### Form 990

(Rev. January 2020)

### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2019

		the Treasury		ocial security numbers on			ic.	Open to Pub	
		ue Service	▶ Go to www.ii	rs.gov/Form990 for instruc	tions and the lates	information.		Inspection	
			year, or tax year beginning			and ending		, 20	
Вс	heck if a	applicable:	C Name of organizatiorOSWEG	O COUNTY HISTORICA	L SOCIETY		D Employ	rer identification number	•
A	ddress o	change	Doing business as					15-6024641	
_ N	lame cha	ange	Number and street (or P.O. box	if mail is not delivered to street addr	ress)	Room/suite	E Telepho	one number	
_ Ir	nitial retu	um	135 EAST THIRD STR		,			(315)343-134	2
F	inal retu	m/terminated		country, and ZIP or foreign postal co	de		G Gross	receipts	
	mended	return	DSWEGO, NY 13126	or to leight postal co	06		s		196
		on pending	F Name and address of principal of	W. MADY VAY CHONE		Wa) is	this a group return fo	v subordinates? Yes	X No
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or perioning	SAME AS C ABOVE	officer MARI KAI STONE			re all subordinates		No
1 T	24-0400	npt status: X 50			П			(see instructions)	
		► N/A	1(c)(3)	(insert no.) 4947(a)(1) or	527				
						TOTAL CO.	Group exemption	Village Control	
			rporation Trust X Association	n Other ►	L Year of format	on 1948	M State of legal	domicile: N1	
Pai		Summary						HOHER MICE	TIM
	1	Briefly describe	the organization's mission or	most significant activities:	MAINTAIN AND	PROVIDE	TOURS FOR	HOUSE MUSE	OM
0							*		
and									
ern									
Activities & Governance	2	Check this box	if the organization disco						
9	3	Number of votin	g members of the governing	body (Part VI, line 1a)			3		11
S	4	Number of inde	pendent voting members of the	ne governing body (Part VI,	ine 1b)		4		0
iţie	5		individuals employed in cale				5		1
cţ	6		volunteers (estimate if neces				6		
Ă	72		ousiness revenue from Part \				7a		0
			usiness taxable income from				7b		0
	- 5	ivet uni elated bi	Jamesa taxable meeme nem	, omit ded 17 mile de			r Year	Current Year	
	0	8 Contributions and grants (Part VIII, line 1h)							,196
Φ									0
ng	9	Program service	revenue (Part VIII, line 2g)	2 4 and 7d)					0
Revenue	10	Investment inco	me (Part VIII, column (A), line	0.1 (2 ) D= 10= mm 110)					0
02	11	Other revenue (	Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				34	4,196
	12	Total revenue -	add lines 8 through 11 (must	equal Part VIII, column (A),	ine 12)				0
	13	Grants and simi	ar amounts paid (Part IX, cof	umn (A), lines 1-3)					0
	14	Benefits paid to	or for members (Part IX, colu	ımn (A), line 4)				11	3,237
10	15	Salaries, other o	ompensation, employee ben	efits (Part IX, column (A), lir	nes 5-10)			1	
Expenses	16a	Professional fun	draising fees (Part IX, column	n (A), line 11e)					0
neo	b	Total fundraising	expenses (Part IX, column (	(D), line 25) <b>&gt;</b>	(	)			
EX	17	Other expenses	(Part IX, column (A), lines 1	1a-11d, 11f-24e)				3	5,584
_	18	Total expenses	Add lines 13-17 (must equa	Part IX, column (A), line 25	5)			4	8,821
	19	Povonue less ex	penses. Subtract line 18 fro	m line 12				(1	4,625
	19	Revenue less ex	perioda: Cabaactina 10 iio				of Current Year	End of Year	
s or		T	1 V Fee 16)				304,395	31	5,964
sset			rt X, line 16)						0
Net Assets or Fund Balances	21	Total liabilities (F	Part X, line 26)				304,395	21	5,964
χū	22		nd balances. Subtract line 2	1 from line 20		•	304,393	31	3,904
Par	t II	Signature	Block				and belief by		
Under	penaltie	es of perjury, I declare	that I have examined this return, incl tion of preparer (other than officer) is	based on all information of which p	d statements, and to the b reparer has any knowledg	est of my knowled; e.	ge and belief, it is		
tive, c	onect, a	and complete, Decrare	tion of proporting former transfer						125
		MARY SI	HANLEY						
Sign	1	Signature of	officer				Da	ate	
Here		MARY SI	HANLEY, TREASURER						
11010	'		name and title		The state of the state of				
		Print/Type prepare		arer's signature	Date		Chack   i	PTIN	
						020	Check if		
Paid		William T			12-02-2		self-employed	P00387242	
Prep	arer	Firm's name		rance & Accounting	J LLC	Firm's I	EIN ►		
Use	Only	Firm's address	234 East All	bany Street		Phone	no.		
			Oswego NY 1	3126			315-	-343-4456	
May th	ne IRS	discuss this retu	irn with the preparer shown a	above? (see instructions)				X Yes	☐ No

į,	15-6024641 Pa
ľ	990 (2019) OSWEGO COUNTY HISTORICAL SOCIETY  t III   Statement of Program Service Accomplishments
	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	MAINTAIN AND PROVIDE TOURS FOR HOUSE MUSEUM
	MILITARIUM TOTAL
	at lieted on the
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program  Yes No services?
	If "Yes," describe these changes on Schedule O.
	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by Describe the organization's program service accomplishments for each of its three largest program services, as measured by Describe the organization's program services. Section 501(c)(3) and 501(c)(4) organizations are required to reported.
	the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$48,821 including grants of \$
	PATRITUDE 1.2.
	(Code: ) (Expenses \$ including grants of \$) (Revenue \$)
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	including grants of \$ ) (Revenue \$

	art IV Checklist of Required Schedules		Yes	No
1	to addition 2 If "Voc "			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Х	
/	complete Schedule A	2		Х
/ :	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
:	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		X
	candidates for public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds of any similar funds of decembers of the distribution or investment of amounts in such funds or accounts? If			.,
	"Yes," complete Schedule D, Part I	6		Х
_	including easements to preserve open spage			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes."			х
8	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		
,	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		x
	debt pagatiation services? If "Yes." complete Schedule D. Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in guasi endowments? If "Yes " complete Schedule D, Part V	-10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII VIII IX or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X fine 10? If "Yes,"	11a	х	
	complete Schedule I) Part VI			
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	11b		х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
d	Did the organization report an amount for other assets in Part X, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
е	Did the organization report an amount for other liabilities in vary, line 2011.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
f	Did the organization's separate or consolidated linearity statements for the day representation's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		12a		X
	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If	8 10		
b	Was the organization included in consolidated. Independent addiced internal objects of the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	"Yes," and if the organization answered two to line 12a, then completing schedule E, and the section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
14a	Did the organization matrical an onice, employees, or agents outside or the original of the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1 389		
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	188		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
"	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

1	art IV Checklist of Required Schedules (continued)		Yes	No
F				
/22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X
12				- 3
23				х
20		23		A
	employees? If "Yes," complete Schedule J			
24	employees? If "Yes," complete Schedule J	04-		x
	\$100,000 as of the last day of the year, that was issued after December 1	24a 24b		
	\$100,000 as of the last day of the year, that was issued after December 57,000 as of the last day of the year, that was issued after December 57,000 as of the last day of the year, that was issued after December 57,000 as of the last day of the year through 24d and complete Schedule K. If "No," go to line 25a.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary process of tax-exempt bonds beyond the tax-exempt beyond the tax-	24c		
c	Did the organization maintain an escrow account once that the control of the cont	24d		
	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any success benefit  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations of the section 501(c)(3), 501(c)(4), and 501(c)(29) organization of the section 501(c)(4), and 501(c	200		115
	transaction with a disqualified person during the year? If "Yes, complete schools by  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior.  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior.  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior.			
b		25b		Х
	year, and that the transaction has not been reported and if "Yes," complete Schedule L, Part I.			
				1000
26		26		X
	or former officer, director, trustee, key employee, created of relationship of the controlled entity or family member or any of these persons? If "Yes," complete Schedule 1, Part II controlled entity or family member or any of these persons? If "Yes," complete Schedule 1, Part II			
27				
21				
		27		X
	persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the ioniowing parago (see Society)			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	1		
a		28a		X
	A current or former officer, director, trustee, key employee, death of section of sectio	28b		X
b	to the described in line 2827 Factor Complete Ochevano E.			
С	A family member of any individual described in line 2281  A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	280		X
		29		X
29	than \$25 more th			
30	Did the organization receive contributions of art, historical treasures, of other similar assets, or que	30		X
	conservation contributions? If "Yes," complete Schedule M	31		X
31	conservation contributions? If "Yes," complete Schedule W.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
32	Did the organization induidate, terminate, or also but the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		X
	complete Schedule N, Part II		1 1 10	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		x
	or IV and Part V line 1	35a		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
	controlled entity within the meaning of section 512(b)(15): If 163, complete series 14, and 15			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
	related organization? If "Yes," complete Schedule R, Part V, line 2.  Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	05.5	x
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
38	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
r d	Check if Schedule O contains a response or note to any line in this Part V.			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
t	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
(	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	

	990 (2019) OSWEGO COUNTY HISTORICAL SOCIETY	02464	4.1	-	ano F
1	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	02464	# T	-	age 5
1				Yes	No
2a	and Tax and Tax	F		103	140
1	Statements, filed for the calendar year ending with or within the year covered by this return	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		20	Α	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		36		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country		7.0		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	†	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?.		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, fine 12, for public use of club facilities		1		
11	Section 501(c)(12) organizations. Enter:		1		
a	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	1	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a	000000000	0.000000000
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	, , , , , , , , , , , , , , , , , , , ,		14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	[	14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		х
	If "Yes," complete Form 4720, Schedule O.				

990 (2019) OSWEGO COUNTY HISTORICAL SOCIETY Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X . . . . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X Each committee with authority to act on behalf of the governing body? . . . . . . . . . Is there any officer, director, trustee, or key employee listed in Part VIII. Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?. . 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X 15b Х b Other officers or key employees of the organization . . . . . . . . . . . . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ New York Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Other (explain on Schedule O)

20

Another's website

and financial statements available to the public during the tax year.

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

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

MARY SHANLEY (315)343-1342, 135 EAST THIRD STREET, OSWEGO, NY 13126

F 000	1201	101
n 990		1541

OSWEGO COUNTY HISTORICAL SOCIETY

15-6024641

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

See instructions for the order in which to list the persons	s above.	ation of	aamna	neated	any curre	ent officer, director, o	r trustee.	
Check this box if neither the organization nor any re	elated organiz			(C) Position	on	(D)	(E)	(F)
	Average	(d	o not che	s nerso	e than one n is both an	Reportable	Reportable	Estimated amount
Name and title	hours	of	fficer and	a direc	tor/trustee)	compensation	compensation	of other compensation
	per week		A1100	800	W	from the	from related organizations	from the
	(list any	9	# 5	Q	S 9 35	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	hours for	₽	St E	Officer	hes	(W-2/1099-MISC)		related organization
	related	director	on on		dighest comp employee			
	organizations below		Institutional lissistee		mpe			
	dotted line)		ee siee		dighest compensated employee			
					ed			
(1) JUSTIN WHITE	2.0	<b>~</b> \$000000000					0	0
DIRECTOR		X	1	_		0	0	
(2) MARGARET MCKINSTRY	5.00	<b>9</b>			1184	0	0	C
IRECTOR	<u> </u>	X	-	_		0	-	
3) LYN PATTERSON	3.00					0	0	
DIRECTOR	A V	Х		_		0		
4) MARY ROMAN	2.00					0	0	
DIRECTOR	<u> </u>	Х		-		0	0	
5) JAMES CLOONAN							0	C
DIRECTOR		Х				0	U	
6) JENNIFER BERTOLLINI		1 1 1 1 1					0	C
DIRECTOR		Х				0	U	
7) MARY SHANLEY	5.00							
TREASURER				X		0	0	0
(8) CHARLENE MITCHELL	3.00							
VICE PRESIDENT				X		0	0	0
(9) MARY KAY STONE	2.00						And the second	
PRESIDENT				x		0	0	0
(10)ROBERT PERKINS	2.00							
DIRECTOR		1200		X		0	0	0
(11)EVA CORRADINO	3.00							
SECRETARY				X		0	0	0
(12)								
(13)								
(14)								

(A) Name and title		(B) Average hours per week (list any	erage box, unless per ours officer and a dir				than one is both a r/trustee	an e)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimat of comp fror	(F) ted amount f other pensation m the zation and
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	cormer	(W-2/1099-MISC)	(W-2/1099-MISC)		organization
(15)												
(16)												
(17)					1							
(18)										*		
(19)				1								Q.
20)					9000							
21)												
22)						7						
3)												
4)		,+++		1	1	1						12.00
5)					1							
		<u> </u>						<b>b</b>				
c Total from continuation she	///////////////////////////////////////	4000000						•	0	0		
<ul><li>d Total (add lines 1b and 1c)</li><li>2 Total number of individuals (in</li></ul>	netuding but not limiter	to those liste	ed abo	ove)	who	rec	eived	more				
reportable compensation from												
3 Did the organization list any f	- Franklington	truotos kou	omnle	21/22	or	hiah	ost so	mne	neated			Yes N
3 Did the organization list any f employee on line 1a? # "Yes,	" complete Schedule	for such indi	ividua	Jyee I							3	х
4 For any individual listed on lin	ne 1a, is the sum of rep	ortable comp	ensa	tion a	and o	othe	er com	pens	sation from the			
organization and related orga							chedu	ıle J	for such			
individual							d orga	· ·	tion or individual		4	Х
5 Did any person listed on the for services rendered to the d											5	х
Section B. Independent Co						,						
1 Complete this table for your f	five highest compensat											
compensation from the organ	nization. Report compe	nsation for th	e cale	ndar	yea	ar en	nding v	vith o		zation's tax year.		
	(A) Name and business address								(B)  Description of service	s	(C) Compensation	on
					200			01-0				
								8.4				
				100								
2 Total number of independen	t contractors (including	but not limite	-1 4- 41-	000	linta	d ah	lavol	who				

art	VIII	Statement of Revenue						[
1		Check if Schedule O contains a respons	se or r	ote to any line in thi	s Part VIII (A)	(B)	(C)	(D)
1					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
/						function revenue	business revenue	sections 512-514
			_	_				
	18	Federated campaigns	1a					
v7 10		b Membership dues	1b	7,275				
ant		c Fundraising events	1c	14,732				
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations	1d					
ifts ar A		e Government grants (contributions)	1e					
s, G		f All other contributions, gifts, grants,						
rSi	and similar amounts not included above 1f			12,189				
ibu		Noncash contributions included in						
ontro		lines 1a-1f	1g	\$		A		
o a		h Total. Add lines 1a-1f			34,196			
				Business Code				
Φ	28							
5 0	ı	b				-	-	
Ser								
Program Service Revenue	0							
R	е				, man			
P	f	All other program service revenue						
		Total. Add lines 2a-2f						
	3	Investment income (including dividends, inte						
		other similar amounts)			A			
	4	Income from investment of tax-exempt bond		0000000				
	5	Royalties		*CCCCCCCCC,   -				
		(i) Real	_	(ii) Personal				
	10000	Gross rents 6a						
		Less: rental expenses 6b	- 1					
		Rental income or (loss) 6c	- 3					
	d	Net rental income or (loss)	-000-	()200-				
		Gross amount from (i) Securities	<del>)</del>	(ii) Other				
		sales of assets						
		other than inventory Less: cost or other basis		- "				
Other Revenue		and sales expenses 7b	-	-				
9		Gain or (loss)	1					
ă.		Net gain or (loss)	H					
the		Gross income from fundraising						
ō		events (not including \$ 14,732						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
		Less: direct expenses	8b					
54.1		Net income or (loss) from fundraising events						
		Gross income from gaming						
		activities, See Part IV, line 19	9a					
		Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities		•				
	10a	Gross sales of inventory, less						
		returns and allowances	10a					
		Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventory						
				Business Code				
Sn.	11a							
nue			C 11 (7)			× = 140-		
eve	1							
Miscellanous Revenue	d	All other revenue						
2	е	Total. Add lines 11a-11d						
11/2	12	Total revenue. See instructions			34,196	0	0	0

X

#### Statement of Functional Expenses art IX

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b, 9b, and 10b of Part VIII. (B) (C) Program service expenses (D) Grants and other assistance to domestic organizations Management and Fundraising expenses general expenses and domestic governments. See Part IV, line 21 Grants and other assistance to domestic Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . 5 Compensation of current officers, directors, Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . . 7 12,233 12,233 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Payroll taxes . . . . . . . . . . . . . . . . 10 1,004 1,004 11 Fees for services (nonemployees): c Accounting . . . . . . . . . . . . . 330 330 e Professional fundraising services. See Part IV, line 17 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 990 990 Office expenses . . . . . 13 Information technology . . . . 14 15 Royalties . . . . . . . . . 16 6,626 6,626 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 22 Depreciation, depletion, and amortization 23 *M*. . . . . . 3,112 3,112 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a INTERNET 745 745 b TELELPHONE & CABLE 3,096 3,096 c SECURITY 5.027 5,027 d POSTAGE 606 606 15,052 e All other expenses 15,052 25 Total functional expenses. Add lines 1 through 24e 48,821 48,821 0 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 

if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

1	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		Beginning of year		End of year
-	Cash - non-interest-bearing	19,572	1	20,856
- 1 :	Savings and temporary cash investments	131,123	2	141,408
	mit to an administration of the contract of th		3	
	· · · · · · · · · · · · · · · · · · ·		4	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6				
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
. 7	Notes and loans receivable, net	A	7	
8 9	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	750	9	
10	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 494,000			
	Less: accumulated depreciation	153,700	10c	153,700
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	2-4/	12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	-W	14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	304,395	16	315,96
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
	Secured mortgages and notes payable to unrelated third parties		23	
23	Unsecured notes and loans payable to unrelated third parties		24	
24	Other liabilities (including federal income tax, payables to related third			YOUR CONTRACTOR
25	Other liabilities (including rederal income tax, payables to related this			
	parties, and other liabilities not included on lines 17-24). Complete Part X		25	
	of Schedule D	0	26	
26	Total liabilities. Add lines 17 through 25		20	
	Organizations that follow FASB ASC 958, check here ▶			
	and complete lines 27, 28, 32, and 33.		27	
27	Net assets without donor restrictions			
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.		00	160.06
29	Capital stock or trust principal, or current funds	150,695	29	162,26
30	Paid-in or capital surplus, or land, building, or equipment fund	153,700	30	153,70
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	304,395	32	315,96
29 30 31 32 33	Total liabilities and net assets/fund balances	304,395	33	315,96

90 (20 )	5-602	4041		Page 12
Al				
Check if Schedule O contains a response or note to any line in this Part XI				1 106
Total revenue (must equal Part VIII, column (A), line 12)				4,196
Total expenses (must equal Part IX, column (A), line 25)				8,821
Revenue less expenses. Subtract line 2 from line 1	3			4,625
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			4,395
Net unrealized gains (losses) on investments	5		2	6,194
Donated services and use of facilities	6			
Investment expenses	7			
Prior period adjustments	. 8			
Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
32, column (B))	. 10		31	5,964
rt XII Financial Statements and Reporting				100
Check if Schedule O contains a response or note to any line in this Part XII				🗌
Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	x
If "Yes," check a box below to indicate whether the financial statements for the year were compiled of reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?			2b	x
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on			2c	
Schedule O.				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3a	х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such audits			3b	

### CHEDULE A m 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 trus

► Attach to Form 990 or Form 990-EZ.

2019 Open to Public

OMB No. 1545-0047

	Form of the Treasury  Service  Go to www.irs.gov/Form990 for instructions and the latest information.  Inspection									
	Internal Revenue					Employer identifica				
/	Name of the organization  Name of the organization  OSWEGO COUNTY HISTORICAL SOC  OSWEGO PROPERTY OF Public Cha	IETY				15-602464				
/	OSWEGO COUNTY HISTORICAL SOC	rity Status (Al	l organizations must	t comple	te this pa	art.) See instruction	IS.			
	Part I Reason for rubite on a The organization is not a private foundation by the organization of churches	ecause it is: (For li	nes 1 through 12, check	only one b	ox.)					
	The organization is the organization of churches,	or association of c	hurches described in sec	tion 170(b	)(1)(A)(i).					
	A school described in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	or 990-EZ	).)					
	A haspital or a cooperative hospital	service organizati	on described in section	170(b)(1)( <i>l</i>	۹)(iii).					
	A medical research organization op	perated in conjunct	ion with a hospital describ	ped in sect	tion 170(b)	(1)(A)(iii). Enter the				
	to a state:									
	An organization operated for the be	enefit of a college of	r university owned or ope	erated by a	governme	ntal unit described in				
	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
	A federal state or local governmen	t or governmental	unit described in section	170(b)(1)	(A)(v).					
	As assanization that normally receive	es a substantial pa	art of its support from a g	overnmen	tal unit or fr	om the general public				
7	described in section 170(b)(1)(A)(v	i). (Complete Part	II.)		4000					
	The trial described in sec	tion 170/b)/1)/A)/s	(Complete Part II.)		///////					
8	A	n described in sec	tion 170(b)(1)(A)(ix) ope	erated in co	mjunction s	vith a land-grant college				
9	or university or a non-land-grant coll	lege of agriculture	(see instructions). Enter t	the name,	city, and sl	ate of the college or				
				v100000-	***************************************					
40	En	es: (1) more than 3	33 1/3% of its support from	m contribu	tions, men	bership fees, and gross				
10		evennt functions -	subject to certain except	agns, and	(A) HO HIGH	S triair oo me is				
	ausport from gross investment incon	ne and unrelated b	usiness taxable income (	tepa aceni	on on tun	from businesses				
	assuired by the organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Comp	piete Fait	111.)					
44		stad exclusively to	test for neithic safety. Set	esection	303(a)(+).					
11	- u and and anorg	stad exclusively for	the beneat of to perform	mie iunici	10115 01, 01	to carry out the purpose	S			
12		anizatione descrit	ned in section buylance	or section	1 303(4)(2)	000 00000				
		2d that doccribes t	he type of supporting or	anization	and compi	Cto miloo inte				
	T I A supporting organization	operated, superv	ised, or controlled by its	Supported	organizati	3(-)17				
	the supported organization(s) the	power to regularly	appoint or elect a major	rity of the o	directors or	trustees of the				
	tiinsting Vou mu	et complete Part	IV Sections A and B.							
	. T = II A supporting organization	n supervised of co	ntrolled in connection will	th its supp	orted organ	nization(s), by having				
	control or management of the sur	oporting organization	on vested in the same pe	ersons tha	t control or	manage the supported				
	erganization(s) You must comp	lete Part IV. Secti	ons A and C.							
	Type III functionally integrated.	A supporting orga	nization operated in con-	nection wi	th, and fun	ctionally integrated with	,			
	its supported organization(s) (see	instructions). You	ı must complete Part IV	, Section	s A, D, an	u E.				
	J Type III pon-functionally integra	ated. A supporting	organization operated in	connection	on with its s	supported organization(	s)			
	that is not functionally integrated.	The organization of	generally must satisfy a c	distribution	requireme	nt and an attentiveness				
	requirement (see instructions). Yo	u must complete	Part IV, Sections A an	d D, and I	Part V.					
	e Check this box if the organization	received a written	determination from the I	RS that it	is a Type I,	Type II, Type III				
	functionally integrated, or Type III	non-functionally in	tegrated supporting orga	anization.						
	f Enter the number of supported organic									
	g Provide the following information about	it the supported or	ganization(s).							
	(i) Name of supported organization		(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
	(i) runs or supplied a		(described on lines 1-10	listed in you	ur governing	support (see instructions)	other support (see instructions)			
			above (see instructions))	docur	nentr	instructions)	mondosono,			
				Yes	No					
A)										
B)										
C)		TO A STATE OF THE								
D)										
-		A CONTRACTOR								
E)										
ota	1									

b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

0-11	
(Complete only if yo	checked the box on line 10 of Part I or if the organization failed to qualify under Part II
If the organization fa	ils to qualify under the tests listed below, please complete Part II.)

1	If the organization fails to qualify	y under the te	ests listed belo	w, please co	mplete Part I	l.)	
1	A Bublic Support						
		(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
C	Cife grants, continuations, and membership tees						
1	(Do not include any "unusual grants.")		56,728	25,140	31,972	18,520	132,360
2	- receipts from admissions, merchandise						
4	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		2,100		2,057	594	4,751
2	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513 .		14,200	15,720	19,000	15,082	64,002
1	Tax revenues levied for the				10.		
4	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			4			
,	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		73,028	40,860	53,029	34,196	201,113
72	Amounts included on lines 1, 2, and 3			40000			
1 a	received from disqualified persons						
h	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						
_	Add lines 7a and 7b		100				
	Public support. (Subtract line 7c from						
٥	line 6.)						201,113
Sec	tion B. Total Support	D. A.					
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1,7	73,028	40,860	53,029	34,196	201,113
	Gross income from interest, dividends,		/				
-	payments received on securities loans, rents,						
	royalties, and income from similar sources		10				10
h	Unrelated business taxable income (less	***************************************					
-	section 511 taxes) from businesses	), W					
	acquired after June 30, 1975						
_	Add lines 10a and 10b	///	10				10
	Net income from unrelated business			The same of			
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)		73,038	40,860	53,029	34,196	201,123
14	First five years. If the Form 990 is for the	organization's	first, second, th	ird, fourth, or	fifth tax year as	s a section 501(	c)(3)
	organization, check this box and stop here						
Se	ction C. Computation of Public Suppo	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,	column (f), div	rided by line 13,	column (f)).		15	100.00%
16	Public support percentage from 2018 Sche	dule A, Part III	, line 15			16	99.99 %
Se	ection D. Computation of Investment In	ncome Perce	entage		(6)	1.4-1	
17		ne 10c, columr	n (f), divided by	line 13, colum	n (f))	17	0.00%
18	Investment income percentage from 2018	Schedule A, P	art III, line 17.	an line 44		18	0.00%
19	a 33 1/3% support tests - 2019. If the organ						
	17 is not more than 33 1/3%, check this bo						
	b 33 1/3% support tests - 2018. If the organ	is boy and at-	check a box or	anization quali	ifies as a public	to is more than	33 1/3%, and
	line 18 is not more than 33 1/3%, check thing Private foundation. If the organization did						
7	Filvate Ioulidation, it the organization did	OI ICCK d D	יו וידו טוווויוט חדי	,,,	שנו מווים שנו מווי	a see mistruction	124

# CHEDULE O m 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2019

Open to Public Inspection Employer identification number

Opposition of the Treasury Department of the Treasury	► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	Open to Publi Inspection
of the olyginzarion		Employer identification number
OSWEGO COUNTY HI	STORICAL SOCIETY	15-6024641
	onducted or WILL BE CONDUCTED	
NO REVIEW		
2. Governing do	cuments, etc, available to public (Part VI, line 19)	
GOVERNING DOCUME	NTS ARE AVAILABLE TO THE GENERAL PUBLIC BY WRITTEN REQU	EST
1229		
3. List of othe	r fees for services expenses (Part IX, line 11g)	
ee Statement		
	(Dook TV 1/20 240)	
4. List of othe	r expenses (Part IX, line 24e)	a Total Carlos Maria Carlos
EE OVERFLOW SCH	EDULE	
	M. A.	

990	Overflow Statement	<b>2019</b> Page 1
arette(s) as shown on return		FEIN
Name(s) as since	TORICAL SOCIETY	15-6024641

#### OTHER INCOME

intion	Amount		
pescription	Ś	1,865	
DONATIONS	<u> </u>	9,380	
ANNUAL GIVING		350	
MISEUM SHOP		594	
MUSEUM ADMISSIONS		12,189	
	Total: \$	12/102	

### OTHER EXPENSES

		Amount
Description		\$ 300
COMPUTER & REPAIRS		2,480
LANDSCAPING & PLOWING		403
PAYROLL SERVICE		
PRINTING		540
REPAIRS & MAINTANCE		737
		2,025
RESTORATION		2,262
SUPPLIES		820
WATER & SEWER		58
MISCELLANEOUS		330
BANK FEES	******	375
MEMBERSHIPS	1h. An	
TRANSPORTATION		1,110
	The second secon	330
SALES TAX		3,282
FUNDRAISING	Total.	
	Total:	5 13,032

# AR500 Annual Filing for Charitable Organizations

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2019 Open to Public Inspection

CharitiesNYS.com General Information

1. Gen	(mm/dd/vvvv)	2019 and	d Ending (mm/d	d/ana/)		
For Fiscal Year Beginning Check if Applicable: Address Change	Traine of Organizat		d Ending (mm/d	Emplo	yer Identificatio	on Number (EIN)
Name Change Initial Filing		HIRD STREET			gistration Num 47-75	ber:
Final Filing  Amended Filing	City / State / Zip: OSWEGO, NY	13126			-343-1342	2
Reg ID Pending	Website:			Email:	P	
neck your organization's gistration category:	7A only EP	TL only X DUAL (7A	& EPTL) EX	MPT* Confirm you	ur Registration C Registry at <u>www.C</u>	ategory in the charitiesNYS.com.
Certification		Alexander of the second				- W 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e instructions for certificatio natories.	n requirements. Improper	certification is a violation.	of law that may be	subject to penalties.	The certification	requires two
they are	re true, correct and comp	reviewed this report, include lete in accordance with the	e laws of the State	of New York applica	eble to this report.	12-02-20 Date
nief Financial Officer or Trea		IV.	MARY SHAN	LEY TR	EASURER	12-02-20
Annual Reporting	Signature		ı	Print Name and Title		Date
neck the exemption(s) that a tegories (DUAL filers) that a tachments are required. If you tachments and pay applicable 3a. 7A filing exemption and the organization	pply to your filing. If your pply to your registration, ou cannot claim an exemple fees.  on: Total contributions from the did not engage a profession.	complete only parts 1, 2, a	and 3, and submit in at claims only one detection only one dents, foundations, fund raising couns	he certified Char500 exemption, you mus government agenciel (FRC) to solicit co	. No fee, schedulst file applicable ses, etc. did not expertitions during	es, or additional chedules and sceed \$25,000 g the fiscal year.
Schedules and At	tachments					
hedules and achments to	es 🔼 No fund raising	or organization use a profe g activity in NY State? If you organization receive gove	es, complete Sche	dule 4a.		co-venturer for
. Fee			T =			
ee the checklist on the ext page to calculate your ee(s). Indicate fee(s) you re submitting here:	7A filing fee: \$25.	\$ 100.	Total fee:	_25 . Make	e a single check o payable "Department	to: