# IRS e-file Signature Authorization for a Tax Exempt Entity

, 2022, and ending

| Department of the Treasury  | ·   | Do not send to the IRS.   | •   |  | ZUZZ   |  |  |  |  |
|---|---|---|---|--|--|--|--|--|--|
| Internal Revenue Service  |   | Go to www.irs.gov/Form8879  | TE for the latest information.  | 1  |  |  |  |  |  |
| Name of filer   |   |   |   | EIN or SSN   |  |  |  |  |  |
|   |   | HISTORICAL SOCIE  | 3TY   | **-*   | **1853   |  |  |  |  |
| Name and title of officer or person subject to tax  DONNA MEYER   |   |   |   |  |  |  |  |  |  |
| EXECUTIVE DIRECTOR  |   |   |   |  |  |  |  |  |  |
| Part Type of Return and Return Information  Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and   |   |   |   |  |  |  |  |  |  |
| Form 5330 filers may ente<br>or <b>10a</b> below, and the amo<br>whichever is applicable, bi<br>than one line in Part I.  | r dollars and cents.<br>ount on that line for<br>lank (do not enter -(  | . For all other forms, enter whole<br>r the return being filed with this f<br>0-). But, if you entered -0- on the   | enter the applicable amount, if any, for dollars only. If you check the box on form was blank, then leave line 1b, 2b return, then enter 0 on the applicablem 990, Part VIII, column (A), line 12)  | line 1a, 2a,<br>o, 3b, 4b, 5k<br>e line below                              | 3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,  Do not complete more                                |  |  |  |  |
| 1a Form 990 check h   | ,,,,,,,,  |   | m 990-EZ, line 9)   |  |  |  |  |  |  |
| 2a Form 990-EZ che  |   | · · · · · · · · · · · · · · · · · · ·   | ., line 22)   |  |  |  |  |  |  |
| 3a Form 1120-POL (  | <u></u>   |   | t income (Form 990-PF, Part V, line 5   |  |  |  |  |  |  |
| 4a Form 990-PF che  |   |   | line 3c)  |  |  |  |  |  |  |
| 5a Form 8868 check  |   |   | rt III, line 4)   |  |  |  |  |  |  |
| 6a Form 990-T chec  |   | ·   | t III, line 1)  |  |  |  |  |  |  |
| 7a Form 4720 check  |   |   | tax year (Form 5227, Item D)  |  | 8b   |  |  |  |  |
| 9a Form 5227 check  |   | b Tax due (Form 5330, Part  |   |  | 9b   |  |  |  |  |
|   |   |   | nt requested (Form 8038-CP, Part III,   | line 22)   | 10b  |  |  |  |  |
| 10a Form 8038-CP ch   | tion and Signa  | ture Authorization of Off   | icer or Person Subject to Ta  | <u>,</u>   | .~~  |  |  |  |  |
| 24.17.18.19.19.19.19.19.19.19.19.19.19.19.19.19.  |   |   | ntity or I am a person subject to   |  | nect to (name  |  |  |  |  |
|   |   |   | , (EIN)an   |  |  |  |  |  |  |
| of any refund. If applicable<br>entry to the financial instit<br>financial institution to deb<br>later than 2 business days<br>payment of taxes to receive  | e, I authorize the U. ution account indic<br>it the entry to this a<br>s prior to the payme<br>ve confidential infor<br>mber (PIN) as my si | S. Treasury and its designated frated in the tax preparation softwaccount. To revoke a payment, I ent (settlement) date. I also authormation necessary to answering | he reason for any delay in processing<br>Financial Agent to initiate an electronic<br>vare for payment of the federal taxes<br>must contact the U.S. Treasury Finan<br>orize the financial institutions involved<br>uiries and resolve issues related to the<br>and, if applicable, the consent to elec | c funds with<br>owed on this<br>cial Agent a<br>in the proce<br>e payment. | drawal (direct debit) is return, and the tiles. The service of the electronic law selected a withdrawal. |  |  |  |  |
| X I authorize MA  | LONEY + N   | OVOTNY LLC  | t   | o enter my   | PIN 43015  |  |  |  |  |
|   |   | ERO firm name   |   | ·  | Enter five numbers, but<br>do not enter all zeros  |  |  |  |  |
| with a state age  | on the tax year 20<br>ency(ies) regulating<br>disclosure consent  | charities as part of the IRS Fed/   | have indicated within this return that s<br>State program, I also authorize the afe   | a copy of th<br>orementions  | e return is being filed<br>d ERO to enter my PIN   |  |  |  |  |
| As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. |   |   |   |  |  |  |  |  |  |
| Signature of officer or person subje  | ect to tax  | ontication  |   | Dat  | е  |  |  |  |  |
| 100130200000000   | ation and Auth  |   |   |  |  |  |  |  |  |
| ERO's EFIN/PIN. Enter ye  | <del>-</del>  | -   | 2427002406  | 7 7  |  |  |  |  |  |
| number (EFIN) followed by   | y your five-digit self  | -selected PIN.  | 3437883406<br>Do not enter all zeros  |  |  |  |  |  |  |
| I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.   |   |   |   |  |  |  |  |  |  |
| ERO's signature   |   |   | Date  |  |  |  |  |  |  |

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

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

2022
Open to Public Inspection

and ending A For the 2022 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: Address Ichange DELAWARE COUNTY HISTORICAL SOCIETY \*\*-\*\*\*1853 Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ (740) 369-38312690 STRATFORD RD termin-ated G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code DELAWARE, OH 43015 H(a) Is this a group return Applica-Yes X No for subordinates? ..... F Name and address of principal officer: pending H(b) Are all subordinates included? Yes No SAME AS C ABOVE I Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or If "No," attach a list. See instructions (insert no.) WWW.DELAWAREOHIOHISTORY.ORG H(c) Group exemption number J Website: K Form of organization: X Corporation Year of formation: 1947 M State of legal domicile: OH Other Trust Part I | Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE AND SUSTAIN INTEREST Activities & Governance IN THE HISTORY OF DELAWARE COUNTY, OHIO THROUGH HISTORICAL if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 3 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) -45,553. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year Prior Year** 382,062. 152,313. Contributions and grants (Part VIII, line 1h) 18,302. 22,397. Program service revenue (Part VIII, line 2g) 45,965. 24,988. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -37,262. 61,903. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ...... 278,483. 392,185. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Ο. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 21,674. 25,498. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 136,006. 179,788. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 205,286. 157,680. Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 120,803. 186,899. Revenue less expenses. Subtract line 18 from line 12 ..... **End of Year Beginning of Current Year** 54 2,487,775. 2,367,110. Total assets (Part X, line 16) 371,042. 393,990. 21 Total liabilities (Part X, line 26) ..... 1,996,068. 2,093,785 Net assets or fund balances. Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign DONNA MEYER, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name G. MICHAEL DICKEY P00050989 Paid self-employed MALONEY + NOVOTNY LLC Firm's EIN Preparer Firm's name Firm's address 38 SOUTH FRANKLIN STREET, PO BOX 352 Use Only Phone no. (740) 362-9031 DELAWARE, OH 43015

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

| orm | 990 (2022) DELAWARE COUNTY HISTORICAL SOCIETY  | **-***1853            | Page 2      |
|-----|--|-----------------------|-------------|
| Par | t III   Statement of Program Service Accomplishments   |                       |             |
|     | Check if Schedule O contains a response or note to any line in this Part III                                       |                       | X           |
| 1   | Briefly describe the organization's mission:   |                       |             |
|     | TO PROMOTE AND SUSTAIN INTEREST IN THE HISTORY OF DELAWA   | RE COUNTY,            |             |
|     | OHIO THROUGH HISTORICAL PRESERVATION AND EDUCATION.  |                       |             |
|     |  |                       |             |
|     |  |                       |             |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the       |                       |             |
|     | prior Form 990 or 990-EZ?  | Yes                   | X No        |
|     | If "Yes," describe these new services on Schedule O.   |                       |             |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?       | Yes                   | X 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 by expenses. |             |
| •   | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other |                       | nd          |
|     | revenue, if any, for each program service reported.  |                       |             |
| 4a  | (Code: ) (Expenses \$ 166, 271. including grants of \$) (Reven   | ue \$ 47,             | 288.)       |
|     | THE DELAWARE COUNTY HISTORICAL SOCIETY (DCHS) FOLLOW THE   |                       |             |
|     | ITS MISSION:   |                       |             |
|     | *OPERATION OF NASH HOUSE VICTORIAN PERIOD MUSEUM   |                       |             |
|     | *OPERATION OF RESEARCH LIBRARY WITH RESOURCES ON THE HIS   | TORY OF               |             |
|     | DELAWARE COUNTY; EXPANDED COMPUTER SYSTEM AND SERVICES   | ****                  |             |
|     | *DIGITIZATION OF PHOTOGRAPHS DOCUMENTING OUR LOCAL HISTO   | RY                    |             |
|     | *LOCAL HISTORY PROGRAMS FOR SCHOOLS, SERVICE ORGANIZATIO   |                       |             |
|     | AND OTHER ASSEMBLIES   | 2107 011011011-15     |             |
|     | *GUIDED TOURS THROUGH HISTORIC DOWNTOWN DELAWARE AND OLD   | JAIL/SHERIF           | F'S         |
|     | RESIDENCE  |                       |             |
|     | *HISTORICAL DISPLAYS AND PRESENTATIONS AT COUNTY FAIR AN   | D OTHER               |             |
|     | COMMUNITY FESTIVALS  |                       |             |
| 4b  | (Code:) (Expenses \$   | nue \$                | )           |
| 75  | (Code: / (Expenses \$ / (1998))  |                       |             |
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|     |  |                       |             |
| 4c  | (Code:) (Expenses \$) (Rever   | nue \$                | ,           |
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|     |  |                       |             |
|     |  |                       |             |
| 4d  | Other program services (Describe on Schedule O.)   |                       |             |
|     | (Expenses \$ Including grants of \$ ) (Revenue \$  | )                     |             |
| 4e  | Total program service expenses 166,271.  |                       |             |
|     |  | Form <b>9</b>         | 90 (2022)   |

DELAWARE COUNTY HISTORICAL SOCIETY \*\*-\*\*\*1853 Page 3 Form 990 (2022) Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A ..... 2 Х Is the organization required to complete Schedule B. Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Rev. Proc. 98-197 | f "Yes," complete Schedule C, Part III ...... Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ...... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV ...... Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI \_\_\_\_\_\_\_ b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ........... 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII **b** Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ...... 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х 14b 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 for any X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X 19 complete Schedule G, Part III Х 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ...... 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Х

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III and former officers, directors, trustess, key employees, and highest compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23 Zid bid the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25a.  24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  25d Did the organization aport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  26 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III  27 X  28 A Carrent or former officer, director, trustee, key employee, creator or founder, or substan |      | Continued)   |      | Yes          | No                                      |
|--|------|--|------|--------------|---|
| Part IX, column (A). In e2" (I "Yes," completes Schodule I, Part's I and III 22  | 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |      | res          | NO                                      |
| 23 Did the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5, about compensation of the organization current and former offices, discolors, tustees, key employees, and lighest compensated employees? "If "Yes," complete Schedule J, and the value of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K, "If No," ye to line 25a A proceeds of tax-exempt bonds beyond a temployary period exception?"  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temployary period exception?  24c Did the organization and as an "on behalf of liseuer for bonds outstanding at any time during the year? 24d and complete schedule (Jo, 80 t) (e)(4), and 610 (e)(29) organizations. Did the organization and as an "on behalf of liseuer for bonds outstanding at any time during the year? 24d and transaction with a disqualified person during the year? 4" Yes," complete Schedule I, Part I is the organization aware that the regagged in an excess benefit transaction with a disqualified person during the year? 4" Yes," complete Schedule I, Part I is the organization and the regagged in an excess benefit transaction with a disqualified person during the year? 4" Yes," complete Schedule I, Part I is the organization aware that the regagged in an excess benefit transaction with a disqualified person during the year? 4" Yes," complete Schedule I, Part I I is the organization aware that the regagged in an excess benefit transaction with a disqualified person of any our entities that the transaction with a disqualified person of any our entities the transaction aware that the regagged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction appears of the regardial and the part of the assistance to any our entities of the organization provide a grant or other assistance to any our entities of the organization of the organization provide and part or the assistance to any our entities of the organization provid       | 22   | <del>-</del>   | 22   |              | Х                                       |
| and former officers, directors, fustenes, key employees, and highest compensated employees? If "Yes," competes Schedule Is the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the tast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25a  Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c  Did the organization marks an exercive account offer than a refunding secrew at any time during they sear?  24d  Did the organization and as an "on behalf of Issuer for bonds outstanding at any time during the year?  24d  Did the organization are as an "on behalf of Issuer for bonds outstanding at any time during the year?  24d  Did the organization are as an "on behalf of Issuer for bonds outstanding at any time during the year?  24d  Did they are a "or  | 23   | Did the organization answer "Yes" to Part VII. Section A. line 3. 4. or 5. about compensation of the organization's current  |      |              |   |
| Schedule / Who was a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? // "Yes," answer lines 240 through 24d and complete Schedule K, if "No," ye to line 25e.  24a  |      |  |      |              |   |
| 24a bit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lead day of the year, that was issued after December 31, 2002? If "Yea," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a  34b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exemption?  34c  34d Did the organization never an an "on behalf of" issuer for bonds outstanding at any time during the year' to defease any tax-exempt bonds?  34d Did the organization exist as an "on behalf of" issuer for bonds outstanding at any time during the year?  34d Did the organization available of the organization explains of the organization excess benefit transaction with a disqualified person of unity the year?  34d Did the organization available of the organization excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported an any of the organization with a disqualified person in a prior year, and that the transaction has not been reported an any of the organization prior Forms 90 or 990-27? If "Yea," complete Schedule I, Part I I  35b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, cereator or founder, substantial contributor, or 39% controlled entity or family member of any of these personna? If "Yea," complete Schedule I, Part IV, and the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, cereator or founder, substantial contributor, or 39% controlled entity from exemption or any other seasons and the part of the organization and part of the part of the part of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yea," complete Schedule I, Part IV, and a second organization receive memb  |      |  | 23   |              | X                                       |
| slast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to lime 258  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c) Did the organization maritain an escrive account offur than a refunding secret at any time during the year?  d) Did the organization act as an "on behall of" issuer for bonds outstanding at any time during the year?  246  247  d) Did the organization act as an "on behall of" issuer for bonds outstanding at any time during the year?  248  Each of 150(15), 801(16)4, and 801(16)29 organizations. Did the organization engage in an oxcess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  258  Each of 150(15), 801(16)4, and 801(16)29 organizations. Did the organization engage in an oxcess benefit transaction has not bean reported on any of the organization support and that the transaction has not bean reported on any of the organization species of the organization aware that it engaged in an excess benefit transaction with a disqualified person of the second that the transaction has not bean reported on any of the organization species of the organization aware that it engaged in an excess benefit transaction with and entire of the organization organization aware that it engaged in an excess benefit transaction with a disqualified person of the organization organization and that the transaction has not been reported to any outrent or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, orrestor or former, officer, director, trustee, key employee thereof, a grant selection committee markee, or to a 59% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV and the properties of the organization explaination or former officer, director, trustee, key employee, creator or former of           | 24a  |  |      |              |   |
| Schedule K. If "No." go to line 25a.  Did the organization meet any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization maintain an excrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Ab Did the organization and as an "on behalf of" lessuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  Ab Did the organization and as an "on behalf of" lessuer for bonds outstanding at any time during the year?  24d Did the organization avance that it engaged the period for the year? If "Yes," complete Schedule L, Part I  b is the organization avance that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or psyables to any current or former officing, director, frustee, key employee, creator or founder, substantial contributor, or 35% or orthode entity of family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officing, director, furstee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity (notinging an employee) agrant or other assistance to any current or former officing, director, furstee, key employee, creator of founder, or substantial contributor? If "Yes," complete Schedule L, Part II.  What the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II).  A C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b / "Yes," complete Schedule L, Part II.  Did the organization receive more than \$25,000 in non-cash contributions of at "Yes," complete Sche  |      |  |      |              | ł                                       |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds a visual results of the process of the organization and section account other than a refunding eserow at any time duting the year?  24d  |      |  | 24a  |              | X                                       |
| c Dit the organization maintain an ascrow account other then a refunding secrow at any time during the year to defease any toxe-weep to onde?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(6), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // 11"yes," complete Schedule L, Part I  | b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b  |              |   |
| any tax-exempt bends?  d) bit the organization act as an "on behalf of" Issuar for bonds outstanding at any time during the year?  24d  Dit did be organization aver saint it engaged in an excess benefit transaction with a disqualified person during the year?   'Yes,' complete Schedule i., Part    25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?   'Yes,' complete Schedule i., Part    25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   'Yes,' complete Schedule i., Part    25b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor or organization provide a grant or other assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributors or garnt selection committee member, or to a 39% controlled entity (including an employee thereof) or family member of any of these persons?   I'Yes,' complete Schedule i., Part II'.  27   |      |  |      |              | 1                                       |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   |      |  | 24c  |              | <u> </u>                                |
| b Is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I   256   X   b Is the organization exams that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   25b   X   26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   27   X   27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) of family member of any off these persons? If "Yes," complete Schedule L, Part II   27   X   28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV   28   X   28 A family member of any individual described in line 28a' If "Yes," complete Schedule L, Part IV   28b   X   29 A family member of any individual described in line 28a' If "Yes," complete Schedule L, Part IV   29b   X   30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   29   X   31 Did the organization in ceolive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   30   X   31 Did the organization individual template in the second of the organization individual template in the second of the part of the organization individual template in the second of the part of the organization individual template in the second of the organization individual template in the second of the part of the organizat  | d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d  |              |   |
| b Is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I   256   X   b Is the organization exams that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   25b   X   26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   27   X   27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) of family member of any off these persons? If "Yes," complete Schedule L, Part II   27   X   28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV   28   X   28 A family member of any individual described in line 28a' If "Yes," complete Schedule L, Part IV   28b   X   29 A family member of any individual described in line 28a' If "Yes," complete Schedule L, Part IV   29b   X   30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   29   X   31 Did the organization in ceolive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   30   X   31 Did the organization individual template in the second of the organization individual template in the second of the part of the organization individual template in the second of the part of the organization individual template in the second of the organization individual template in the second of the part of the organizat  | 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |      |              |   |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "yes," complete Schedule L, Part I   |      |  | 25a  |              | X                                       |
| Schedule L, Part I  26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 25 Did the organization provide a grant or or there assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of those persons? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III 27 X  29 Was the organization as party to a business transaction with one of the following parties (see the Schedule L, Part III 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule III 28 III    | b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |      |              |   |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 29 B Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  27 X  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III. Instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 A Sa% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization sell, exchange, dispose of, or transfer more, than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  33 Did the organization conduct more than 5% of its activities throug  |      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete  |      |              | l                                       |
| or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? if "Yes," complete Schedule L, Part II    27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? if "Yes," complete Schedule L, Part III    28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III    29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV    28 A 53% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV    28 A 53% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule M. Part IV    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.    29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I    30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II    30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-30 If "Yes," complete Schedule R, Part II    31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 501,7701-2 and 501,7701-30 If "Yes," complete Schedule R, Part IV, III    32 Did the organization own 100% of an entity disregarded as separate from the organization with a controlled  |      |  | 25b  |              | X                                       |
| controlled entity or family member of any of these persons? // If "Yes," complete Schedule L, Part II  | 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |      |              |   |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of those persons? if "Yes," complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28   |      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |      |              |   |
| creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28a   |      |  | 26   |              | X                                       |
| entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   27   X   X   X   X   X   X   X   X   X  | 27   |  |      |              |   |
| Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   |      |  |      |              |   |
| instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  28a X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I II.  31 Did the organization sell, exchange, dispose of, or transfer more, than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I II.  32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part V, lines 11b and 197  Note: All Form 990 files are required to complete Schedule O and pro  |      |  | 27   |              | X                                       |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ## "Yes," complete Schedule L, Part IV. 28b X A family member of any individual described in line 28a? ## "Yes," complete Schedule L, Part IV. 28b X C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ## 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? ## "Yes," complete Schedule L, Part IV. 28c X 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? ## "Yes," complete Schedule M 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M 31 X 31 Did the organization sell, exchange, dispose of, or transfer more, than 25% of its net assets? ## "Yes," complete Schedule N, Part ## 32 Did the organization sell, exchange, dispose of, or transfer more, than 25% of its net assets? ## "Yes," complete Schedule N, Part ## 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? ## "Yes," complete Schedule R, Part ## 33 X X 35% Did the organization related to any tax-exempt or taxable entity? ## "Yes," complete Schedule R, Part ## 1, ## 1 ## 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ## "Yes," complete Schedule R, Part V, ## 1, ## 25 X 55 Did the organization solice of the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, ## 25 X X 35b Did the organization conduct more than 5% of its activities through an entity that is not a related organization? ## 35b X X 55 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? ## 35b X X 55 Did the organization conduct more than 5% of its activities through an entity that is not a | 28   |  |      |              |   |
| "Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a?    "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?       "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions?    "Yes," complete Schedule M  29 X  30 Did the organization receive more than \$25,000 in non-cash contributions?    "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?    "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more, than 25% of its net assets?    "Yes," complete Schedule N, Part I  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?    "Yes," complete Schedule R, Part I   33 Was the organization related to any tax-exempt or taxable entity?    "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?    "Yes," complete Schedule R, Part V, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?    "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?    If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization son Schedule O for Part VI, Iine 1 than 19? Note: All Form 990 filers are required to complete Schedule O and provide explanations on Schedule O for Part VI, Iine 1 than 19? Note: All Form 990 filers are required to complete Schedule O and provide explanations on Schedule O for Part VI, Iine 1 than 19? Note: All Form 990 filers are required to complete Schedule O on than a response or note to any line in this Part V  4 Section 501(c)(3)  |      |  |      |              |   |
| b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // "yes," complete Schedule L, Part IV  28b   | а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |      |              | ٧,                                      |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?    28c   X   29 Did the organization receive more than \$25,000 in non-cash contributions?    "Yes," complete Schedule M   29  |      |  |      | <u> </u>     |   |
| "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more, than 25% of its net assets? If "Yes," complete Schedule N, Part I  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1  34 Part V, Iline 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iline 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iline 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, Iline 2  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, Ilines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  28 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, Ilines 11b and 19?  Statements Regarding Other IRS Filings and Tax Compliance  Yes No  10 Enter the number of Forms W.2G in  |      |  | 28b  |              | <u>^</u>                                |
| 29   Did the organization receive more than \$25,000 in non-cash contributions?     "Yes," complete Schedule M   30   X  | С    |  |      |              | ۱,,                                     |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Joint the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Joint the organization sell, exchange, dispose of, or transfer more, than 25% of its net assets? If "Yes," complete Schedule N, Part I.  Joint the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.  Joint the organization have a controlled entity within the meaning of section 512(b)(13)?  Joint the organization and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  Joint the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.  Joint the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 2.  Joint the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 2.  Joint the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 2.  Joint the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 2.  Joint the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 2.  Joint the organization complete Schedule O and provide explanations on Schedule O and provide explanations on Schedule O and provide explanations on Schedule O and provide explanation on the part VI.  Joint Schedule O contains a response or note   |      |  |      | _            |   |
| contributions? If "Yes," complete Schedule M  10 bid the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  10 bid the organization sell, exchange, dispose of, or transfer more, than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X  10 bid the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  11 bid the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X  12 bid the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  13 bid the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35b  13 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 X  13 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and that is treated as a partnership for federal income tax purposes? If "Yes,"   | 29   |  | 29   |              | <del>  ^</del>                          |
| 1 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  32 Did the organization sell, exchange, dispose of, or transfer more, than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  b if "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 510(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35b X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Exchedule R, Part VI 38 X  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check If Schedule O contains a response or note to any line in this Part V 4 1b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | 30   |  |      |              |   |
| Did the organization sell, exchange, dispose of, or transfer more, than 25% of its net assets? // "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? // "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Did the organization have a controlled entity within the meaning of section 512(b)(13)? // "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? // "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? // "Yes," complete Schedule R, Part V // "Art V //   |      |  | ***  | <del> </del> |   |
| Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI are 3.  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.  38 Tatements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 2.7  39 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 31   |  | 31   |              | <del>  ^</del>                          |
| Schedule N, Part II  3 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 32   | Did the organization sell, exchange, dispose of, or transfer more, than 25% of its net assets? If "Yes," complete  | -00  |              | v                                       |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  |      |  | 32   |              | ┝┷                                      |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  | 33   |  |      |              | v                                       |
| Part V, line 1  34   |      | ·  | 33   | -            | <del>  ^</del>                          |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b if "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?   | 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |      |              | v                                       |
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| Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter ·0· if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter ·0· if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | b    |  | OEL- |              |   |
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| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  |      | If "Yes," complete Schedule R, Part V, line 2  | 30   |              | 1                                       |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  | 37   |  | 27   |              | x                                       |
| Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?   |      |  | 37   |              | H                                       |
| Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  | 38   |  | 38   | x            |   |
| Check if Schedule O contains a response or note to any line in this Part V  Tall Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable to Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable to Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  The companion of the part V  Yes No  1a 27  1b 0  1b 0  1c 1c  Form 990 (2005)   | Pa   | Note: All Form 990 filers are required to complete Scriedule O   |      |              |   |
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  |      |  |      |              |   |
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| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  |      | Enter the number reported in box 2 of Form 1006 Enter 0 if not applicable 27   |      |              |   |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming , (gambling) winnings to prize winners?   |      | Effect the flathbet reported in box e of fermi reces. Effect of the capping and the capping an |      |              |   |
| (gambling) winnings to prize winners?  |      | Enter the number of Forms W-2d included on line 1a. Enter 10- it not applicable  |      |              |   |
| (garnoning) withings to prize withinere.   | С    |  | 10   |              | 100000000000000000000000000000000000000 |
|  | 0000 |  |      | 990          | (2022                                   |

| Form    | 990 (2022) DELAWARE COUNTY HISTORICAL SOCIETY  | **-**1                      | <u>.853</u> | Pa             | <sub>age</sub> 5 |
|---------|--|-----------------------------|-------------|----------------|------------------|
| Par     | tV 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 3                        |             |                |                  |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns        | 3?                          | 2b          | X              |                  |
| За      | Did the organization have unrelated business gross income of \$1,000 or more during the year?                        |                             | За          | Х              |                  |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C          | )                           | 3b          | Х              |                  |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other au           | thority over, a             |             |                |                  |
|         | financial account in a foreign country (such as a bank account, securities account, or other financial account       | count)?                     | 4a          | 70.000 (E.100) | X                |
| b       | If "Yes," enter the name of the foreign country  |                             |             |                |                  |
|         | See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acceptable 1997. |                             |             |                |                  |
|         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                |                             | 5а          |                | X                |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact         | ion?                        | 5b          |                | X                |
|         | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |                             | 5c          |                |                  |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the               | organization solicit        |             |                |                  |
|         | any contributions that were not tax deductible as charitable contributions?  |                             | <u>6a</u>   |                | X                |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contribution           | ns or gifts                 |             |                |                  |
|         | were not tax deductible?   |                             | 6b          |                |                  |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |                             | 74-1        |                | 77               |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv | ices provided to the payor? | 7a          | -              | X                |
| b       |  |                             | 7b          |                |                  |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was             |                             |             |                | v                |
|         | to file Form 8282?   |                             | 7c          |                | X                |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d                          | _           |                |                  |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co             |                             | 7e          |                |                  |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contrar           |                             | 7f          |                |                  |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file For        |                             | 7g          |                |                  |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization       |                             | _7h         |                |                  |
| 8       | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained                        |                             | 8           |                |                  |
|         | - Para-anagari   |                             | -           |                |                  |
| 9       | Sponsoring organizations maintaining donor advised funds.  |                             | 9a          | N. P. Charles  | 200000000        |
| a       | Did the sponsoring organization make any taxable distributions under section 4966?                                   | ••••••••                    | 9b          |                |                  |
| b<br>10 |  |                             | 30          |                |                  |
| 10      | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12     | 10a                         | See on      |                |                  |
| a       |  | 10b                         | 1           |                |                  |
|         | Section 501(c)(12) organizations. Enter:   | 1001                        | 1           |                | 0.000            |
| 11      |  | 11a                         |             |                |                  |
|         | Gross income from other sources. (Do not net amounts due or paid to other sources against                            | i i a                       | 1           |                |                  |
| b       |  | 11b                         |             |                |                  |
| 122     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form                |                             | 12a         |                |                  |
|         |  | 12b                         |             |                |                  |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |                             | 1           |                |                  |
|         | Is the organization licensed to issue qualified health plans in more than one state?                                 |                             | 13a         |                |                  |
| u       | Note: See the instructions for additional information the organization must report on Schedule O.                    | ,                           |             |                |                  |
| h       | Enter the amount of reserves the organization is required to maintain by the states in which the                     |                             |             |                |                  |
| D       |  | 13b                         |             |                |                  |
| С       |  | 13c                         |             | ener<br>Tener  |                  |
| 14a     |  |                             | 14a         |                | Х                |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule              |                             | 14b         |                |                  |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera               |                             |             |                | <u> </u>         |
|         | excess parachute payment(s) during the year?   |                             | 15          |                | х                |
|         | If "Yes," see the instructions and file Form 4720, Schedule N.   |                             |             |                |                  |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment              | income?                     | 16          |                | Х                |
|         | If "Yes," complete Form 4720, Schedule O.  |                             |             | 77 N.          |                  |
| 17      | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.          | vities                      |             |                |                  |
|         | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?                               |                             | 17          |                | 1                |

If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

|     | Check if Schedule O contains a response or note to any line in this Part VI   |          |                   |          |       |                       | X                                       |
|-----|---|----------|-------------------|----------|-------|-----------------------|---|
| Sec | tion A. Governing Body and Management   |          |                   |          |       |                       |   |
|     |   |          |                   |          |       | Yes                   | No                                      |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   | 1a       |                   | 16       |       |                       |   |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                               |          |                   |          |       |                       |   |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                                     |          |                   |          |       |                       | 10.0                                    |
| b   | Enter the number of voting members included on line 1a, above, who are independent  | 1b       |                   | 16       |       |                       |   |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship                                 | with     | anv other         |          |       |                       |   |
| _   | officer, director, trustee, or key employee?  |          | •                 |          | 2     |                       | X                                       |
| 3   | Did the organization delegate control over management duties customarily performed by or under the  |          | t supervision     |          |       |                       |   |
| 3   |   |          |                   |          | 3     |                       | Х                                       |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 9                                       |          |                   |          | 4     |                       | Х                                       |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's ass                                    |          |                   |          | 5     |                       | Х                                       |
| 6   | Did the organization have members or stockholders?  |          |                   |          | 6     |                       | Х                                       |
| _   | Did the organization have members, stockholders, or other persons who had the power to elect or ap  |          |                   |          | Ů     |                       |   |
| 7a  |   |          |                   |          | 7a    |                       | Х                                       |
|     | more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, st |          |                   |          | 74    |                       |   |
| D   |   |          |                   |          | 7b    |                       | х                                       |
| _   | persons other than the governing body?  |          |                   |          | 7.0   |                       | Jaka :                                  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                           |          |                   |          | 8a    | X                     | 100000000000000000000000000000000000000 |
| а   | The governing body?   |          |                   |          | 8b    | X                     |   |
| b   | Each committee with authority to act on behalf of the governing body?   |          |                   | •••••    | ວນ    |                       |   |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read                                |          |                   |          | 9     |                       | x                                       |
| 0   | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |          |                   |          | 9     |                       | Λ                                       |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re                                      | venue    | Code.)            |          |       | .,                    | T                                       |
|     |   |          |                   |          |       | Yes                   | No<br>X                                 |
|     | Did the organization have local chapters, branches, or affiliates?  |          |                   |          | 10a   |                       |   |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such ch                                   | apters   | s, affiliates,    |          |       |                       |   |
|     |   |          | .,                |          | 10b   | 37                    |   |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body                                       | / befo   | re filing the for | m?       | 11a   | X                     | geta (Melle                             |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   |          |                   |          |       | 77                    |   |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   |          |                   |          | 12a   | X                     | ļ                                       |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise                     |          |                   |          | 12b   | X                     | <u> </u>                                |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y                                     | 'es, " c | lescribe          |          |       |                       |   |
|     | on Schedule O how this was done   |          |                   |          | 12c   | <u>X</u>              |   |
| 13  | Did the organization have a written whistleblower policy?   |          |                   |          | 13    |                       | X                                       |
| 14  | Did the organization have a written document retention and destruction policy?  |          |                   |          | 14    | X                     | 201567892285                            |
| 15  | Did the process for determining compensation of the following persons include a review and approva  | l by in  | dependent         |          |       |                       |   |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |          |                   |          |       |                       |   |
| а   | The organization's CEO, Executive Director, or top management official  |          |                   |          | 15a   | X                     |   |
| b   | Other officers or key employees of the organization   |          |                   |          | 15b   | angaporcor.           | X                                       |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |          |                   |          |       |                       |   |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen                               | nent v   | vith a            |          |       |                       |   |
|     | taxable entity during the year?   |          |                   |          | 16a   | Delivine et an empley | X                                       |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate                                | e its p  | participation     |          |       |                       |   |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ                                     | izatio   | n's               |          |       |                       |   |
|     | exempt status with respect to such arrangements?  |          |                   |          | 16b   |                       |   |
| Sec | tion C. Disclosure  |          |                   |          |       |                       |   |
| 17  | List the states with which a copy of this Form 990 is required to be filed OH   |          |                   |          |       |                       |   |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar                                     | nd 990   | D-T (section 501  | 1(c)(3)s | only) | availal               | ble                                     |
|     | for public inspection. Indicate how you made these available. Check all that apply.   |          |                   |          |       |                       |   |
|     | Own website Another's website X Upon request Other (explain   | on S     | chedule O)        |          |       |                       |   |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co   |          |                   | y, and   | finan | cial                  |   |
|     | statements available to the public during the tax year.   |          | •                 |          |       |                       |   |
| 20  | State the name, address, and telephone number of the person who possesses the organization's boo  | oks an   | d records         |          |       |                       |   |
|     | RALPH AU - 740-972-9610   |          |                   |          |       |                       |   |
|     | 2690 STRATFORD RD, DELAWARE, OH 43015   |          |                   |          |       |                       |   |
|     |   |          |                   |          |       | 200                   |   |

| Check if Schedule O | contains a r | esponse d  | or note to | o anv  | line in   | this | Part | VII |
|---------------------|--------------|------------|------------|--------|-----------|------|------|-----|
| OHECK II OCHEUGIE C | COntains a r | COPULISC C | JI 11000 U | o arry | 11110 111 |      | ·    |     |

### 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 the 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, box 6 of 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 the instructions for the order in which to list the persons above.

| X Check this box if neither the organization | n nor any related o | orga                           | niza   |                  |              | npen   | sate                         | į.   |                 |               |
|--|---------------------|--------------------------------|--|------------------|--------------|--|------------------------------|--|-----------------|---------------|
| (A)  | (B)                 |                                |  | ((               | <b>)</b>     |  |                              | (D)  | (E)             | (F)           |
| Name and title                               | Average             | Posit<br>(do not check m       |  | ck more than one |              |  | Reportable                   | Reportable                                       | Estimated       |               |
|  | hours per           | box<br>offi                    | box, unless person is both a<br>officer and a director/trustee |                  | an<br>tee)   | compensation                                     | compensation<br>from related | amount of other                                  |                 |               |
|  | week<br>(list any   |                                |  |                  |              |  | Ė                            | from<br>the                                      | organizations   | compensation  |
|  | hours for           | direct                         |  |                  |              | - J  |                              | organization                                     | (W-2/1099-MISC/ | from the      |
|  | related             | no aa                          | stee   |                  |              | nsate  |                              | (W-2/1099-MISC/                                  | ` 1099⋅NEC)     | organization  |
|  | organizations       | trust                          | naltri   |                  | oyee         | ad mo  |                              | 1099-NEC)  |                 | and related   |
|  | below               | Individual trustee or director | Institutional trustee  | Officer          | Key employee | Highest compensated employee                     | Former                       |  |                 | organizations |
| No. 1991                                     | line)               | Ē                              | Inst   | ₩ <sub>0</sub>   | Ke           | Fig  | 교                            |  |                 |               |
| (1) BRENT CARSON                             | 12.00               |                                |  |                  |              |  |                              |  | 0.              | 0.            |
| PRESIDENT - EMERITUS                         | 1 00                | X                              |  |                  |              | ├-   | -                            | 0.   | 0.              | <u> </u>      |
| (2) JACK HILBORN                             | 1.00                | ٠,,                            |  |                  |              |  |                              |  | 0.              | 0.            |
| EXECUTIVE VICE PRES                          | 1 00                | X                              |  |                  |              | $\vdash$   |                              | 0.   | 0.              | 0.            |
| (3) BECKY CORNETT                            | 1.00                | ٠,                             |  |                  |              |  |                              | 0.   | 0.              | 0.            |
| TRUSTEE                                      | 27 00               | X                              |  |                  | _            | -  | <u> </u>                     | <u> </u>   | 0.              | 0.            |
| (4) RALPH AU                                 | 27.00               | x                              |  | х                |              |  |                              | 0.   | 0.              | 0.            |
| TREASURER                                    | 3.00                | Α.                             | -  | Δ                |              |  |                              | U•   | 0.              | 0.            |
| (5) MARY ANN MCGREEVEY                       | 3.00                | x                              |  |                  |              |  |                              | 0.   | 0.              | 0.            |
| TRUSTEE                                      | 16.00               | 1-                             | -  |                  | ┝            | -  | _                            | U .  | 0.              | - 0.          |
| (6) KAREN COWAN VP OF BOARD OPERATIONS       | 10.00               | x                              |  | Х                |              |  |                              | 0.   | 0.              | 0.            |
| (7) BRENDA ELDRIDGE                          | 3.00                | A                              |  | Λ                | <u> </u>     |  | $\vdash$                     | <del>                                     </del> | •               |               |
| TRUSTEE                                      | 3.00                | X                              |  |                  |              |  |                              | 0.   | 0.              | 0.            |
| (8) ALICE FRAZIER                            | 3.00                |                                |  | -                |              | <del>                                     </del> |                              |  |                 |               |
| SECRETARY                                    | 3,00                | $\mathbf{x}$                   |  | x                |              |  |                              | 0.   | 0.              | 0.            |
| (9) SHERRY CARMICHAEL                        | 1.00                | <del> </del>                   | ┢  | <del></del>      |              | T  |                              |  |                 |               |
| TRUSTEE                                      |                     | x                              |  |                  |              |  |                              | 0.   | 0.              | 0.            |
| (10) DAVID HEJMANOWSKI                       | 1.00                |                                |  |                  |              | Т  |                              |  |                 |               |
| PRESIDENT                                    |                     | x                              |  | х                |              |  |                              | 0.   | 0.              | 0.            |
| (11) CEENA BAKER                             | 1.00                |                                | Ī  |                  |              | П  |                              |  |                 |               |
| TRUSTEE                                      |                     | x                              |  |                  |              |  |                              | 0.   | 0.              | 0.            |
| (12) MICHAEL BUTLER                          | 1.00                |                                |  |                  |              |  |                              |  |                 |               |
| TRUSTEE                                      |                     | Х                              |  |                  |              |  |                              | 0.   | 0.              | 0.            |
| (13) DAVID KERR                              | 1.00                |                                |  |                  |              |  |                              |  |                 |               |
| TRUSTEE                                      |                     | X                              | <u> </u>   |                  |              | <u> </u>   | <u></u>                      | 0.   | 0.              | 0.            |
| (14) AMANDA SHETEROM                         | 1.00                | 1                              |  |                  |              |  |                              | _  |                 |               |
| TRUSTEE                                      |                     | x                              | <u> </u>   |                  |              | igspace  | _                            | 0.   | 0.              | 0.            |
| (15) MARGARET SNYDER                         | 2.00                | 4.                             |  |                  |              |  |                              |  |                 |               |
| DEVELOPMENT VP                               |                     | X                              | <u> </u>   | Х                | <u> </u>     | <del> </del>                                     | $\vdash$                     | 0.   | 0.              | 0.            |
| (16) NANCY REGER                             | 1.00                | 1                              |  |                  |              |  |                              |  |                 | _             |
| TRUSTEE                                      |                     | X                              | ऻ  | ऻ                | <u> </u>     | _  | $\vdash$                     | 0.   | 0.              | 0.            |
|  |                     | -                              |  |                  |              |  |                              |  |                 |               |
|  |                     |                                | <u> </u>   | <u> </u>         | <u></u>      | <u> </u>   | <u>L</u>                     |  | l               | E 000 (0000   |

| Part VII Section A. Officers, Directors, Trus  | tees, Key Emp  | oloye  | ees,                  | and                                      | Hig   | ghes                            | t C  | ompensated Employee                                 | s (continued)                                 |  |
|--|--|--|-----------------------|--|---|---------------------------------|------|---|---|--|
| (A)<br>Name and title  | (B) Average hours per week   | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       | ( <b>D)</b> Reportable compensation from | <b>(E)</b> Reportable compensation from related | (F) Estimated amount of other   |      |   |   |  |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director   | Institutional trustee | Öfficer                                  | Key employee                                    | Highest compensated<br>employee |      | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC) | compensation<br>from the<br>organization<br>and related<br>organizations |
|  |  |  |                       |  |   |                                 |      |   |   |  |
|  |  |  |                       |  |   |                                 |      |   |   |  |
|  |  |  |                       |  |   |                                 |      |   |   |  |
|  |  |  |                       |  |   |                                 |      |   |   |  |
| <u> </u>   |  |  |                       |  |   |                                 |      |   |   |  |
|  |  |  |                       |  |   |                                 |      |   |   |  |
| ***************************************  |  |  |                       |  |   |                                 |      | ,   |   |  |
| 1b Subtotal  |  | <u> </u>   |                       |  |   |                                 |      | 0.  | 0.  | 0.   |
| c Total from continuation sheets to Part VI<br>d Total (add lines 1b and 1c)   | I, Section A   |  | •••••                 |  |   |                                 |      | 0.  | 0.  | 0.   |
| Total number of individuals (including but n<br>compensation from the organization   | ot limited to th   | ose  | liste                 | d ab                                     | ove   | ) wh                            | o re | eceived more than \$100,                            | 000 of reportable                             | 0<br>Yes No  |
| 3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s  |  |  |                       |  |   |                                 |      | hest compensated emp                                |   | 3 X  |
| 4 For any individual listed on line 1a, is the st<br>and related organizations greater than \$150  | 0,000? <i>If</i> "Yes,   | " co   | mple                  | ete S                                    | Sche  | edule                           | Jf   | or such individual                                  |   | 4 X  |
| 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." con Section B. Independent Contractors   |  |  |                       |  |   |                                 |      |   |   | 5 X  |
| Complete this table for your five highest co<br>the organization. Report compensation for  | •  |  |                       |  |   |                                 |      |   |   | ation from   |
| (A)<br>Name and business   | address  | N  | ONE                   | 3  |   |                                 |      | (B)<br>Description of s                             | ervices                                       | (C)<br>Compensation  |
| Name to the same of the same o |  |  |                       |  |   |                                 |      |   |   |  |
|  |  |  |                       |  |   |                                 |      |   |   | WEATHER TO SEE   |
|  |  |  |                       |  |   |                                 |      |   |   |  |
|  |  |  |                       |  |   |                                 |      |   |   |  |
| Total number of independent contractors (i \$100,000 of compensation from the organi   |  | ot lir   | nited                 | d to                                     | thos<br>(                                       |                                 | ted  | above) who received m                               | ore than                                      | 000 (225)  |
|  |  |  |                       |  |   |                                 |      |   |   | Form 990 (2022)  |

| Pai  | T VII | ANGLE S  |                     |  |  |  |  |
|--|-------|--|---------------------|--|--|--|--|
|  |       | Check if Schedule O contains a response of                             | or note to any line |  | (B)  | (C)  | (D)  |
|  |       |  |                     | (A)<br>Total revenue   | Related or exempt function revenue   | Unrelated<br>business revenue  | Revenue excluded<br>from tax under<br>sections 512 - 514   |
| <u></u>  |       |  |                     | No. of the Control of |  |  | Coctions of E  |
| E ts   |       | Federated campaigns 1a 1b  | 8,675.              |  |  |  |  |
| ម៉ីផ្ត   |       |  | 0,0731              |  |  | Alleria  |  |
| Ę,ţ  |       |  |                     | 120000   |  | April 1  |  |
| 2  |       |  | 272,549.            |  |  |  |  |
| Sign   | •     | All other contributions, gifts, grants, and                            | 2/2/5150            | 400  |  |  |  |
| 真  | '     |  | 100,838.            |  |  | 10.00  |  |
| 흡점   | ď     | Noncash contributions included in lines 1a-1f                          |                     | 28 700000  |  |  |  |
| Contributions, Gifts, Grants and Other Similar Amounts | _     | Total. Add lines 1a-1f   |                     | 382,062.   |  |  |  |
|  |       |  | Business Code       |  |  |  |  |
| اه   | 2 a   | EVENTS   | 900099              | 17,274.  | 17,274.  |  |  |
| Program Service<br>Revenue                             | b     | CURRICULUM SUPPORT   | 900099              | 2,340.   | 2,340.   |  |  |
| Ser  | С     | MUSEUM ADMISSION   | 900099              | 1,659.   | 1,659.   |  |  |
| am<br>exe  | d     | LIBRARY INCOME   | 900099              | 1,124.   | 1,124.   |  |  |
| pg d   | е     |  |                     |  |  |  |  |
| g  | f     | All other program service revenue                                      |                     |  |  |  |  |
|  | g     | Total. Add lines 2a-2f   |                     | 22,397.  |  |  |  |
|  | 3     | Investment income (including dividends, interes                        | st, and             |  |  |  | 0 200  |
|  |       | other similar amounts)   |                     | 8,388.   |  |  | 8,388.   |
|  | 4     | Income from investment of tax-exempt bond pr                           |                     |  |  |  |  |
|  | 5     | Royalties  |                     |  |  |  |  |
|  |       | (i) Real   | (ii) Personal       |  | March Edition  |  |  |
|  |       | Gross rents 6a 210,509.  |                     |  |  |  |  |
|  |       | Less: rental expenses 6b 256,062.  Rental income or (loss) 6c -45,553. |                     |  | 100  |  |  |
|  |       | , ,  |                     | -45,553.   |  | -45,553.   | (10) 100 (10) (10) (10) (10) (10) (10) (   |
|  |       | Net rental income or (loss)  | (ii) Other          | 40,000   |  | 43,333.  |  |
|  | / a   | 22 722   | (ii) Other          |  | The second   |  |  |
| İ  | L     | assets other than inventory Less: cost or other basis                  |                     | The second second  |  | Promotion .  |  |
| υ  | N     | and sales expenses   |                     |  |  |  |  |
| 핉  | _     | Gain or (loss) 76 16,600.  |                     |  |  |  |  |
| Revenue  |       | Net gain or (loss)   |                     | 16,600.  | 16,600.  |  |  |
| <u>.</u>   | 8 a   | Gross income from fundraising events (not                              |                     |  |  | 22.0   | 10000 - 10000  |
| Othe   | -     | including \$ of  |                     |  |  |  |  |
| _  |       | contributions reported on line 1c). See                                |                     | 4,000  | 100 CO 10 |  |  |
|  |       | Part IV, line 188a   |                     |  |  |  |  |
|  | b     | Less: direct expenses8b  |                     |  | And the second   |  | A SECTION AND A SECTION ASSESSMENT   |
|  | c     | Net income or (loss) from fundraising events                           |                     |  |  |  |  |
|  | 9 a   | Gross income from gaming activities. See                               |                     |  |  |  | Mary Carlotte  |
|  |       | Part IV, line 199a   |                     |  | 1000   |  |  |
|  |       | Less: direct expenses9b  |                     |  |  |  |  |
|  |       | Net income or (loss) from gaming activities                            |                     |  |  | States and the state of the sta |  |
|  | 10 a  | Gross sales of inventory, less returns                                 | 1 000               | S1 - 15 - 17   |  |  |  |
|  |       | and allowances 10a   |                     |  |  |  |  |
|  |       | Less: cost of goods sold10b  | 172.                | 1,030.   | 1,030.   |  |  |
|  | C     | Net income or (loss) from sales of inventory                           | Business Code       | T,030•   | 1,030.   |  |  |
| sp   | 4.4   | MISC INCOME  | 900099              | 7,261.   | 7,261.   |  | Na contraction of the contractio |
| Miscellaneous<br>Revenue                               | 11 8  |  | 700099              | ,,201  | 7,2014   |  |  |
| Ke Ha  | b     |  |                     |  |  | -  |  |
| Be   | ,     | All other revenue  |                     |  |  |  |  |
| Σ  | ء ا   | Total, Add lines 11a-11d   |                     | 7,261.   |  |  |  |
|  | 10    | Total revenue See instructions   |                     | 392,185.   | 47.288.  | -45,553.   | 8,388.   |

| Secti  | on 501(c)(3) and 501(c)(4) organizations must comp  |                                       |   |                                 |  |
|--------|---|---------------------------------------|---|---------------------------------|--|
|        | Check if Schedule O contains a respons  | (A)                                   | this Part IX(B)                           | (C)                             | (D)  |
|        | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                              | Total expenses                        | <b>(B)</b><br>Program service<br>expenses | Management and general expenses | Fundraising<br>expenses  |
| 1      | Grants and other assistance to domestic organizations   |                                       |   |                                 |  |
|        | and domestic governments. See Part IV, line 21  |                                       | <u></u>                                   |                                 |  |
| 2      | Grants and other assistance to domestic   |                                       |   |                                 |  |
|        | individuals. See Part IV, line 22   |                                       |   |                                 |  |
| 3      | Grants and other assistance to foreign  |                                       |   |                                 |  |
|        | organizations, foreign governments, and foreign   |                                       |   |                                 |  |
|        | individuals. See Part IV, lines 15 and 16   |                                       |   |                                 | and the second s |
| 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)  | 23,687.                               | 5,922.                                    | 11,843.                         | 5,922.   |
| 7      | Other salaries and wages  | 43,007.                               | 3,344.                                    | 11,040.                         | 3,722.   |
| 8      | Pension plan accruals and contributions (include  |                                       |   |                                 |  |
| _      | section 401(k) and 403(b) employer contributions)   |                                       |   |                                 |  |
| 9      | Other employee benefits   | 1,811.                                |   | 1,811.                          |  |
| 10     | Payroll taxes   | 1,011.                                | 1.0.4.00                                  | 1,011.                          |  |
| 11     | Fees for services (nonemployees):   |                                       |   |                                 |  |
| a      | Management  |                                       |   |                                 |  |
| b      | Legal   |                                       |   |                                 |  |
| ر<br>C | Accounting  |                                       |   | •                               |  |
| d<br>e | Lobbying Professional fundraising services. See Part IV, line 17  |                                       |   |                                 |  |
| f      | Investment management fees  | 2,082.                                |   | 2,082.                          |  |
| g      | Other. (If line 11g amount exceeds 10% of line 25,  |                                       |   |                                 |  |
| 9      | column (A), amount, list line 11g expenses on Sch 0.)   | 10.194.                               |   | 10,194.                         |  |
| 12     | Advertising and promotion   | 10,194.<br>2,933.                     | 2,933.                                    |                                 |  |
| 13     | Office expenses   | 3,346.                                | 1,673.                                    | 1,673.                          |  |
| 14     | Information technology  | 24,551.                               | 24,551.                                   |                                 |  |
| 15     | Royalties   | · · · · · · · · · · · · · · · · · · · |   |                                 |  |
| 16     | Occupancy   | 35,276.                               | 35,276.                                   |                                 |  |
| 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   | 45,809.                               | 45,809.                                   |                                 |  |
| 23     | Insurance   | 14,427.                               | 11,759.                                   | 2,668.                          |  |
| 24     | Other expenses, Itemize expenses not covered  |                                       | 4 2 2                                     |                                 |  |
|        | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), |                                       |   |                                 |  |
|        | amount, list line 24e expenses on Schedule 0.)  |                                       |   |                                 |  |
| а      | COLLECTIONS   | 9,093.                                | 9,093.                                    |                                 |  |
| b      | UTILITIES   | 8,912.                                | 8,912.                                    |                                 |  |
| С      | PRINTING, MAILING SERVI   | 6,547.                                | 6,547.                                    |                                 |  |
| d      | PROGRAMS EDUCATION AND  | 6,507.                                | 6,507.                                    |                                 |  |
|        | All other expenses  | 10,111.                               | 7,289.                                    |                                 | 5,922.   |
| 25     | Total functional expenses. Add lines 1 through 24e  | 205,286.                              | 166,271.                                  | 33,093.                         | 5,344.   |
| 26     | Joint costs. Complete this line only if the organization  |                                       |   |                                 |  |
|        | reported in column (B) joint costs from a combined  |                                       |   |                                 |  |
|        | educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)      |                                       |   |                                 |  |
|        | Check here if following SOP 98-2 (ASC 958-720)  |                                       | l   | <u> </u>                        | L  |

|   |          | Check if Schedule O contains a response or note to ar      | y line in this Part X  |                                 |         |                           |
|---|----------|--|--|---------------------------------|---------|---------------------------|
|   |          |  |  | <b>(A)</b><br>Beginning of year |         | <b>(B)</b><br>End of year |
| П                                       | 1        | Cash - non-interest-bearing                                |  | 244,806.                        | 1       | 219,468.                  |
|   | 2        | Savings and temporary cash investments                     | 1  |                                 | 2       |                           |
|   | 3        | Pledges and grants receivable, net                         |  |                                 | 3       |                           |
|   | 4        | Accounts receivable, net                                   |  | 51,268.                         | 4       | 18,394.                   |
|   | 5        | Loans and other receivables from any current or forme      |  |                                 |         | 100 mg (100 mg)           |
|   |          | trustee, key employee, creator or founder, substantial     | 6  |                                 |         |                           |
|   |          | controlled entity or family member of any of these pers    |  |                                 | 5       |                           |
|   | 6        | Loans and other receivables from other disqualified pe     | <b>1</b> %   |                                 |         |                           |
|   |          | under section 4958(f)(1)), and persons described in sec    | ·  |                                 | 6       |                           |
| ر<br>س                                  | 7        | Notes and loans receivable, net                            |  |                                 | 7       |                           |
| Assets                                  | 8        | Inventories for sale or use                                |  |                                 | 8       |                           |
| AS                                      | 9        |  |  |                                 | 9       |                           |
|   |          | Land, buildings, and equipment: cost or other              |  |                                 |         |                           |
|   |          | basis, Complete Part VI of Schedule D 10a                  | 2,278,184.   |                                 |         |                           |
|   | b        | Less: accumulated depreciation 10b                         | 397,950.   | 1,610,296.                      | 10c     | 1,880,234.                |
|   | 11       | Investments - publicly traded securities                   |  | 457,486.                        | 11      | 367,110.                  |
|   | 12       | Investments - other securities. See Part IV, line 11       | · · · · · · · · · · · · · · · · · · ·  |                                 | 12      |                           |
|   | 13       | Investments - program-related. See Part IV, line 11        |  | 13                              |         |                           |
|   | 14       | Intangible assets  | 3,254.   | 14                              | 2,569.  |                           |
| -                                       | 15       | Other assets. See Part IV, line 11                         |  |                                 | 15      |                           |
| - 1                                     | 16       | Total assets. Add lines 1 through 15 (must equal line      |  | 2,367,110.                      | 16      | 2,487,775.                |
|   | 17       | Accounts payable and accrued expenses                      | 18,084.  | 17                              | 46,882. |                           |
|   | 18       | Grants payable   |  |                                 | 18      |                           |
| ŀ                                       | 19       | Deferred revenue   |  |                                 | 19      |                           |
|   | 20       | Tax-exempt bond liabilities                                |  |                                 | 20      |                           |
|   | 21       | Escrow or custodial account liability. Complete Part IV    |  |                                 | 21      |                           |
| ,,                                      | 22       | Loans and other payables to any current or former office   | 18   |                                 | 100     |                           |
| Ĕ                                       |          | trustee, key employee, creator or founder, substantial     | 12   |                                 |         |                           |
| Liabilities                             |          | controlled entity or family member of any of these pers    |  |                                 | 22      |                           |
| ן ב                                     | 23       | Secured mortgages and notes payable to unrelated th        | ſ"   | 352,431.                        | 23      | 346,411.                  |
|   | 24       | Unsecured notes and loans payable to unrelated third       | · · · · · · · · · · · · · · · · · · ·  |                                 | 24      |                           |
|   | 25       | Other liabilities (including federal income tax, payables  | I '  |                                 |         |                           |
|   |          | parties, and other liabilities not included on lines 17-24 |  |                                 |         |                           |
|   |          | of Schedule D  |  | 527.                            | 25      | 697.                      |
|   | 26       | Total liabilities. Add lines 17 through 25                 |  | 371,042.                        | 26      | 393,990.                  |
| ┪                                       |          | Organizations that follow FASB ASC 958, check her          | e X  |                                 |         |                           |
| ଷ                                       |          | and complete lines 27, 28, 32, and 33.                     |  |                                 |         |                           |
| ဋ္ဌ                                     | 27       | Net assets without donor restrictions                      |  | 1,787,052.                      | 27      | 1,884,769.                |
| ă                                       | 28       | Net assets with donor restrictions                         |  | 209,016.                        | 28      | 209,016.                  |
| ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֓ |          | Organizations that do not follow FASB ASC 958, ch          |  |                                 |         |                           |
| [ [                                     |          | and complete lines 29 through 33.                          |  |                                 |         |                           |
| 5                                       | 29       | Capital stock or trust principal, or current funds         | 32   |                                 | 29      |                           |
| ets                                     | 30       | Paid-in or capital surplus, or land, building, or equipme  |  |                                 | 30      |                           |
|   |          | Retained earnings, endowment, accumulated income,          | The state of the s |                                 | 31      |                           |
| <u>ş</u>                                | 31       |  |  |                                 |         | 1                         |
| Net Assets or Fund Balances             | 31<br>32 | Total net assets or fund balances                          |  | 1,996,068.                      | 32      | 2,093,785.                |

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

X

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#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

DELAWARE COUNTY HISTORICAL SOCIETY

\*\*-\*\*\*1853 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) 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 10 X 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 certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection 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. Type III 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, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. 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. 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(s). (iv) is the organization listed in your governing document? (vi) Amount of other (v) Amount of monetary (i) Name of supported (iii) Type of organization (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

Schedule A (Form 990) 2022 DELAWARE COUNTY HISTORICAL SOCIETY \*\*-\*\*1853 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

|   | •                                      |
|---|--|
| (Complete only if you checked the box on line 5, 7, or 8 of Part I  | or if the organization failed to qualify under Part III. If the organization |
| fails to qualify under the tests listed below, please complete Part | III.)  |

| Calledary year (or fixed year beginning in)  Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levels for the organ- ization's benefit and olther paid to or expended on its behalf  The yalue of services or facilities furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i)  P Public support, Subress the 5 fees live 4  Section B. Total Support  Calleddary year (or fixed ly year beginning in)  Amounts from line 4  Gioss income from indirect, dividends, psymeniar socioved on securities basis, rents, royalties, and income from indirects, dividends, psymeniar socioved on securities basis, rents, royalties, and income from indirects of the business is requisity carried on  Other income, Do not include gain or loss from the sail of capital assets (Explain in Part VI).  Total support. Add lines 7 through 10  Gross inceptis from related activities, etc. (see instructions)  To rise in year it in the sail of capital assets (Explain in Part VI).  Total support have also of capital assets (Explain in Part VI).  Total support percantage from 2021 Schedule A, Part II, line 14  Public support percantage from 2022 lines (ocumn (f), divided by line 11, column (f))  15 First 6 years, if the Form 900 is for the organization of id not check to so on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test - 2022. If the organization did not check as box on line 13, 18, 180, 172, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test - 2025. If the organization organization meets the facts-and-circumstances test - 2022. If the organizat | Sec  | tion A. Public Support                  |                    |                    |                                       |  |                     |           |
|--|------|---|--------------------|--------------------|---------------------------------------|--|---------------------|-----------|
| 1 Giffe, grants, contributions, and membership fees received, (Do not include any 'unusual grants.') 2 Tax revenues levied for the organization include any 'unusual grants.') 3 The value of services or facilities furnished by a governmental unit to the organization without charge to the organization included on line 1 that exceeds 25 of the amount shown on line 11, column (f) 2 Public support. Indicate the 5 ten to 4 Section 8. Total Support  Section 8. Total Support  Section 18. Total Support the exceeds 25 of the amount shown on line 11, column (f) 2 Public support of the service the 5 ten to 4 Section 8. Total Support  Section 8. Total Support  Section 8. Total Support  Section 9. Total Support the exceeds 25 of the amount shown on line 11, column (f) 2 Section 8. Total Support  Section 8. Total Support the exceeds 25 of the amount shown on line 11, column (f) 2 Section 8. Total Support  Section 8. Total Support the exceeds 25 of the amount shown on line 4 Section 8. Total Support  Section 8. Total Support the exceeds 25 of the amount shown on line 4 Section 8. Total Support Section 8. Total Supp | Cale | ndar year (or fiscal year beginning in) | (a) 2018           | (b) 2019           | (c) 2020                              | (d) 2021   | (e) 2022            | (f) Total |
| memberahip leas received. (Do not incided any "truscall grants.")  2 Tax revenues levided 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 inset 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly aupported organization) includes on line 1 that exceeds 226 of the amount shown on line 11, column (f) 6 Public support, Butwest to 8 fees list 4 5 Section B. 7 Cital Support Calendar year (or flesal year beginning in) 7 Amounts from line 4 Received and the services of capital assets (Schplain in Part VI) 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years, if the Form 900 is for the organization of first, second, third, fourth, or lith tax year as a section 501(s)(S) organization, check this box and stop here. The organization during support percentage from 2021 Schedula, A Part I, line 14 15 Gross receipts from related activities, etc. (see instructions) 15 Picts 1 years, if the Form 900 is for the organization of into check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization of the organization of into check a box on line 13 |      |   |                    |                    |                                       |  |                     |           |
| include any "unusual grants."]  Z Tax revenues lovied for the organization is 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 change  4. Total, Add lines 1 through 3.  5. The potion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6. Public support. Allowed the 4 through 3.  Section B. Total Support.  Calendar year (or fissal year beginning in)  7. Amounts from line 4.  8. Gross income from Indreed, divisionals, payments received on securities loans, rorts, royalities, and income from similar sources.  9. Not income from similar sources.  9. Not income from unrelated business activities, whether or not the business is regularly carried on.  10. Other income. Do not include gain or less from related activities, etc. (see instructions)  12. Gross receipts from related activities, etc. (see instructions)  13. First 5 years, if the Form 990 is for the organization with sits, eccond, third, fourth, or fifth tax year as a section SOI (e)(3) organization, check this box and stop here. The organization qualifies as a publicly support degratation or paint and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization meets the facts and circumstances test. 2022. If the organization did not check a box on line 13, 18a, 18b, or 18a, and line 14 is 10% or more, and if the organization meets the facts and circumstances test. 2021. If the organization did not check a box on line 13, 18a, 18b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test. 2021. If the organization cualifies as a publicly supported organization meets the facts and circumstances test. 2022. If the organization did not check a box on line 13, 18a, 18b, and line 14 is 10% or more, |      | . —                                     |                    |                    |                                       |  |                     |           |
| 2 Tax revenues lowled for the organization's benefit and either pald 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 governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 8 Public support, 3 services in the first of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, ents, cryatiles, and income from influencest, and income from influencest, and income from influencest, and income from influencest and income from influencest. 9 Net income from unrelated business activities, whether or not the business activities, whether or not l |      | ·                                       |                    |                    |                                       |  |                     |           |
| 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 governmental unit or public) supported organization jincluded on line 1 that exceeds 2% of the amount shown on line 11, column (i) column (ii) 4 Public support, Detect the 5 tent by 4 Section B. Total Support Section C. Section C. Section C. Section B. Secti     | 2    |   |                    |                    |                                       |  |                     |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4  4 Total. Add lines 1 through 3  5 The portion of total contributions by sesh person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column ()  6 Public support. Soldmet line's 5 from libs 4, section B. Total Support  Calesdar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from Interest, dividends, payments received on securities loses, rents, royalties, and income from similar sources and income from unrelated business activities, whether or not the business is regularly carried on 10  10 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI), 11  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from Part VI), 11  13 First 5 years, it the Form 990 is for the organization's lifst, second, third, fourth, or fifth tax year as a section 50T(c)(S) organization, check this box and stop here.  54 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 33 1/3% support test - 2022. If the organization oid not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, The organization did not check a box on line 17a, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, The organization did not check a  |      | ization's benefit and either paid to    |                    |                    |                                       |  |                     |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4  4 Total. Add lines 1 through 3  5 The portion of total contributions by sesh person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column ()  6 Public support. Soldmet line's 5 from libs 4, section B. Total Support  Calesdar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from Interest, dividends, payments received on securities loses, rents, royalties, and income from similar sources and income from unrelated business activities, whether or not the business is regularly carried on 10  10 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI), 11  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from Part VI), 11  13 First 5 years, it the Form 990 is for the organization's lifst, second, third, fourth, or fifth tax year as a section 50T(c)(S) organization, check this box and stop here.  54 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 33 1/3% support test - 2022. If the organization oid not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, The organization did not check a box on line 17a, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, The organization did not check a  |      | or expended on its behalf               |                    |                    |                                       |  |                     |           |
| furnished by a governmental unit to the organization without charge to expensive the organization without charge to expensive the organization without charge to the organization without charge to the organization without charge to the organization of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  8 Public support: access time 5 from time 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines? through 10  12 Gross receipts from related activities, etc. (see instructions).  12 Gross receipts from related activities, etc. (see instructions).  13 First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage form 2021 Schedule A, Part II, lime 14.  15 Public support percentage from 2021 Schedule A, Part II, lime 14.  16 33 1/3% support test -2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization of line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization of line 15, 16b, 17a, or 17b         | 3    |   |                    |                    |                                       |  |                     |           |
| the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Solvinest line 5 from line 4.  Section B. Total Support Callendar year (or fissal year beginning in) 7 Amounts from line 4 8 Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)   |      |   |                    |                    | :                                     |  |                     |           |
| 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subreatines 5 from the 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Not income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Not income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines? Through 10 12 Gross receipts from related activities, setc. (see instructions) 12 If rest 5 years, if the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage 14 Public support percentage from 201 Schedule A, Part II, line 14 15 Public support percentage from 201 Schedule A, Part II, line 14 16 9 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization weets the facts-and-circumstances test. The organization and in the check a box on line 13, 16a, or 18b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 18b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization on qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization on qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization on line 13, 16a, 16b, 17a, or 17b, check this b |      |   |                    |                    |                                       |  |                     |           |
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| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |      | activities, whether or not the          |                    |                    |                                       |  |                     |           |
| or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  |      | business is regularly carried on        |                    |                    |                                       |  |                     |           |
| assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 Is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  organization, check this box and stop here.  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  15 a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  | 10   | Other income. Do not include gain       |                    |                    |                                       |  |                     |           |
| Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions         |      | or loss from the sale of capital        |                    |                    |                                       |  |                     |           |
| 12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  15 b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   |      | assets (Explain in Part VI.)            |                    |                    |                                       |  |                     |           |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  15 b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization     | 11   | Total support. Add lines 7 through 10   |                    |                    |                                       |  |                     |           |
| Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check | 12   |   |                    |                    |                                       |  |                     |           |
| Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  10 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  | 13   |   |                    |                    |                                       |  |                     | ·         |
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 1/3 support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   |      | organization, check this box and sto    | p here             |                    |                                       | .,   |                     |           |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14  |      |   | ·                  |                    |                                       |  |                     |           |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  |      |   |                    |                    |                                       |  |                     |           |
| stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  | 15   | Public support percentage from 2021     | Schedule A, Part   | II, line 14        |                                       |  |                     |           |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  | 16a  |   |                    |                    |                                       |  |                     |           |
| and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   |      | stop here. The organization qualifies   | as a publicly supp | orted organization |                                       |  |                     |           |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   | k    |   |                    |                    |                                       |  |                     |           |
| and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   |      |   |                    |                    |                                       |  |                     |           |
| meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  | 17a  |   |                    |                    |                                       |  |                     |           |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   |      |   |                    |                    |                                       |  | VI how the organiza | ation     |
| more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   |      |   |                    |                    |                                       |  |                     |           |
| organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization   | k    |   |                    |                    |                                       |  |                     | u% or     |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  |      |   |                    |                    |                                       |  |                     |           |
|  |      |   |                    |                    |                                       |  |                     |           |
|  | 18   | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17l                   | b, check this box a  |                     |           |

Schedule A (Form 990) 2022 DELAWARE COUNTY HISTORICAL SOCIETY

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

| (Complete only if you checked the box on line | 10 of Part | I or if the organization failed to | o qualify under Part | II. If the organization fails to |
|---|------------|------------------------------------|----------------------|----------------------------------|
|---|------------|------------------------------------|----------------------|----------------------------------|

|      | qualify under the tests listed b   | elow, please comp  | lete Part II.)   |                      |                     |                      |                |
|------|--|--------------------|------------------|----------------------|---------------------|----------------------|----------------|
| Sec  | ction A. Public Support  |                    |                  |                      | <b></b>             | 1                    |                |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018           | <b>(b)</b> 2019  | (c) 2020             | (d) 2021            | (e) 2022             | (f) Total      |
| 1    | Gifts, grants, contributions, and  |                    |                  |                      |                     |                      |                |
|      | membership fees received. (Do not  | 4.50.404           | 004 405          | 400 004              | 145 000             | 400 656              | 1010055        |
|      | include any "unusual grants.")   | 170,184.           | 391,135.         | 103,271.             | 145,009.            | 408,656.             | 1218255.       |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the  |                    |                  |                      |                     |                      |                |
|      | organization's tax-exempt purpose  | 13,881.            | 24,489.          | 11,297.              | 19,610.             | 22,965.              | 92,242.        |
| 3    | Gross receipts from activities that  |                    |                  |                      |                     |                      |                |
|      | are not an unrelated trade or bus-   |                    |                  |                      |                     |                      |                |
|      | iness under section 513  |                    |                  |                      |                     |                      |                |
| 4    | Tax revenues levied for the organ-   |                    |                  |                      |                     |                      |                |
|      | ization'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   | 184,065.           | 415,624.         | 114,568.             | 164,619.            | 431,621.             | 1310497.       |
| 7 a  | Amounts included on lines 1, 2, and  |                    |                  |                      |                     |                      |                |
|      | 3 received from disqualified persons   |                    |                  |                      |                     |                      | 0.             |
| k    | Amounts included on lines 2 and 3 received   |                    |                  |                      |                     |                      |                |
|      | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  |                    |                  |                      |                     |                      | 0.             |
| c    | Add lines 7a and 7b  |                    |                  |                      |                     |                      |                |
|      | Public support. (Subtract line 7c from line 6.)  |                    | and a second     |                      |                     |                      | 1310497.       |
|      | ction B. Total Support   |                    |                  |                      |                     |                      |                |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018           | <b>(b)</b> 2019  | (c) 2020             | (d) 2021            | (e) 2022             | (f) Total      |
|      | Amounts from line 6  | 184,065.           | 415,624.         | 114,568.             | 164,619.            | 431,621.             | 1310497.       |
| 10a  | Gross income from interest,  |                    |                  |                      |                     |                      |                |
|      | dividends, payments received on securities loans, rents, royalties,  |                    |                  |                      |                     |                      |                |
|      | and income from similar sources  | 5,504.             | 9,973.           | 12,451.              | 7,846.              | 7,278.               | 43,052.        |
| k    | Unrelated business taxable income  |                    |                  |                      |                     |                      |                |
|      | (less section 511 taxes) from businesses   |                    |                  |                      |                     |                      |                |
|      | acquired after June 30, 1975   |                    |                  |                      |                     |                      |                |
| c    | Add lines 10a and 10b  | 5,504.             | 9,973.           | 12,451.              | 7,846.              | 7,278.               | 43,052.        |
|      | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  |                    |                  |                      |                     |                      |                |
| 12   | Other income. Do not include gain  |                    |                  |                      |                     |                      |                |
|      | or loss from the sale of capital   | 582.               | 393.             | 2,275.               | 2,349.              | 7,200.               | 12,799.        |
| 13   | assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)  | 190,151.           | 425,990.         |                      | 174,814.            | 446,099.             | 1366348.       |
|      | First 5 years. If the Form 990 is for the  |                    |                  |                      | year as a section 5 | 01(c)(3) organizatio | on,            |
| -    |  |                    |                  |                      |                     |                      |                |
| Se   | ction C. Computation of Publi  |                    |                  |                      |                     |                      |                |
|      | Public support percentage for 2022 (I  |                    |                  | column (f))          |                     | 15                   | 95.91 <u>%</u> |
|      | Public support percentage from 2021  |                    |                  |                      |                     | 16                   | 94.16 %        |
|      | ction D. Computation of Inves  |                    |                  |                      |                     |                      |                |
|      | Investment income percentage for 20  |                    |                  | ne 13, column (f))   |                     | 17                   | 3.15 <u>%</u>  |
|      | Investment income percentage from  |                    |                  |                      |                     | 18                   | <b>4.</b> 88 % |
| 192  | 33 1/3% support tests - 2022. If the   | organization did n | ot check the box | on line 14, and line | 15 is more than 3   | 3 1/3%, and line 1   | 7 is not       |
| _ •  | 9a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |                    |                  |                      |                     |                      |                |
| ŀ    | 33 1/3% support tests - 2021. If the   |                    |                  |                      |                     |                      | nd             |
| •    | line 18 is not more than 33 1/3%, che  |                    |                  |                      |                     |                      |                |
| 20   | Private foundation. If the organization  |                    |                  |                      |                     |                      |                |
|      |  |                    |                  |                      |                     |                      |                |

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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**

- 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.
- 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).
- 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.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- c 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.
- 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).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - 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.)

|           | Yes | No                                       |
|-----------|-----|--|
| Escap.    |     |  |
| 1         |     |  |
| 2         |     |  |
| 3a        |     |  |
| 3b        |     | 15.00<br>14.00                           |
| 3c        |     |  |
| 4a        |     |  |
| 4b        |     | 127-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7- |
| <b>4c</b> |     |  |
| 5a        |     |  |
| 5b        |     |  |
|           |     |  |
| 6         |     |  |
| 7<br>8    |     |  |
| 8         |     | -47                                      |
| 9a        |     |  |
| 9b        |     |  |
| 9c        |     |  |
| 10a       |     |  |
| เรเท      |     |  |

| Pai    | t IV   Supporting Organizations (continued)   |           | *************************************** |  |
|--------|---|-----------|---|--|
|        |   |           | Yes                                     | No   |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?   |           |   |  |
| а      | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and  |           |   |  |
|        | 11c below, the governing body of a supported organization?  | 11a       |   |  |
| b      | A family member of a person described on line 11a above?  | 11b       | V2000000000000000000000000000000000000  | New York Control of the Control of t |
| C      | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |           |   | 3.00 (1.00 ( |
|        | detail in Part VI.  | 11c       |   |  |
| Sec    | tion 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  |           |   | 10070  |
|        | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the  | 1         |   | 1/6/17/2017  |
| ^      | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  |           |   |  |
| 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  |           |   | Į.   |
|        | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |           |   |  |
|        | supervised, or controlled the supporting organization.  | 2         |   | 100000000000000000000000000000000000000  |
| Sec    | tion 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  |           |   | 76 A 30 B 2  |
| •      | 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         |   |  |
| Sec    | tion 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  |           |   |  |
|        | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1         | 7.0 Sale 1-100                          |  |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |           |   |  |
|        | 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         |   | (2015)55   |
| 3      | By reason of the relationship described on 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  |           |   |  |
|        | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's  |           |   |  |
| Sec    | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations  | 3         |   |  |
|        |   | \         |   |  |
| 1<br>a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.   | ,.        |   |  |
| 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 governmental entity (see in   | struction | s).                                     |  |
| 2      | Activities Test. Answer lines 2a and 2b below.  | 0         | Yes                                     | No   |
| а      | 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  |           |   | 10 TO 10   |
|        | these activities but for the organization's involvement.  | 2b        |   |  |
| 3      | Parent of Supported Organizations. Answer lines 3a and 3b below.  |           |   |  |
| а      | 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   |           | en Priorita                             |  |
|        | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.   | 3b        |   |  |

6 7

8

1

2

3 4

5

6

| emergency temporary reduction (see instructions).                    | 6  |
|--|--|
| Check here if the current year is the organization's first as a non- | unctionally integrated Type III supporting organization (see |
| instructions).   |  |

Schedule A (Form 990) 2022

Current Year

Multiply line 5 by 0.035.

Section C - Distributable Amount

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Enter 0.85 of line 1.

5

Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2022

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

**2022** 

Name of the organization

Employer identification number

| I   | DELAWARE COUNTY HISTORICAL SOCIETY   | **-***1853                    |  |  |  |  |
|---|--|-------------------------------|--|--|--|--|
| Organization type (check  | cone):   |                               |  |  |  |  |
| Filers of:  | Section:   |                               |  |  |  |  |
| Form 990 or 990-EZ  | X 501(c)( 3 ) (enter number) organization  |                               |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust not treated as a private foundation  |                               |  |  |  |  |
|   | 527 political organization   |                               |  |  |  |  |
| Form 990-PF   | 501(c)(3) exempt private foundation  |                               |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |                               |  |  |  |  |
|   | 501(c)(3) taxable private foundation   |                               |  |  |  |  |
|   | n is covered by the <b>General Rule</b> or a <b>Special Rule.</b><br>(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru  | ıle. See instructions.        |  |  |  |  |
| X For an organizat  | tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling<br>ny one contributor. Complete Parts I and II. See instructions for determining a contributor  |                               |  |  |  |  |
| Special Rules   |  |                               |  |  |  |  |
| sections 509(a)(<br>contributor, duri   | tion described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ar ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.   | nd that received from any one |  |  |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. |  |                               |  |  |  |  |
| year, contribution<br>is checked, ente<br>purpose. Don't o  | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ |                               |  |  |  |  |
| answer "No" on Part IV, I   | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PFiling requirements of Schedule B (Form 990).  |                               |  |  |  |  |

Name of organization

Employer identification number

# DELAWARE COUNTY HISTORICAL SOCIETY

\*\*-\*\*\*1853

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if a | additional space is needed.               |                              |
|------------------------------|---|---|------------------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   | \$  |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   | \$  |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   | \$  |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   | \$  |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   | \$  |                              |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received         |
|                              |   | ·<br>·<br>·<br>· \$                       |                              |
|                              |   |   | Schodule B (Form 990) (2022) |

Name of organization

Employer identification number

| T.AWATF           | COUNTY HISTORICAL SO  | CIETY   |                        | **-***1853                 |
|-------------------|---|---|------------------------|----------------------------|
| fron              | lusively religious, charitable, etc., contribution any one contributor. Complete columns (a) to letting Part III, enter the total of exclusively religious, che duplicate copies of Part III if additional sp | ns to organizations described in section<br>hrough (e) and the following line entry. Fo<br>aritable, etc., contributions of \$1,000 or less f | or organizations       |                            |
| No.<br>om<br>rt I | (b) Purpose of gift   | (c) Use of gift   | (d) Descri             | ption of how gift is held  |
|                   |   |   |                        |                            |
|                   | Transferee's name, address, an  | (e) Transfer of gift  | Relationship of trans  | sferor to transferee       |
| No.<br>m          | (b) Purpose of gift   | (c) Use of gift   | (d) Descri             | ption of how gift is held  |
| _   =             |   |   |                        |                            |
|                   | Transferee's name, address, an  | (e) Transfer of gift  | Relationship of trans  | sferor to transferee       |
|                   |   |   |                        |                            |
| lo.<br>m<br>t l   | (b) Purpose of gift   | (c) Use of gift   | (d) Descri             | iption of how gift is held |
|                   |   | (e) Transfer of gift  |                        |                            |
|                   | Transferee's name, address, ar  | nd ZIP + 4  | Relationship of tran   | sferor to transferee       |
| lo.<br>m<br>t l   | (b) Purpose of gift   | (c) Use of gift   | (d) Descr              | iption of how gift is held |
|                   |   |   |                        |                            |
| -                 | Transferee's name, address, at  | (e) Transfer of gift  | Relationship of tran   | sferor to transferee       |
|                   | Transferee's name, address, at  | IU ZIF T T  | Ticiationship of train | 5000                       |

#### 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.

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

DELAWARE COUNTY HISTORICAL SOCIETY

Employer identification number \*\* - \* \* \* 1 8 5 3

| T       | DELAWARE COUNTY HIST  | Funda or Other Similar Funda  | or Accounts Complete if the  |
|---------|---|---|--|
| Pai     |   |   | o of Accounts. Complete if the   |
|         | organization answered "Yes" on Form 990, Part IV, line  | 6. (a) Donor advised funds  | (b) Funds and other accounts   |
|         | <u></u>   | (a) Donor advised fullus  | (b) I dilus and other accounts   |
| 1       | Total number at end of year   |   |  |
| 2       | Aggregate value of contributions to (during year)   |   |  |
| 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 wri  |   |  |
|         | are the organization's property, subject to the organization's ex   |   |  |
| 6       | Did the organization inform all grantees, donors, and donor adv   | visors in writing that grant funds can be   | e used only  |
|         | for charitable purposes and not for the benefit of the donor or c   |   |  |
| 1000000 |   | wind the anguard Wast on Form 000   |  |
| Pai     |   |   | , Fart IV, IIII <del>O</del> 7.  |
| 1       | Purpose(s) of conservation easements held by the organization   |   | of a historically important land area                                      |
|         | Preservation of land for public use (for example, recreation  |   | of a historically important land area<br>of a certified historic structure |
|         | Protection of natural habitat   | Preservation (  | of a certified historic structure  |
|         | Preservation of open space  | de la companya de la | of a concentation agreement on the last                                    |
| 2       | Complete lines 2a through 2d if the organization held a qualified   | d conservation contribution in the form   | Held at the End of the Tax Year  |
|         | day of the tax year.  |   | Read throughput a  |
| a       | Total number of conservation easements  |   |  |
| b       | Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure. | sture included in (a)   |  |
| С.      |   |   |  |
| d       | Number of conservation easements included in (c) acquired aft   |   | 2d   |
| •       | historic structure listed in the National Register  Number of conservation easements modified, transferred, relea       |   |  |
| 3       |   | ased, extiliguished, or terrimated by tr  | o organization daring the tax  |
| 4       | Number of states where property subject to conservation ease  | ment is located   |  |
| 4       | Does the organization have a written policy regarding the perio   |   | <del>-</del><br>f  |
| 5       | violations, and enforcement of the conservation easements it h  |   |  |
| 6       | Staff and volunteer hours devoted to monitoring, inspecting, he   |   |  |
| Ü       | Otal and volunteed house develor to memoring, inspecting, is  |   | - ,  |
| 7       | Amount of expenses incurred in monitoring, inspecting, handling   | ng of violations, and enforcing conserv   | ration easements during the year   |
| •       | 7 miledite of experience meaning and meaning, map a said,   |   | •  |
| 8       | Does each conservation easement reported on line 2(d) above   | satisfy the requirements of section 170   | 0(h)(4)(B)(i)  |
| •       | and section 170(h)(4)(B)(ii)?   |   |  |
| 9       | In Part XIII, describe how the organization reports conservation  | n easements in its revenue and expens   | e statement and  |
|         | balance sheet, and include, if applicable, the text of the footno   |   |  |
|         | organization's accounting for conservation easements.   |   |  |
| Pa      | t III Organizations Maintaining Collections of  | Art, Historical Treasures, or C   | other Similar Assets.  |
|         | Complete if the organization answered "Yes" on Form 9   |   |  |
| 1a      | If the organization elected, as permitted under FASB ASC 958,   | , not to report in its revenue statement  | and balance sheet works  |
|         | of art, historical treasures, or other similar assets held for publi  |   |  |
|         | service, provide in Part XIII the text of the footnote to its finance   |   |  |
| b       | If the organization elected, as permitted under FASB ASC 958,   |   |  |
|         | art, historical treasures, or other similar assets held for public e  | exhibition, education, or research in fur   | therance of public service,  |
|         | provide the following amounts relating to these items:  |   |  |
|         | (i) Revenue included on Form 990, Part VIII, line 1   |   | s  |
|         | (ii) Assets included in Form 990, Part X  |   | \$   |
| 2       | If the organization received or held works of art, historical treas   |   | ial gain, provide  |
|         | the following amounts required to be reported under FASB AS   |   |  |
| а       | Revenue included on Form 990, Part VIII, line 1   |   |  |
| b       | Assets included in Form 990, Part X   |   | \$   |

Schedule D (Form 990) 2022

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

|  | UNTY HISTORICA                          | AL SOCIETY                              | **-***1853 Page 3  |
|--|---|---|--|
| Part VII Investments - Other Securities.  Complete if the organization answered "Yes"                      | on Form 990 Part IV line                | 11h See Form 990 Part X                 | line 12  |
| (a) Description of security or category (including name of security)                                       | (b) Book value                          |   | n: Cost or end-of-year market value  |
| (1) Financial derivatives  |   |   |  |
| (2) Closely held equity interests  |   |   |  |
| (3) Other  |   |   |  |
| (A)  |   |   |  |
| (B)  |   |   | and the second s |
| (C)  |   |   |  |
| (D)  |   |   |  |
| <u>(E)</u>   |   |   |  |
| (F)  |   |   |  |
| (G)  |   |   |  |
| (H)  |   |   |  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related. |   |   |  |
| Complete if the organization answered "Yes"  | on Form 990. Part IV. line              | 11c. See Form 990, Part X.              | line 13.   |
| (a) Description of investment  | (b) Book value                          | (c) Method of valuation                 | n: Cost or end-of-year market value  |
| (1)  |   |   |  |
| (2)  |   |   |  |
| (3)  |   |   |  |
| (4)  |   |   |  |
| (5)  |   |   | and the second s |
| (6)  |   |   | and the second s |
| (7)  |   |   |  |
| (8)  |   |   |  |
| (9)  |   |   |  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.                    | <u> </u>                                |   |  |
| Part IX Other Assets.  Complete if the organization answered "Yes"   | on Form 990. Part IV line               | 11d. See Form 990. Part X.              | line 15.   |
|  | Description                             | , | (b) Book value   |
|  |   |   |  |
| (1)<br>(2)   |   |   |  |
| (3)  | *************************************** |   |  |
| (4)  |   |   |  |
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| (7)  |   |   |  |
| (8)  |   |   |  |
| (9)  |   |   |  |
| Part X Other Liabilities.  |   |   |  |
| Complete if the organization answered "Yes"  | on Form 990, Part IV, line              | 11e or 11f. See Form 990, I             | Part X, line 25.   |
| 1. (a) Description of liability  |   |   | (b) Book value   |
| (1) Federal income taxes   | •                                       |   | 607  |
| (2) SALES TAX PAYABLE  |   |   | 697.   |
| (3)  |   |   |  |
| (4)  |   |   |  |
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Schedule D (Form 990) 2022

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| Sche | dule D (Form 990) 2022 DELAWARE COUNTY HISTORICAL   | SOCIETY                       | **-***185 <u>3</u>   | Page 4 |
|------|---|-------------------------------|--|--------|
|      | t XI Reconciliation of Revenue per Audited Financial Stateme                                | nts With Revenue p            | er 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:                         | 1                             | 7.0 in 10 in |        |
| а    | Net unrealized gains (losses) on investments  | . 2a                          |  |        |
| b    | Donated services and use of facilities  | . 2b                          |  |        |
| С    | Recoveries of prior year grants   | . 2c                          |  |        |
| d    | Other (Describe in Part XIII.)  | 2d                            |  |        |
| е    | Add lines 2a through 2d   |                               | 2e   |        |
| 3    | Subtract line 2e from line 1  |                               |  |        |
| 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.)  | . 4b                          |  |        |
| c    | Add lines 4a and 4b   |                               | 4c   |        |
| 5    | Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)             |                               | 5  |        |
| Pa   | t XII   Reconciliation of Expenses per Audited Financial Statem                             | ents With Expenses            | per Return.  |        |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a                  |                               |  |        |
| 1    | Total expenses and losses per audited financial statements                                  |                               | 1  |        |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                           |                               |  |        |
| а    | Donated services and use of facilities  | 2a                            |  |        |
| b    | Prior year adjustments  | 1 1                           |  |        |
| С    | Other losses  |                               |  |        |
| d    | Other (Describe in Part XIII.)  | 1 . 1                         |  |        |
| е    | Add lines 2a through 2d   |                               | 2e   |        |
| 3    | Subtract line 2e from line 1  |                               | 1  |        |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          |                               |  |        |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                            | 4a                            |  |        |
| b    | Other (Describe in Part XIII.)  | . 4b                          |  |        |
| c    | Add lines 4a and 4b   |                               | 4c   |        |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)            | <u></u>                       | 5  |        |
| Pa   | rt XIII Supplemental Information.   |                               |  |        |
| Prov | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b; Part \ | /, line 4; Part X, line 2; Part XI,  | ,      |
|      | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add        |                               |  |        |
|      |   |                               |  |        |
|      |   |                               |  |        |
| PAI  | RT III, LINE 1A:  |                               |  |        |
|      |   |                               |  |        |
| TH)  | E MISSION OF THE DELAWARE COUNTY HISTORICA  | L SOCIETY (DC)                | HS) IS TO PROMO  | TE     |
|      |   |                               |  |        |
| ANI  | SUSTAIN INTEREST IN THE HISTORY OF DELAW  | ARE COUNTY, O                 | HIO, THROUGH   |        |
|      |   |                               |  |        |
| HI:  | STORIC PRESERVATION AND EDUCATION. DCHS D   | OES NOT RECOG                 | NIZE AND   |        |
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| CA:  | PITALIZE ITS COLLECTIONS FOR FINANCIAL STA  | TEMENT PURPOS                 | ES. DCHS DOES  |        |
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NOT REALIZE ANY FINANCIAL GAIN FROM THESE COLLECTIONS. COLLECTIONS INCLUDE A WIDE VARIETY OF OBJECTS, ALL DONATED BY INDIVIDUALS TO DCHS, SUCH AS PAINTINGS, MAPS, MANUSCRIPTS, FURNITURE. DCHS FURTHERS ITS MISSION BY MAINTAINING EXHIBITS IN MUSEUMS AND IN OTHER LOCATIONS IN THE COMMUNITY, MAKING ACCESS TO ITS COLLECTIONS AVAILABLE FOR SCHOLARLY RESEARCH; PRESERVING FOR FUTURE GENERATIONS; USING COLLECTIONS TO EDUCATE THE PUBLIC OF ALL AGES WHO USE OUR FACILITIES AND ATTEND OUR PROGRAMS IN

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Schedule D (Form 990) 2022

| Schedule D (Form 990) 2022   | DELAWARE COUNTY  | HISTORICAL SOCIETY   | **-***1853 Page 5  |
|--|--|--|--|
| Schedule D (Form 990) 2022<br>Part XIII   Supplemental In  | formation (continued)  |  |  |
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| THE COMMUNITY.   |  |  |  |
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#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public

Department of the Treasury Name of the organization

Employer identification number

| DELAWARE COUNTY HISTORICAL SOCIETY                          | **-**1853         |
|---|-------------------|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS  | ION:              |
| PRESERVATION AND EDUCATION.                                 |                   |
|   |                   |
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENT | rs:               |
| *COLLECTED AND ORGANIZED ARTIFACTS, DOCUMENTS, AND PHOTOGRA | APHS RELATING     |
| TO DELAWARE AND DELAWARE COUNTY                             |                   |
| *PRESENTED COMMUNITY PROGRAMS ABOUT COUNTY HISTORY INCLUDIN | NG THE STROLL     |
| DOWN SANDUSKY, OAK GROVE CEMETERY WALK, THE UNDERGROUND RAI | ILROAD AND        |
| RUTHERFORD B HAYES.   |                   |
| EMBARKED ON A BARN ROOF RESTORATION PROJECT PARTIALLY FUNDI | ED BY A GRANT     |
| FROM THE OHIO FACILITIES CONSTRUCTION COMMISSION.           |                   |
|   |                   |
| FORM 990, PART VI, SECTION B, LINE 11B:                     |                   |
| LINE 11A EXPLANATION - BOARD APPROVAL DURING A REGULAR OR S | SPECIAL MEETING   |
| OF THE BOARD  |                   |
| 1   |                   |
| FORM 990, PART VI, SECTION B, LINE 12C:                     |                   |
| WHEN A NEW BOARD MEMBER JOINS THE BOARD THEY ARE GIVEN A CO | OPY OF THE        |
| CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO SIGN IT.    |                   |
|   |                   |
| FORM 990, PART VI, SECTION B, LINE 15A:                     |                   |
| THE BOARD OF TRUSTEES DETERMINES THE COMPENSATION OF THE EX | XECUTIVE DIRECTOR |
|   |                   |
| FORM 990, PART VI, SECTION C, LINE 19:                      |                   |
| FORM 990 IS AVAILABLE TO THE PUBLIC.                        |                   |
|   |                   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

#### UNRELATED BUSINESS INCOME

# **CARRYOVER DATA TO 2023**

| Name DELAWARE COUNTY HISTORICAL SOCIETY  |                                       |     |  |          |          |        | Employer Identification Number **-***1853  |  |  |
|--|---------------------------------------|-----|--|----------|----------|--------|--|--|--|
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| Name:                                 | DELAWARE   | Name: DELAWARE COUNTY HISTORICAL SOCIETY         | SOCIETY  |  |  |                           |  |                    |  | FEIN:              | **_**1853          |
|---------------------------------------|--|--|--|--|--|---------------------------|--|--------------------|--|--------------------|--------------------|
| Type :                                | Type and Entity: F   | ACILITY RENTAL                                   | TO HOS POST-2017<br>Section 382 Carryover  | 17 NO  | DETAIL CA  | DETAIL CARRYOVER SCHEDULE | EDULE  |                    |  | ·                  |                    |
| Year<br>Origi-                        |  | Total Sr Amount                                  | Amount<br>Used for<br>12/31/20   | Amount<br>Used for   | Amount<br>Used for   | Amount<br>Used for        | Amount<br>Used for   | Amount<br>Used for | Amount<br>Used for   | Amount<br>Used for | Amount<br>Used for |
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Form **8868** (Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Electronic filing (e-fil - To care I an sically file For 88 8 p re u an 6-mor mato and stensic of in a sile my fitte forms listed below with the expression of term 887, Intermalic Results for transit is A so since Mile Corte Person a Results.

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/e-file-pro
Automatic 6-Month Extension of

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All corporations required to file an income tax return other than rorm 990-1 (including 11z0-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or  | Name of exempt organization or other filer, see instru   |             | Taxpayer identification number (TIN)   |               |                      |          |           |            |
|--|--|-------------|--|---------------|----------------------|----------|-----------|------------|
| print  |  | COCTE       | IM17   |               | **-***185            | 2        |           |            |
| File by the<br>due date for<br>filing your   | DELAWARE COUNTY HISTORICAL  Number, street, and room or suite no. If a P.O. box, s 2690 STRATFORD RD   |             |  |               | 185.                 | <u> </u> |           |            |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions.  DELAWARE, OH 43015 |  |             |  |               |                      |          |           |            |
| Enter the  | Return Code for the return that this application is for (file  | e a separa  | te application for each return)  |               |                      | 0        | )   1     | Ļ          |
| Applicat   | ion  | Return      | Application  |               |                      | Re       | etur      | 'n         |
| Is For   |  | Code        | ls For   |               |                      | С        | ode       | Э          |
| Form 990 or Form 990-EZ  |  |             | Form 1041-A  |               |                      |          | 80        |            |
| Form 4720 (individual)   |  |             | Form 4720 (other than individual)  |               |                      |          | 09        |            |
| Form 990-PF  |  |             | Form 5227  |               |                      |          | 10        |            |
| Form 990-T (sec. 401(a) or 408(a) trust)   |  |             | Form 6069  |               |                      |          | 11        |            |
| Form 99  | 0-T (trust other than above)   | 06          | Form 8870  |               |                      | 2002-000 | 12        | OTA SOUR   |
| Form 99  | 0-T (corporation)  | 07          | 1907-1907   1907-1 |               |                      |          |           |            |
|  | organization does not have an office or place of business is for a Group Return, enter the organization's four digit.  If it is for part of the group, check this box  | Group Exe   |  | lf this is fo | the whole group, ch  |          | <br>k thi | is         |
| the  | equest an automatic of the property of the construction of the con |             | BER ECO  |               |                      | n fo     | or        |            |
| 3a If t  | his application is for Forms 990-PF, 990-T, 4720, or 6069  | , enter the | tentative tax, less  |               |                      |          |           |            |
| <u>an</u>  | y nonrefundable credits. See instructions.   |             |  | 3a            | \$                   |          | 0         | <u>.</u>   |
| b If t   | his application is for Forms 990-PF, 990-T, 4720, or 6069  | ), enter an | y refundable credits and   |               |                      |          | _         |            |
| es   | timated tax payments made. Include any prior year overp  | ayment al   | lowed as a credit.   | 3b            | \$                   |          | 0         | <u>.</u>   |
| c Ba   | llance due. Subtract line 3b from line 3a. Include your pa   | ayment wit  | h this form, if required, by   |               |                      |          | _         |            |
|  | ing EFTPS (Electronic Federal Tax Payment System). See   |             |  | Зс            | \$                   |          |           | <u>) .</u> |
| Caution  | : If you are going to make an electronic funds withdrawal  | (direct del | bit) with this Form 8868, see Form 8   | 453-TE and    | f Form 8879-TE for p | ayr      | men       | ıt         |

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

instructions.