	99(0		of Organization					2021	
			Under section 501(c), 5	527, or 4947(a)(1) of the er social security numb	Internal Reve	nue Code (excep rm as it may be	ot private for made publi	oundations)	Open to Publ	
artme	ent of the	Treasury	Do not ent	ww.irs.gov/Form990 for	instructions	and the latest in	formation.		Inspection	
	Revenue				Instructions	, 2021, and	ending	1.5	, 20	-
	1		r year, or tax year beginn	WEGO COUNTY HIST	ORTCAL SC			D Employ	er identification numb	er
	eck if appl			WEGO COUNTI MIDI	ORICINE DO	01211			15-6024641	_
	iress char		Doing business as	D. box if mail is not delivered to a	street address)	R	oom/suite	E Telepho	one number	
	ne change	e	135 EAST THIRD						(315) 343-13	42
	al return			vince, country, and ZIP or foreigr	postal code			G Gross	receipts	
		terminated	OSWEGO, NY 131					\$	61	, 298
	ended ret			ncipal officer: MARY KAY	STONE		H(a) 1	s this a group return for	subordinates? Yes	XN
App	blication p	bending	SAME AS C ABOV				Н(b)	Are all subordinates	s included? Yes	
	-exempt s		501(c)(3) 501(c) (7(a)(1) or	527		f "No," attach a list.	See instructions	
		N/A	501(0)(5)	/ ((H(c)	Group exemption n	umber 🕨	
		anization:	Corporation Trust X Ass	ociation Other		L Year of formation:	1948	M State of lega	I domicile: NY	_
art		Summar								-
-			be the organization's missi	on or most significant act	ivities: MA	NTAIN AND	PROVIDE	TOURS FOR	R HOUSE MUS	EUM
	1 0	Sileny descri	be the organization of meet							_
						8				
	-					100	1.1.1			
	2 0	Chack this h	ox ► 🗌 if the organization	discontinued its operation	ons or disposed	of more than 25	% of its net	assets.		
	2 0	Jumber of V	oting members of the gove	ming body (Part VI, line 1	(a)			3		11
	3 N	lumber of in	dependent voting member	rs of the governing body (Part VI, line 1b			4		0
	4 N		of individuals employed in	calendar year 2021 (Pa	t V. line 2a)		S	5		2
			of volunteers (estimate if			and		6	11 - C - C - C - C - C - C - C - C - C -	11
	6 T	Total numbe	ed business revenue from		and the second second	A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O		7a		0
	7a T	lotal unrelat	d business taxable income	from Form 990-T Part I	line 11			7b		0
-	br	vet unrelate	a business taxable income	1011 1 0111 330-1, 1 arti,		1	Pric	or Year	Current Year	
			s and grants (Part VIII, line	16)	Sec. 2				61	, 29
,			vice revenue (Part VIII, line						1	
					10-10-					-
	10 1		Det VIII column (A) lines 3 4 and 7d)			1			
וט		nvestment	ncome (Part VIII, column (A)	A), lines 3, 4, and 7d)						
	11 0	Other reven	ue (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, an	 d 11e)	•••••••••• •••••	-		61	, 29
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Form	m 990 (2021) OSWEGO COUNTY HISTORICAL SOCIETY	15-6024641	Page 2
	art III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		[]
1	Briefly describe the organization's mission:		
	MAINTAIN AND PROVIDE TOURS FOR HOUSE MUSEUM		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		No
	If "Yes," describe these new services on Schedule O.	· · · [] Tes [
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
7	services?	Yes	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured l	by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	the total expenses, and revenue, if any, for each program service reported.		
1.1			
4a	(Code:) (Expenses \$42,002 including grants of \$) (Revenue		298)
	MAINTAINING AND HAVING THE HOUSE MUSEUM OPEN TO THE PUBLIC FOR TOURS SINCE 19	948	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue		
40	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			_
	N N &		
4c	(Code:) (Expenses \$including grants of \$) (Revenue	\$)
			-
1-1			
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	1	
4e		/	
EA		Form	990 (2021)

Form 990 (2	
Part IV	C

			500 P	1.00
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	-	Yes	No
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-	
1.0	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	-	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			1.5
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			1.1.1
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I	6		X
1	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1.5
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
U	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9	-	X
			1	1.
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	1.1.2	x
· · ·	이 것이 잘 못 했다. 정말에 잘 잘 같아요. 이 집에 잘 들어 가지 않는 것이 물건들을 다 하는 것을 알 물건을 했다. 것이 같은 것이 같아요. 이 집에 집에서 가지 않는 것이 같아요. 이 집에 집에 있는 것이 없는 것이 같아요. 이 집에 집에 있는 것이 같아요. 이 집에 집에 있는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다. 이 집에 집에 있는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다. 이 집에 집에 있는 것이 없는 것이 없다. 것이 없는 것이 없다. 것이 없는 것이 없다. 것이 없는 것이 없 않는 것이 없는 것이 않은 것이 있는 것이 않은 것이 않는 것이 않는 것이 않는 것이 없는 것이 않은 것이 않이 않은 것이 않는 것이 않은 것이 않은 것이 않 않이 않이 않이 않 않 않이 않는 것이 않 않이 않이 않은 것이 않 않이 않이 않이 않이 않 않이 않이 않이 않			10
	VII, VIII, IX, or X as applicable.			-
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	5.7		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more		-	
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		1.11	
	Did the exercise the second seco	11d	-	X
		11e	-	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
120		11f	_	X
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
h	Schedule D, Parts XI and XII	12a		X
13		12b		X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	x
	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			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	-	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	-	X
18		17	-	X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20 a	If "Yes," complete Schedule G, Part III	19	-	x
	이 것은 가슴을 가장에서는 것이 가지 않는 것이 같아요. 이렇게 많은 것이 같아요. 이렇게 집에서 이 것이 같아요. 것이 같아요. 한 것이 같아요. 이 있는 것이 같아요. 이 있	20a	-	x
21		20b	-	
A.I	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? <i>If "Yes," complete Schedule I, Parts I and II</i>			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	x

	Yes	No
	165	NU
22		x
23		x
	1	
24a		x
24b	1	
24c		
24d		
		-
25a		x
25b		x
200	-	•
26		
20	-	X
		20
07		
27	12000	X
	1	
28a		X
28b		X
Defi-		
28c		х
29		X
30		х
31		х
32		х
33		x
34		x
35a		x
35b		
36		х
	1.0	
37		x
38	x	
	•	-
	Yes	No
	32 33 34 35a 35b 36 37 38 	32 33 34 35a 35b 36 37 38 X Yes

Form	990 (2021) OSWEGO COUNTY HISTORICAL SOCIETY 15-6	024641	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			1.1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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,			1.0
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	_		
	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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1.000	x
c	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			1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	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).			-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1.0.7		
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	11.00	x
d	If "Yes," indicate the number of Forms 8282 filed during the year			-
e	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?		-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		-	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	-
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		-	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		-	-
ь 10	Section 501(c)(7) organizations. Enter:		1	1
	Initiation fees and capital contributions included on Part VIII, line 12			
a		-	1	
ь 11		_		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b				
D	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		
		· · 12a	-	1
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	· · · 13a	-	
	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	-	1	
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		-	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		-	X
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		X
	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		X
2	If "Yes," complete Form 4720, Schedule O.	1		1
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	1.1		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		-
	If "Yes," complete Form 6069.			

	0 (2021) OSWEGO COUNTY HISTORICAL SOCIETY 15-602464		Pa	ge 6
	Management and Disclosure For each "Yes" response to lines 2 through to being	Vo"		
art	Governance, Management, and Disclosure (c) dust receive and constructions. response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in concesse of the circumstances of the circum			• 🖻
	on A. Governing Body and Management	-		
		-	Yes	No
-	ter the number of voting members of the governing body at the end of the tax year		-	
E	there are material differences in voting rights among members of the governing body, or			
IT	he governing body delegated broad authority to an executive committee or similar			
	c is a manufactor included in line 1a, above, who are independent.			
		2		x
	the tenstop or kov employee/	-		A
		3		x
L	id the organization delegate control over management duties customany period by period by an other person?	4		X
		5		x
		6		x
	and the second bolders /	-		-
		7a		x
	and the governing hody?			
		7b		x
	at the start than the governing body	10	-	
	tockholders, or persons other than the governing body. Did the organization contemporaneously document the meetings held or written actions undertaken during			
		8a	x	
		8b	x	
	the authority to act on behalf of the governing pogy (· · · · · · · · · · · · · · · · · ·			1
		9		x
	it is addressed if "Ves." provide the names and addresses on denedule of	1		-
ect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
		10a	-	x
0a	Did the organization have local chapters, branches, or affiliates?	100	1	-
		105		· . · · ·
	it is a condictant with the Arrivation's Exciting purposes.	11a	-	x
	the examination provided a complete copy of this Form 990 to all members of its governing body personal of			
				x
		. 121	-	
b	the store of trustoes and key employees required to disclose annually interests that odds give the		-	
c				
		. 13	-	x
13				x
4	the second destruction and destruction policy?		1	
15	is the temporation of the following persons include a review and approved by			1-
		. 15	a	x
a		. 15	b	X
b	Other officers or key employees of the organization			
	with the line 15e or 15e describe the process on Schedule O. See Instructions.			
16a		. 16	a	X
	the during the woor?			
b	in the second seco			
	and a contingent of the start and the start	. 16	sb	
	organization's exempt status with respect to such arrangements?			
Se	tion C. Disclosure			
17	Citize Form 000 is required to be filed New York			
18	a sign and the provide an organization to make its Forms 1023 (1024 or 1024-A if applicable), 550, and 500 r (0000000)			
	(3)s only) available for public inspection. Indicate how you made these available. Check an inter oppin.			
	The set of a worksite in the set of the set			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, connect or meters pointy,			
100	the second and the public during the tax year.			
	and talephone number of the person who possesses the organization's books and talephone			
20	JENNIFER BERTOLLINI (315)343-1342, 135 EAST THIRD STREET, OSWEGO, NY 13126			

Form 990 (2021) OSWEGO CO	OUNTY HISTORICAL	SOCIETY	15-6024641	Page 7
	Compensation of Offi Independent Contract		ustees, Key Employee	s, Highest Compensated Employ	es, and
	Check if Schedule O contains	s a response or note to an	v line in this Part VII		· · · · Π

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

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

x Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	cer and	s persor	than one is both a or/trustee	n)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations W-2/ 1099-MISC/ 1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARY_ROMAN DIRECTOR	2.00	x	1. V				0	0	0
(2) LYN PATTERSON DIRECTOR	3.00	x					0	0	0
(3) JOEY_SWEENER	3.00	x					0	0	0
(4) ROBERT PERKINS DIRECTOR	2.00	x					0	0	0
(5) JUSTIN WHITE DIRECTOR	2.00	x					0	0	0
(6) MARY_SHANLEY DIRECTOR	2.00	x					0	0	0
(7) MARGARET MCKINSTRY	5.00	x					0	0	0
(8) CHARLENE MITCHELL VICE PRESIDENT	3.00			x			0	0	0
(9) JENNIFER BERTOLLINI TREASURER	5.0_0			x			0	0	0
(10)MARY KAY STONE	5.00			x			0	0	0
(11)EVA CORRADINO SECRETARY	3.00			x			0	0	0
(12)									
(13)									
(14)									

(15) (16) (17) (18) (19) (20) (21) (22)	ection A. Officers, Directors, Trustees	, Key Emplo	yees, a	and	nign	est	Com	Jens	aleu Employees	continueu)			
(16) (17) (18) (19) (20) (21) (22)					(0	3							-
(16) (17) (18) (19) (20) (21) (22)	(A) Name and title	(B) Average hours per week	box,	unles	Posi eck mo	tion bre the	an one both a /trustee	n	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated ar of othe compensa from the	ated am of other mpensat	r
(16) (17) (18) (19) (20) (21)		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	orga	nization d organi:	
(17) (18) (19) (20) (21) (22)											3		
(18) (19) (20) (21) (22)													
(19) (20) (21) (22)													
(20) (21) (22)								1					
(21) (22)							48	(Date			1		
(22)						A	2	1					
					1	at the	-	1	4				
12.2.2				(all all all all all all all all all all	and a	all a	Z	10			1		
(23)			17	100	1	2					0.5		
(24)				(Series							2.5		
(25)													
	n continuation sheets to Part VII, Sec I lines 1b and 1c)	tion A .				•	•••		0	0			0
2 Total num	ber of individuals (including but not limite compensation from the organization	ed to those lis	sted ab	ove)	who	rec	eived	mor					
						inh			nated			Yes	No
employee	ganization list any former officer, director on line 1a? If "Yes," complete Schedule	J for such ind	dividua	1		• •	• • •				3		x
	dividual listed on line 1a, is the sum of re on and related organizations greater thar												
	erson listed on line 1a receive or accrue										4	1	x
	es rendered to the organization? If "Yes," dependent Contractors	complete Sc	chedule	Jfo	r suc	ch p	erson				5	-	x
1 Complete	this table for your five highest compensation												
compensa	ation from the organization. Report comp (A)	ensation for	the ca	enda	ar ye	ar e	nding	with	or within the organ (B)	nization's tax year.	(C)		_
_	Name and business addres	55				-	-	-	Description of service	es	Compens	ation	_
				_	_	_		_				_	
2 Total num	ber of independent contractors (including	g but not limit	ted to t	hose	liste	d a	bove)	who	6	1.23			

	Check if Schedule O contains a response or no		(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclude
				function revenue	business revenue	from tax under sections 512-51
	1a Federated campaigns 1a		1.13 19 19	a destauration	1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 - 1989 -	
ts	b Membership dues 1b	1,705	a shared a			in the second
uno	c Fundraising events 1c	11,930	Alex and the			Master 190
Am	d Related organizations 1d				Sea Straight	1.575-5-20
nilar	e Government grants (contributions) · · 1e f All other contributions, gifts, grants,	14,640			Section 2	
r Sin	and similar amounts not included above 1f	33,023	Sec. Law as		21-11-11-11-12-12-12-12-12-12-12-12-12-1	Carl and
the	g Noncash contributions included in		Children I		100 St. 20	a The
and Other Similar Amounts	lines 1a-1f 1g	\$			100 A 100 - 1	
a	h Total. Add lines 1a-1f		61,298	the second s	202201.3	
		Business Code			A PARTY A	
	2a					
an	b					
/eni	c					
Program Service Revenue	a		A. A			
	f All other program service revenue		Allena	B		
	g Total. Add lines 2a-2f		ASSESS.		14.	
	3 Investment income (including dividends, interest,	and		X		
	other similar amounts)	· · · · · · · •		100		
	4 Income from investment of tax-exempt bond proc	-Star 12	Section of the sectio			
	5 Royalties	#504	All ALL	1		
	6a Gross rents 6a	(ii) Personal			Exempler 1	and the second
	b Less: rental expenses 6b	ACCESSION VIEW	12-12-12-12-12-12-12-12-12-12-12-12-12-1		an and a fair	Section 11
	c Rental income or (loss) 6c	(j)			Contraction of the second	and the start
	d Net rental income or (loss)					
	7a Gross amount from (i) Securities	(ii) Other	The second second	1.	Research and a line	1. 19 1. 19
	sales of assets	- ALLER BRAN	S. S. College			12.1.1.1.1.5
	other than inventory 7a					- The Standing
b	b Less: cost or other basis				1. Constants	1 1 1 E
	and sales expenses 7b c Gain or (loss) 7c					West and
A.	d Net gain or (loss)					
	8a Gross income from fundraising				The Real Property of the	Service Service
	events (not including \$ 11,930	0	1.11.12.1		ST. ANTAL S	
	of contributions reported on line				- Williams	1922
	1c). See Part IV, line 18 8a				The state of the state of	a Rolling
	b Less: direct expenses 8b		San and an and		Contract week	particular to
		· · · · · · •		A CONTRACTOR OF THE OWNER	SCALL PRODUCT	RUNZ/RUCCHENS
	9a Gross income from gaming activities, See Part IV, line 19 9a					a di seri
	b Less: direct expenses				The second second	1 Salara
		· · · · · · ►				
	10a Gross sales of inventory, less			Para Para Cale	Contraction of	and an and a second
	returns and allowances 10a			- 1 - 1	Section 1	
	b Less: cost of goods sold 101		4-20-20-4-20		A sure the all	
_	c Net income or (loss) from sales of inventory · ·		1	Carl Contractor Contractor		
	110	Business Code		pelo - il contra	COST - SALLY	all splats it
anuavan	11a					
lia						
PL	d All other revenue					
_						

OSWEGO COUNTY HISTORICAL SOCIETY

Part IX Statement of Functional Expenses

15-6024641

	Check if Schedule O contains a response or note to a				
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	bb, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	• • • • • • • • • • • • • • • • • • •		10115	
	individuals. See Part IV, line 22				10000
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
1.1	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,344	9,344		
8	Pension plan accruals and contributions (include		1		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		all the second		
10	Payroll taxes	911	911		(
11	Fees for services (nonemployees):				
а	Management	4 <u>0</u>			
b	Legal	4	and and		
c	Accounting	(and the second	100		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	ating the A			1
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	1			
	(A) amount, list line 11g expenses on Schedule O.)	12			
12	Advertising and promotion	361	361		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered	11-11-11		1	
	above (List miscellaneous expenses on line 24e. If			7/	
	line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O.)				
а	INTERNET	1,019	1,019		
b	TELELPHONE & CABLE	3,249	3,249		
с	SECURITY	5,756	5,756		
d	POSTAGE	714	714		
e	All other expenses	20,648	20,648		
25	Total functional expenses. Add lines 1 through 24e	42,002	42,002	0	0
26	Joint costs. Complete this line only if the	.2,002			
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

-	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	(A)	· · · · · · · ·	(B)
			Beginning of year		nd of year
Т	1	Cash - non-interest-bearing	11,389	1	32,40
	2	Savings and temporary cash investments	118,534	2	The Second Se
	3	Pledges and grants receivable, net	110,534	3	141,17
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		-	
	•	trustee, key employee, creator or founder, substantial contributor, or 35%		1. 1. 1. 1. 1.	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		5	
	iou				
	b	basis. Complete Part VI of Schedule D 10a 494,000 Less: accumulated depreciation 10b 340,300	152 500	10c	152 50
	11	Investments - publicly traded securities	153,700	11	153,70
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		12	
	14		10		
	15	Other assets. See Part IV, line 11	10	14	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		15	1.12
-	17	Accounts payable and accrued expenses	283,623	16 17	327,28
	18	Grants payable			
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22			21	
		Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		1	
	23	controlled entity or family member of any of these persons		22	
	24	Unsecured notes and loans payable to unrelated third parties			
	25			24	
1	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
	26	of Schedule D		25	
+	20	NUMBA E	0	26	
		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions		07	
1.	28	Net assets with donor restrictions		27	
	20			28	
		Organizations that do not follow FASB ASC 958, check here x and complete lines 29 through 33.			
	29				
	30	Capital stock or trust principal, or current funds	129,923	29	173,58
12	30 31		153,700	30	153,70
		Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	283,623	32	327,28
1	33	Total liabilities and net assets/fund balances	283,623	33	327,28

Form	990 (2021) OSWEGO COUNTY HISTORICAL SOCIETY	15-602464	1	Pa	age 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			298		
2	Total expenses (must equal Part IX, column (A), line 25)		42,00				
3	3 Revenue less expenses. Subtract line 2 from line 1 3						
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments			283,	361		
6	Donated services and use of facilities						
7	Investment expenses						
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)				0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				-		
	32, column (B))	10		327,	280		
Pa	rt XII Financial Statements and Reporting			5211	200		
	Check if Schedule O contains a response or note to any line in this Part XII				. П		
_				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		-	100			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		100	100			
	Schedule O.						
20			2a	-	v		
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?		20	10000	x		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1	0		
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis		01				
D			2b	1	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		1.2				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	1000	-		
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	Schedule O.				0.0		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		1.7.1		1.		
	Single Audit Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1111			
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
EEA			Form	990 (2	2021)		
	ALL AND A						
	I I A						
	A Carlos Contractor						

A AND N

SCHEDULE .	A
(Form 990)	

Department of the Treasury Internal Revenue Service

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.

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

Attach to Form 990 or Form 990-EZ.

	2021
	Open to Public
	Inspection
at	ion number
46	541

OMB No. 1545-0047

Image: School described in section 170(b)(1)(A)(ii), (Altach School E (Form 990)) Image: Anonpatient of a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Image: Anonpatient operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: Image: Anonpatient operated in a conjunction with a hospital described in section 170(b)(1)(A)(iii). Image: Anonpatient operated in the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). Image: Anonpatient operated in the benefit of a college or university owned or operated in section 170(b)(1)(A)(v). Image: Anonpatient operated in accinon 170(b)(1)(A)(v). (Complete Part II.) Image: Anonpatient operated in section 170(b)(1)(A)(v). (Complete Part II.) Image: Anonpatient operated in section 170(b)(1)(A)(v). (Complete Part II.) Image: Anonpatient operated in accinon 170(b)(1)(A)(v). (Complete Part II.) Image: Anonpatient operated in section 170(b)(1)(A)(v). (Complete Part II.) Image: Anonpatient operated in section 170(b)(1)(A)(v). (Complete Part II.) Image: Anonpatient operated in accinon 170(b)(1)(A)(v). (Complete Part II.) Image: Anonpatient operated in accinon 170(b)(1)(A)(v). (Complete Part II.) Image: Anonpatient operated in accinon 170(b)(1)(A)(v). Image: Anonpatient operated in accinon 170(b)(1)(A)(v). (Complete Part II.) Image: Anonpatient operated in accinon 170(b)(1)(A)(v). Image: Anonpatient operated in aconpatient operated in aconpatient accinon 170(b)(1)(A)(A	lame of the o						Employer identification	
er ognization is not a private foundation because it is: (For lines 11 through 12, check only one box) A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990),) A school described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state: An organization operated for chonyches described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state: An organization operated for chonyches described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state: An organization operated for chonyches described in section 170(b)(1)(A)(iv), Complete Part II.) A community inst described in section 170(b)(1)(A)(v), (Complete Part II.) A community inst described in section 170(b)(1)(A)(v), (Complete Part II.) A an agricultural research organization described in section 170(b)(1)(A)(v), (Complete Part II.) A an agricultural research organization described in section 170(b)(1)(A)(v), (Complete Part II.) A an agricultural research organization described in section 170(b)(1)(A)(v), (Complete Part II.) A norganization that normally receives (1) more than 33 1/35 of its support form activities related to its section 500(a)(2). Complete Part II.) A norganization that normally receives (1) more than 33 1/35 of its support form activities related to the section 500(a)(2). Complete Part II.) A norganization that normally receives (1) more than 33 1/35 of its support form activities related to the section 500(a)(2). Complete Part II.) A norganization distributed business tascetion 500(a)(2). Complete Part II.) A norganization distributed section 500(a)(2). Complete Part II.) A norganization distributed business tascetion 500(a)(2). Check the box in lines 12a through 12d that describes in benefit of the form The functions 500(a)(2). Check the box in lines 12a through 12d that describes in beyoef of spain(2). Organization 500(a)(2). Check the box in lines 12a through 12d that describes in the supported organization 600(a)(4). Check the supported organization ceptered activit				All organizations mus	teemale	to this n		
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Image: Solution of the section 170(b)(1)(A)(ii), (Altach Schedule E (Form 990)) Image: A nospital service organization described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state: Image: A norganization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: Image: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). Image: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). Image: A norganization operated for the benefit of a college or university owned or operated in section 170(b)(1)(A)(v). Image: A norganization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.) Image: A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its section 570(a)(2)(Complete Part II.) Image: A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its section 509(a)(2). (Complete Part II.) Image: A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its section 509(a)(2). (Complete Part II.) Image: A norganization that normally receives: (1) more than 33 1/3% of its support from contributions,	_					Contraction of the		
Image: Second	-					(1)(A)(i).		
Comparison C	2 🗌 A s	chool described in section 170(b	o)(1)(A)(ii). (Attac	ch Schedule E (Form 990).)			
hespital's name, diry, and state:	3 🗌 A h	ospital or a cooperative hospital	service organizat	ion described in section 1	70(b)(1)(A)	(iii).		
Image:			erated in conjunc	tion with a hospital describ	ed in secti	on 170(b)(1)(A)(iii). Enter the	
Section 170(b)(1)(A)(v). (Complete Part II.) An organization that normality receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(v). Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to cartain exceptions; and (2) no more than 33 1/3% of its support form gross investment income and unrelated business taxable income (less section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively for the benefit of to perform the functions of ro to carry out the purposes of one or more publicly supported organization described in section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See secti	_		nefit of a college	or university owned or ope	erated by a	governme	ntal unit described in	
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Image: Control (Control (Contro) (Control (Control (Control (Contro) (Contro) (Contro) (Contro) (C	_			l unit described in section	170/b)(1)(A)(v)		
described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A a community fraction of the section 170(b)(1)(A)(v). (Complete Part II.) A no quarization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from schuldes related to its exempt functions, subject to catan exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from schuldes related to its exempt functions, subject to catan exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from schuldes repeated exclusively to test for public safety. See section 509(a)(4). A no reganization organized and operated exclusively for the benefit of (1) oreform the functions of, or to carry out the purposes of one or more public's supported organization section 509(a)(1) or section 509(a)(2)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization (5), typically by giving the supported organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization operated in complete in contectors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b	-	· · · · · · · · · · · · · · · · · · ·	•				om the general public	
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an agricultural research organization described in section 170(b)(1)(A)(k) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university of material state of the college of university. D An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exection 509(a)(2). Complete Part III). D An organization organized and operated exclusively for the benefit of to functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12e, 12f, and 12g. a □ type. I. A supporting organization organized, supervised, or controled organization(s), bip valving control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). Even the supported organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with is supported organiz	_			the second se				
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receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxabile income (less section 509(a)(4). An organization organized and operated exclusively to test for public selection 509(a)(4). An organization organized and operated exclusively to test the business taxabile via the section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. An organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated, supervised, or controlled by its supported organization(s), by having control or management of the supporting organization with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. C Type II non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is on functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A and D, and Part V. C Check this box if the organization operated in other ation with subported organization(s) that is not functionally integrated. The organization operated in connection with at its a Type I, Type II, Type III (monfunctionally integrated a withen determination from the IRS that it is a Type I, Type II, Type III (monfunctionally integrated a withen determination from the IRS that it is a Type I, Type III (monfunctionally integrated a withen determination (described on lines 1-0) (di) Type organization (di) Type organization (di) Type orga	-			00.1007 51	1.4		1 1/ C 1	
Image: Section State An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the supported organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization organization organization supervised or controlled in connection with its supported organization(s). typication (s) the provide organization (s) to must complete Part IV, Sections A and C. c Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) f Check this box if the organizations received a write determination from the RS that its a Type II. Type III functionally integrated. A supporting organization organization. g Provide the following information about the supported organization(s). (w) Amount of monstary support (see instruc	rec	eipts from activities related to its port from gross investment inco	exempt function me and unrelated	s, subject to certain excep d business taxable income	tions; and ((less section	2) no more on 511 tax)	e than 33 1/3% of its	S
2 An organization organized and operated exclusively for the benefit of; to perform the functions of, or to carry out the purposes of one or more publicly supported organization describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s); the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in non-ection with its supported organization(s); by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type II functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions); You must complete Part IV, Sections A and D. c Type II functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s). The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions); You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III functionally integra	_	•		The second s				
one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, a		김 홍승이는 것을 많이 못하게 들었다. 것이 가지 않는 것이 같이 많이 했다.		and the second se			to carry out the purpose	es of
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b			In the second state of the	and the second	only of the	unectors o	i ilustees of the	
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requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization() (ii) Name of supported organization (ii) EIN (iii) Type of organization (iii) EIN (iii) Type of organization (iii) EIN (iii) Type of organization (iv) Is the organization (iv) Is	d 🗌		and the second s					
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f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) Yes No	e 🗌	Check this box if the organization	on received a wri	tten determination from the	e IRS that it	is a Type	I, Type II, Type III	
g Provide the following information about the supported organization (i). (iii) Type of organization (described on lines 1-10) above (see instructions)) (iv) Is the organization (described on lines 1-10) above (see instructions)) (v) Amount of monetary support (see instructions)) (v) Amount of monetary support (see instructions)) (v) Amount of monetary support (see instructions)) (v) Amount of other support (see instructions)) Yes No No Image: Second Seco		functionally integrated, or Type	III non-functional	ly integrated supporting or	ganization.			
(i) Name of supported organization (d) Name of supported organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Ves No Image: Section of the support (see instructions) Image: Section of the support (see instructions) Image: Section of the support (see instructions) (vi) Amount of other support (see instructions) Image: Section of the support of the support (see instructions) Image: Section of the support (see 	f Enter	the number of supported organi	zations					
Image: construction (described on lines 1-10 above (see instructions)) Iisted in your governing document? support (see instructions) other support (see instructions) Yes No	g Provi	de the following information about	it the supported	organization(s).				
above (see instructions)) document? instructions) instructions) Yes No	(i) Name o	of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of
Yes No Image: Ima		All and a second		the second se	1			and the second sec
		1		above (see instructions))	docun	hentr	instructions)	instructions)
					Yes	No		
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	-						1	
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	D)							
	Ξ)			1				
	otal				1	1		

Secti	Part III. If the organization fails to on A. Public Support	quality und		icu below, pi	cabe comple		
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
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 each person (other than a				Mar and	NPC.	
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount) Y		
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	-			1.		
-	on B. Total Support		1. Contraction of the second sec	(find			
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		1.1	1			
8	Gross income from interest, dividends,		6 miles		1		
	payments received on securities loans,			1			
	rents, royalties, and income from	41607					
	similar sources	15	and the second				
9	Net income from unrelated business	11	1				
	activities, whether or not the business is regularly carried on	1					
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	Con .	Transmitter and		1		
12	Gross receipts from related activities, etc.	(see instructi	ions)			12	
13	First 5 years. If the Form 990 is for the or organization, check this box and stop her	ganization's fi	irst, second, this	rd, fourth, or fit	fth tax year as	a section 501(
Secti	ion C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6						0
15	Public support percentage from 2020 Sch					15	0
16a	33 1/3% support test - 2021. If the organi						
	box and stop here. The organization qual						
b	33 1/3% support test - 2020. If the organities box and stop here. The organization	qualifies as a	publicly suppor	ted organization	on		· · · · ► [
1/a	10%-facts-and-circumstances test - 202 10% or more, and if the organization meet Part VI how the organization meets the fa	ts the facts-and cts-and-circuit	nd-circumstance mstances test.	es test, check t The organizati	this box and s t on qualifies as	top here. Expla s a publicly sup	ain in ported
b	organization	0. If the organ	nization did not	check a box o	n line 13, 16a,	, 16b, or 17a, a	ind line
	in Part VI how the organization meets the organization	facts-and-cire	cumstances tes	t. The organiz	ation qualifies	as a publicly s	upported ····► [
18	Private foundation. If the organization did						

	le A (Form 990) 2021 OSWEGO COUN					15-6024641	Page 3
Part							
	(Complete only if you checked th						der Part II.
_	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
Secti	on A. Public Support					And the second second	
Calen	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") -	25,140	31,972	18,520	15,638	49,785	141,055
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		2,057	594		243	2,894
3	Gross receipts from activities that are not an			1			
	unrelated trade or business under section 513	15,720	19,000	15,082	8,839	11,929	70,570
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	40,860	53,029	34,196	24,477	61,957	214,519
7a	Amounts included on lines 1, 2, and 3	,	557525	01/100	21/1//	01/00/	211,010
	received from disgualified persons .			Sec. 1			
b	Amounts included on lines 2 and 3			and the second second			
	received from other than disqualified		1 P				
	persons that exceed the greater of \$5,000		100	1 4	8		
	or 1% of the amount on line 13 for the year			17			
С	Add lines 7a and 7b			and a start			
8	Public support. (Subtract line 7c from				1		
	line 6.)		and the second second				214,519
Secti	on B. Total Support	M	No.				211,515
Calen	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	40,860	53,029	34,196	24,477	61,957	214,519
10a	Gross income from interest, dividends,		2	51/150	21/1//	01/55/	211,515
	payments received on securities loans, rents,	1000					
	royalties, and income from similar sources				166	13	179
b	Unrelated business taxable income (less	le.	1		100	10	115
	section 511 taxes) from businesses	the second					
	acquired after June 30, 1975						
С	Add lines 10a and 10b	0	1		166	13	179
11	Net income from unrelated business	- -			100	10	115
	activities not included on line 10b, whether				1.1.1.1.1.1		
	or not the business is regularly carried on						
12	Other income. Do not include gain or				1		
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	14					
	and 12.)	40,860	53,029	34,196	24,643	61,970	214,698
14	First 5 years. If the Form 990 is for the or			rd, fourth, or fif			(3)
	organization, check this box and stop here						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8			13. column (f))		15	99.92 %
16	Public support percentage from 2020 Sch					16	99.92 %
	on D. Computation of Investment Inc						33.32 10
17	Investment income percentage for 2021 (li			v line 13, colur	nn (f))	17	0.00 %
18	Investment income percentage from 2020			 All the set of the s		18	0.00 %
19a	33 1/3% support tests - 2021. If the organ						
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2020. If the organization						
	line 18 is not more than 33 1/3%, check this box a						
20	Private foundation. If the organization did						ons •
						and the second se	

Schedule A (Form 990) 2021 OSWEGO COUNTY HISTORICAL SOCIETY Page 4 15-6024641 Supporting Organizations Part IV (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.) Section A. All Supporting Organizations No Yes 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a 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 Part VI when and how the organization made the determination. 3b C Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI 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 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b 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 Part VI 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 Part VI, 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 h Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 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 Part VI. 6 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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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 Part VI. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined on 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 Part VI. 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 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

Schedule A (Form 990) 2021

	le A (Form 990) 2021 OSWEGO COUNTY HISTORICAL SOCIETY 15-6024641	_	P	age 5
Part	V Supporting Organizations (continued)		Yes	No
44	Has the organization accounted a gift or contribution from any of the following persons?		Tes	NO
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
а		11a		
		11b		
b		110	1	-
c	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Secti	ion 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			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1.20		
0	supervised, or controlled the supporting organization.	2		_
Sect	ion 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	-	Tes	NO
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
	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		1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	-
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		6	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
Cast	supported organizations played in this regard.	3		6
1	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	incl	ructio	anel
a	The organization satisfied the Activities Test. Complete line 2 below.	mat	rucuc	115).
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	5).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on 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 Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

_	e A (Form 990) 2021 OSWEGO COUNTY HISTORICAL SOCIETY		15-602	4641	Page
Part					
1	Check here if the organization satisfied the Integral Part Test as a qualifying				
_	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Sect		
Secti	on A - Adjusted Net Income		(A) Prior Year		irrent Yea otional)
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		1	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		1	
Secti	on B - Minimum Asset Amount		(A) Prior Year		irrent Year otional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b	h.	1	
C	Fair market value of other non-exempt-use assets	1c	6		
d	Total (add lines 1a, 1b, and 1c)	1d	11		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			1	1
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			
Secti	on C - Distributable Amount		The second s	Curre	ent Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		3	
2	Enter 0.85 of line 1.	2		1	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	-	tegrated Type III suppo	rting organi	ization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

EEA

Schedu Par	ILE A (Form 990) 2021 OSWEGO COUNTY HISTORICAL V Type III Non-Functionally Integrated 509(a)(3				4641 Page 7
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe		ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.		1111 C. 1	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
_ 1	Distributable amount for 2021 from Section C, line 6	Car			
2	Underdistributions, if any, for years prior to 2021	1.			A CONTRACTOR OF
	(reasonable cause required - explain in Part VI). See				
	instructions.	Letter - All			
3	Excess distributions carryover, if any, to 2021				
a	From 2016		10000		
b	From 2017	1.4		-	
С	From 2018				
d	From 2019		1- 10 0 11		111 A. K.
е	From 2020	We also and the	The part of the second	11	the second s
f	Total of lines 3a through 3e	and the second s	1	7121	
	Applied to underdistributions of prior years			1	1 10 10
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)	117			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			-	- 10
4	Distributions for 2021 from				-
	Section D, line 7: \$			- 1	
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount		1		
C	Remainder. Subtract lines 4a and 4b from line 4.		1		
5	Remaining underdistributions for years prior to 2021, if			-	Contraction of the second s
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.			- 11	
6	Remaining underdistributions for 2021. Subtract lines 3h			-	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			211	
7	Excess distributions carryover to 2022. Add lines 3j	11	Charles and the second	1	
	and 4c.			11.6	
8	Breakdown of line 7:			-	
a				-	
b	E				
c	F			-	the start sector
d	F				
	Evenes from 0004		Contraction of the second		
e	Excess from 2021			2.91	

Schedule A (Form 990) 2021

EEA

	Page 8
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Supplemental Information.
Part VI	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
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 5a, 5b, 5c, 11a, 11b, and 1c, 1 article 2a, 2b
	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.)
-	
-	
1	A
	Alterna De
1	
-	
-	
	North Contraction of the Contrac

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

OSWE	GO COUNTY HISTORICAL SOCIETY			
	rt I Organizations Maintaining Donor Advised I	Funds or Other Simila	r Funds or Acco	15-6024641
	Complete if the organization answered "Yes"	on Form 990. Part IV li	ne 6	unta.
		(a) Donor advise		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)	1		
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held	in donor advised	
	funds are the organization's property, subject to the organiza	tion's exclusive legal contro		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a			
	only for charitable purposes and not for the benefit of the dor			
De	conferring impermissible private benefit?			Yes No
Pa			-A-	
	Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 7.	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recreatio			torically important land area
		E F	Preservation of a cer	tified historic structure
2	Preservation of open space	and the second	And a second	
	Complete lines 2a through 2d if the organization held a qualif easement on the last day of the tax year.	led conservation contribution	on in the form of a co	
а	Total number of conservation easements	and the second		Held at the End of the Tax Year
b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a		20
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			
	tax year	A		
4	Number of states where property subject to conservation eas		•	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection	, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and e	enforcing conservation	on easements during the year
7				
1	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfore	cing conservation ea	sements during the year
8				
°.	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?			
9	and section 170(h)(4)(B)(ii)?		••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's fina	e and expense state	ment and
	organization's accounting for conservation easements.	to the organization's line	ancial statements the	at describes the
Par	III Organizations Maintaining Collections	of Art, Historical Tre	easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenu	e statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or	research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue sta	atement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re-	search in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
•	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea	sures, or other similar asse	ets for financial gain,	provide the
2	following amounts required to be reported under FASB ASC 9			
a b	Revenue included on Form 990, Part VIII, line 1			
5	Assets included in Form 990, Part X			· · · ▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Γ

	e D (Form 990) 2021 OSWEGO COUNTY						5-6024641		Page :
-	t III Organizations Maintaining					the second se		(contint	ued)
3	Using the organization's acquisition, access	sion, and other record	ds, check a	any of the f	ollowing that ma	ke significant us	e of its		
	collection items (check all that apply):			-					
а	Public exhibition		d		or exchange prog				
b	Scholarly research		е	U Other					_
c	Preservation for future generations								
	Provide a description of the organization's of	collections and explain	in how they	further the	e organization's	exempt purpose	in Part		
	XIII.								
5	During the year, did the organization solicit	or receive donations	of art, hist	orical treas	sures, or other si	milar			
Ì.	assets to be sold to raise funds rather than	to be maintained as	part of the	organizati	on's collection?		🔲	Yes [No
ar	t IV Escrow and Custodial Arr								
	Complete if the organization	answered "Yes	on For	m 990, I	Part IV, line 9	, or reported	an amount	on For	m
	990, Part X, line 21.								
la	Is the organization an agent, trustee, custo							1.0	2.5
	included on Form 990, Part X?						· · · · · 🛛	Yes	No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing tal	ole:					
						1 - I -	Amount		
c	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
a	Did the organization include an amount on I	Form 990, Part X, lin	e 21, for es	scrow or cu	ustodial account	liability?	[]	Yes	No
b	If "Yes," explain the arrangement in Part XII				and the second sec				ī
ar	tV Endowment Funds.			1					-
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line 1	0.			
		(a) Current year	(b). P	rior year	(c) Two years ba	ack (d) Three y	ears back (e)	Four years	back
a	Beginning of year balance		1 Alexandre	Ch. N					
b	Contributions		1	1	-				
с	Net investment earnings, gains, and	1000	100	1					
	losses	1 Aller	10	10.0					
d	Grants or scholarships		100						
e	Other expenditures for facilities and		1						
-	programs		11 -						
f	Administrative expenses	125	109		-				
		-							
g	End of year balance	Contraction of the local data and the local data an			N Kold Sta				
	Provide the estimated percentage of the cu			column (a)) held as:				
a	Board designated or quasi-endowment	a line was a second	_%						
b	Permanent endowment	%							
С	Term endowment								
	The percentages on lines 2a, 2b, and 2c sh	No		6.640	a supervise state				
a	Are there endowment funds not in the poss	ession of the organiz	ation that a	are held an	d administered f	for the		1	1
	organization by:						-	Yes	No
	(i) Unrelated organizations						38	a(i)	-
	(ii) Related organizations			· · · · ·			3a	ı(ii)	-
b	If "Yes" on line 3a(ii), are the related organiz						3	Bb	
-	Describe in Part XIII the intended uses of th		owment fu	nds.					_
ar	t VI Land, Buildings, and Equi					1.4.1.2			
_	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line 1	1a. See Forn	n 990, Part 2	X, line	10.
	Description of property	(a) Cost or oth		1.1.1.1.1.1.1	or other basis	(c) Accumulated	(b)	Book value	
_		(investm	nent)	1	(other)	depreciation			
a	Land	• • • •			153,700			153,	700
b	Buildings				340,300	340,3	00		
с	Leasehold improvements	1.1							
d	Equipment	•••							
e	Other								
-					10.12				700
-	Add lines 1a through 1e. (Column (d) must en	qual Form 990, Part 2	X, column	(B), line 10	c.)			153,	100

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
I) Financial derivatives		
2) Closely-held equity interests	_	
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	19	
(2)	All March March	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
	100.00	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)	The second secon	
(4)	an and	
(5)	and the second sec	
(6)		
(7)	and the second sec	
(8)		
(9)		
	t equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	and the state of t
(1) Federal	income taxes		
(2)			
(3)	Commenter Street Street		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Column	(b) must equal Form 990. Part X. col. (B) line 25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

A		5-6024641	Page
art		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	No.	
C	Recoveries of prior year grants	4	
d	Other (Describe in Part XIII.)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Audited Finacial Statements With Expenses per Audited Finacial St	5	
Philippine 1			
art 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	
1	Total expenses and losses per audited financial statements	1	
1	Total expenses and losses per audited financial statements	1	
1 2	Total expenses and losses per audited financial statements	1	
1 2 a	Total expenses and losses per audited financial statements	1	
1 2 a b	Total expenses and losses per audited financial statements	1	
1 2 b c	Total expenses and losses per audited financial statements	1 2e	
1 2 b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d		
1 2 b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2e	
1 2 b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2e	
1 2 d c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2e	
1 2 d c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2e 3	
1 2 d c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2e	

and the second s	

		swered "Yes"	on Form 990	aising or Gamin 0, Part IV, line 17, 18, co orm 990-EZ, line 6a.		OMB No. 1545-0047
epartment of the Treasury		tach to Form 9		Open to Public Inspection		
lame of the organization	30 to www.irs.gov/F	0////390 101 1115	unctions and	a the latest information	Employer identific	
SWEGO COUNTY HISTORICAL SOC	IETY				15-602	
Part I Fundraising Activities.	Complete if the	organizat	ion answe	ered "Yes" on Fo	orm 990, Part IV, I	ine 17.
Form 990-EZ filers are not						
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations 	ed funds through a	any of the folk e f g	Solicitation Solicitation	ies. Check all that ap of non-government of of government grant draising events	grants	
 d In-person solicitations 2a Did the organization have a written or or key employees listed in Form 990, b If "Yes," list the 10 highest paid individe compensated at least \$5,000 by the organization. 	Part VII) or entity in duals or entities (fur	n connection	with profess	ional fundraising ser	vices?	Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody or contrib	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
1		Yes	No	1	col. (i)	
2			.C			
				10		
	1	1				
	and the second s					
	lest -	18.00				
		(h-				
	<u></u>					
otal	. 9					
3 List all states in which the organization registration or licensing.	n is registered or li	censed to sol	icit contribut	ions or has been not	ified it is exempt from	

-	gross receipts greater than \$	(a) Event #1	(b) Event #2	(c) Other events	
			(0) Event #2		(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts		-		
2	Less: Contributions				
3	Gross income (line 1 minus				
	line 2)				
4	Cash prizes			1	
					2
5	Noncash prizes				
6	Rent/facility costs				
			4		
7	Food and beverages				
8	Entertainment		-		
9	Other direct expenses		-	- A-	
10	Direct currence currence Add lines				
	Direct expense summary. Add lines				
11		10 from line 3 column	(b)		
11 rt III			(d)		nore than
	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	anization answered			nore than
	Gaming. Complete if the orga	anization answered e 6a.	"Yes" on Form 990, Part	► IV, line 19, or reported r	(d) Total gaming (add
	Gaming. Complete if the orga	anization answered	'Yes" on Form 990, Part		(d) Total gaming (add
	Gaming. Complete if the orga	anization answered e 6a.	"Yes" on Form 990, Part	► IV, line 19, or reported r	1
rt III	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	anization answered e 6a.	"Yes" on Form 990, Part	► IV, line 19, or reported r	(d) Total gaming (add
rt III	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	anization answered e 6a.	"Yes" on Form 990, Part	► IV, line 19, or reported r	(d) Total gaming (add
1 2	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line Gross revenue	anization answered e 6a.	"Yes" on Form 990, Part	► IV, line 19, or reported r	(d) Total gaming (add
r t 	Gross revenue	anization answered e 6a.	"Yes" on Form 990, Part	► IV, line 19, or reported r	(d) Total gaming (add
1 1 2	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line Gross revenue	anization answered e 6a.	"Yes" on Form 990, Part	► IV, line 19, or reported r	(d) Total gaming (add
rt III 1 2 3 4	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Rent/facility costs	anization answered e 6a.	"Yes" on Form 990, Part	► IV, line 19, or reported r	(d) Total gaming (add
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rt III 1 2 3 4 5 6 7	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	anization answered a 6a. (a) Bingo (a) Bingo (b) Bingo (b) Bingo (c) Bingo	"Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo 	V, line 19, or reported r (c) Other gaming (c) Other gam	(d) Total gaming (add
rt III 1 2 3 4 5 6 7 8 Er	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Uther direct expenses	anization answered a 6a. (a) Bingo (a) Bingo Yes? Yes? No? 2 through 5 in column and a second s	'Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo ////////////////////////////////////	V, line 19, or reported r (c) Other gaming (c) Other gaming Ves% No	(d) Total gaming (add col. (a) through col. (c))
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Schedule G (Form 990) 2021

GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC BY WRITTEN 03. List of other fees for services expenses (Part IX, line 11g) See Statement 04. List of other expenses (Part IX, line 24e)	nation. Employe 15-60	2021 Open to Public Inspection r identification number 024641
► Go to www.irs.gov/Form990 for the latest inform Name of the organization OSWEGO COUNTY HISTORICAL SOCIETY 01. Form 990 governing body review (Part VI, line 11) NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED 02. Governing documents, etc, available to public (Part VI, line GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC BY WRITTEN 03. List of other fees for services expenses (Part IX, line 11g) See Statement 04. List of other expenses (Part IX, line 24e)	Employe 15-60	r identification number
OSWEGO COUNTY HISTORICAL SOCIETY 01. Form 990 governing body review (Part VI, line 11) NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED 02. Governing documents, etc, available to public (Part VI, line GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC BY WRITTEN 03. List of other fees for services expenses (Part IX, line 11g) See Statement 04. List of other expenses (Part IX, line 24e)	15-60	
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See Statement 04. List of other expenses (Part IX, line 24e)		
See Statement 04. List of other expenses (Part IX, line 24e)		
04. List of other expenses (Part IX, line 24e)	K	
	1	
SEE OVERFLOW SCHEDULE	49	
SEE OVERFLOW SCHEDULE		

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	202	1 Page 1
Name(s) as shown on return		FEIN	State of the second
OSWEGO COUNT	Y HISTORICAL SOCIETY		15-6024641
	OTHER INCOME		
Description			Amount
DONATIONS MUSEUM SHOP		\$\$	32,78
MOSEOM_SHOP_	Tot	al: \$	33,02
	OTHER EXPENSES		
Description			Amount
COMPUTER & R	EPAIRS	\$	1,07
LANDSCAPING			2,00
MEMBERSHIPS			12
MISCELANEOUS			1,67
PAYROLL SERV			29
REPAIRS & MA	INTANCE		8,56
SUPPLIES			74
UTILITIES	B		5,42
WATER & SEWE		al: \$	74 20,64