Docusign Envelope ID: C8B614DC-C6B4-83B3-824A-5D747705AE92

CHAR500 Online

For new annual filings, and amendments

Annual Filing for Charitable Organizations

New York State Office of the Attorney General
Charities Bureau - Registration Section
28 Liberty Street
New York, NY 10005
charitiesnys.com

Open to Public Inspection

Filing Type: (•) New Filing ( ) Amendment Filing Year: 2025

General Information

Current Organization Name:	ROME HISTORICAL SOCIETY	Updated Name:	N/A
NY Registration Number:	16-22-65	Registration Category:	EXEMPT
Organization Type:	Corporation	EIN:	150550178
Current Fiscal Year End:	12/31	Updated Fiscal Year End:	N/A
Organization Email:	president@romehistoricalsociety.org	Organization's Phone:	3153365870
Tax Exempt Status:	501(c)(3)	Website:	https://romehistoricalsociety.org/

Organization Address

Mailing Address	Principal Address	NY State Address
200 Church St. Rome NY 13440 UNITED STATES	200 Church St. Rome NY 13440 UNITED STATES	NA

Primary Contact Information

First Name: Jacob Last Name: Fleming Title: President
Phone: 3153365870 Email: president@romehistoricalsociety.org

Organization Type

Type of IRS document filed with IRS: IRS990 Organization Type: Public

Third Party Preparer Information

First Name: Joshua Last Name: Loiacono Title: CPA
Firm Name: The Loiacono Firm, CPAs, P.C. Phone: 3153561150 Email: josh@loiaconofirm.com

Third Party Address

Street: 301 N Washington St
City: Rome State: NY
Zip: 13440 Country: United States

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Registration Category

1. Does the organization conduct activity in New York State (other than soliciting) ? This may include, but i**s not limited to**, maintaining an office, having employees or staff, or running a program.
   ◉ Yes ○ No
2. Does the organization have assets in New York State?
   ◉ Yes ○ No
3. Is the organization incorporated or formed in New York State?
   ◉ Yes ○ No
4. Has the organization received more than $25,000 in total contributions from New York State residents, foundations, corporations or government agencies or other entities in the period covered by this filing?
   ◉ Yes ○ No
5. Does the organization plan to receive more than $25,000 annually in total contributions from New York State residents, foundations, corporations, government agencies or other entities?
   ◉ Yes ○ No
6. Does the organization use a professional fundraiser or fundraising counsel?
   ○ Yes ◉ No

Based on your responses to the above questions, this organization's registration category has been updated DUAL

to The updated registration category will go into effect when your filing has been Completed.

Exemption Qualifications

1. Is the organization a government agency, controlled by a government agency, or the U.S. Congress or New York State Legislature?
   ○ Yes ◉ No
2. Was the organization formed for religious purposes?
   ○ Yes ◉ No
3. Is the organization a PTA affiliated with an educational institution subject to the jurisdiction of the New York State Education Department?
   ○ Yes ◉ No
4. Is the organization a library that files annual financial reports with the New York State Department of Education?
   ○ Yes ◉ No
5. Does the organization receive substantially all of its contributions from a single government agency to which it submits annual financial reports?
   ○ ◉ No
6. Is the organization's gross contributions from all other sources, $25,000 or less and will remain below that?
   ○ Yes ○ No N/A
7. Does the organization receive funding from a federated fund, United Way, or incorporated community appeal?
   ○ Yes ◉ No
8. Is the organization’s gross contributions from all other sources, $25,000 or less and will remain below that?
   ○ Yes ○ No N/A

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9. Does the organization use or plan to use a professional fundraiser?
   ○ Yes ○ No N/A
10. Is the organization an educational institution or museum that files annual financial reports with the Board of Regents of the University of the State of New York or an agency with similar responsibilities in another state?
   ○ Yes ◉ No
11. If the organization is an educational institution, does it limit solicitation of contributions to the student body, alumni, faculty, trustees and their families?
   ○ Yes ◉ No
12. Is the organization incorporated/chartered under the New York State Education Law?
   ○ Yes ◉ No
13. Is the organization a law enforcement support organization that only solicit contributions from its members?
   ○ Yes ◉ No
14. Is organization a New York State volunteer firefighters or volunteer ambulance corps?
   ○ Yes ◉ No
15. Is the organization a hospital, skilled nursing facility, or diagnostic/treatment center?
   ○ Yes ◉ No
16. Is organization a veterans' organization, volunteer firefighters, volunteer ambulance corps, or an auxiliary of such organization whose fundraising is performed only by its members without direct or indirect compensation?
   ○ Yes ◉ No
17. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York that solicits contributions only from its memberships?
   ○ Yes ◉ No
18. Is the organization a historical society chartered by the Board of Regents of the University of the State of New York?
   ◉ Yes ○ No
19. Is the organization a membership organization?
   ○ Yes ◉ No
20. Is the organization a membership organization that solicits contributions only from its members?
   ○ Yes ◉ No
21. Is organization a cemetery corporation subject to Article 15 of the New York State Not-for-Profit Corporation Law?
   ○ Yes ◉ No
22. Is the organization incorporated under Article 43 of the New York State Insurance Law?
   ○ Yes ◉ No
23. Is the organization a police department, sheriff's department or other government law enforcement agency?
   ○ Yes ◉ No

Based on your responses to the exemption questions, this organization's registration category has been updated to

7A *The updated registration category will go into effect when your filing has been processed.*

Contribution Information

1. Did the organization solicit or receive contributions during the fiscal year from New York State?
   ◉ Yes ○ No

2. Choose the total contributions in New York State this fiscal year: $100,000-$249,000

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Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under $25,000 during the fiscal year? ○ Yes ○ No N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? ○ Yes ○ No N/A
3. Were the organization's gross receipts under $25,000 and the market value of its assets under $25,000 during the fiscal year? ○ Yes ○ No N/A

Based on your responses to annual exemption questions, this organization is required to file under 7A *during this fiscal year.*

Financial Information

Type of IRS document filed with IRS	IRS990	Organization's total revenue:	242,859
Organization's total contributions:	191,485	Organization's total assets:	N/A
Organization's net assets:	548,181	Organization's total revenue and contributions:	N/A
Organization's total liabilities:	N/A	Organization's total assets/ worth:	N/A
Organization's total income:	N/A		

For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau?

☐ Closing ☐ Withdrawing ☐ Dissolving ☒ None

Is this your final filing with New York State? ○ Yes ○ No N/A

Filing Information

Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State?

○ Yes ◉ No

General Information	Description of Services	Description of Compensation
Name of Firm: N/A Type: N/A Reg Number: N/A Contract Start: N/A Contract End: N/A Amount Paid: N/A Phone : N/A Mailing Address: N/A	N/A	N/A
Name of Firm: N/A Type: N/A Registration ID: N/A Contract Start: N/A Contract End: N/A Amount Paid: N/A Phone : N/A Mailing Address: N/A	N/A	N/A

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Name of Firm: N/A Type: N/A Registration ID: N/A Contract Start: N/A Contract End: N/A Amount Paid: N/A Phone : N/A Mailing Address: N/A	N/A	N/A

Did the organization receive government grants during this fiscal year?

◉ Yes ○ No

Government Grant Agency	Grant Amount
CITY OF ROME, NY	$131,616.00
NYS COUNCIL ON THE ARTS	$25,000.00
N/A	N/A
N/A	N/A
N/A	N/A

Documents

Attached organization's required documents:

- ☒ IRS document
- ☐ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- ☐ Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email
President	Jacob	Fleming	jfleming1997@aol.com
Director of Finance	Colin	Havener	museum@romehistoricalsociety.org

Signature of President: Signed by: Jacob Fleming FEDE4B092B02415... Date: 10/30/2026

Signature of Director of Finance: Signed by: Colin Havener 256731FB6D29422... Date: 10/30/2026