a	Applied to underdistributions of prior years	w on line 14, 12a, or 10		-C10-7-1	ed inclinionate
b	Applied to 2020 distributable amount	Market and the second second	o, checis eras box ai	2/1.5	envisitiona m
	Remainder. Subtract lines 4a and 4b from line 4.		Na Justinian I am stord in	7100 10	
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.	x on les 14, 19a, or 16 x on les 14, 19a, or 15			ea instructione 🕒 🖺
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.	acon line 12, 12e, or 15 ix on line 14, 13e, or 11	o presidente por al		2)
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		b, check of is book of		ed matriciping Thro
8	Breakdown of line 7:	ix on the 14, 19a, or 10	o, check this box at	18 E	AL ITERECOMETE TOTAL
а	Excess from 2016	o Andless R.L. 10a nr 10	Support this the of	53%	na instructions
b	Excess from 2017			13.	o let un total union est anno
С	Excess from 2018	THE NAME OF THE PARTY OF THE	O SHAR DIS TOUGH	Sal S	89 Marticages
d	Excess from 2019	ix on the \$4, 19a, or 19	a, check this box ar	43 E	se histrichtons (K.)
е	Excess from 2020	N AN HONE OF TON OF TO	e struck the box so	100	A SHORT OF THE PARTY

	Form 990 or 990-EZ) 2020 Page 8
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 G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Clarkston Community Historical Society 23-7379799 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations f Solicitation of government grants Internet and email solicitations g 

Special fundraising events ☐ Phone solicitations ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid to (or retained by) (iv) Gross receipts from activity (i) Name and address of individual (ii) Activity or entity (fundraiser) organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

P	art II	<b>Fundraising Events.</b> Complete if the organization answered "Yes" on Form 990, Part IV, lir than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 a gross receipts greater than \$5,000.			ne 18, or reported more and 6b. List events with			
-			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
Revenue			(event type)	(event type)	(total number)	col. (c))		
	1	Gross receipts	75			75		
	2 3	Less: Contributions Gross income (line 1 minus	0			0		
	-	line 2)	75			75		
	4	Cash prizes	0			0		
	5	Noncash prizes	0			0		
sesue	6	Rent/facility costs	0			0		
Exp	7	Food and beverages	0			0		
Direct Expenses	8	Entertainment	0			0		
	9	Other direct expenses .	0			0		
Pa	10 11 irt III	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-E2	act line 10 from line 3, c e organization answe	olumn (d)		0 75 or reported more than		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Ä	1	Gross revenue						
Ses	2	Cash prizes						
Expe	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
1953(3)	5	Other direct expenses .						
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No			
	7	Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary	. Subtract line 7 from li	ne 1, column (d)				
	a Is	Enter the state(s) in which the organization conducts gaming activities:  Is the organization licensed to conduct gaming activities in each of these states?						
10	a W b If	ere any of the organization's ga	aming licenses revoked	, suspended, or termin		? . Yes No		

Schedul	ule G (Form 990 or 990-EZ) 2020	Page 3
11	Doos the organization contact garming detrines that	Yes No
12	Torried to definition orientable garring.	Yes □ No
13	Indicate the percentage of gaming activity conducted in:	%
a	The organization's facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ▶	
	TOVERIGO:	Yes 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
C	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	□ Director/officer □ Employee □ Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	. <del></del>
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
Part	spent in the organization's own exempt activities during the tax year ▶ \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	and (v); and information.
	GGG Inditional	

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				1
				*
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	H			

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

23-7379799 Clarkston Community Historical Society Form 990-EZ, Line 16, Other Expenses of \$7,432: - Museum Artifact Purchases: \$241 - Museum Exhibit & Displays: \$1,929 - Wayside Sign Program: \$4,643 - Miscellaneous Expenses: \$619

Schedule O (Form 990-E2) 2020	Page 2
Name of the organization	Employer identification number
	Descri
-	