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.

OMB No. 1545-0047 2019 Open to Public

Α	For the 2019	calendar year, or	tax year beginning		, and ending	and the latest	ano manoni		-	apoone	Allessan
В	Check if applicable:	C Name of organization	on					D Employe	r identificati	on number	-
	Address change		ROME HIS	STORICAL :	SOCIETY INC	2					
Ħ	Name change	Doing business as						15-0	55017	Ω	
닉	Name change	Number and street ((or P.O. box if mail is not d	felivered to street ad	dress)		Room/suite	E Telephon	e number	0	
_	Initial return	200 CHURC					All the said American		336-5	870	
	Final return/ terminated	City or town, state o	or province, country, and ZI	IP or foreign postal o	ode						
二		ROME		NY 1344	0-5827			G Gross rec	eints\$	152	, 333
ᆜ	Amended return	F Name and address	of principal officer:					0 0/000 /00	oipioo .		Lange Control
	Application pending	BARBARA	O'BRIEN				H(a) Is this a gro	oup return for s	ubordinates?	Yes	X No
			7. (200) - CIONAGO BILITARIO II				H(b) Are all sub	ordinates inc	luded?	Yes	□ No
						The off	11 - Name of the property of \$1000 \$	attach a list,	[H.832][14][H.a.a.a.a.a.a.a.	10000	
-	Tax-exempt status:	X 501(c)(3)	501(c) ()	4	T		10.000		(Job manact	101137	
,		TATE DOMEST	ISTORICALS	(insert no.)	4947(a)(1) or	527	-		125		
-					RG		H(c) Group exe	mption numb			
	Form of organization	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	Trust Association	n Other ▶		LY	ear of formation:		M State of I	egal domicile	e:
		ımmary									
40	1 Briefly de	escribe the organiz	zation's mission or m	ost significant a	ctivities:				4 1412/2010		
2	See	Schedule O		50500 p. o. S.					S15 C1000 B70 B70 B70 B		44444
20	4 999041191										
en	0.000-0000-0										1100
Activities & Governance	2 Check th	is box if the	organization discont	inued its operat	ione or dienocod o	of more than 3	E9/ of its not a				*****
9	3 Number	of voting members	of the governing bo	du (Dart VIII line	4_1			1 - 1	1 1		
S	4 Number	of voting members of independent wet	or the governing bo	dy (Part VI, line	1a)			, 3	11		
쁥	4 Number	or independent vot	ting members of the	governing body	(Part VI, line 1b)	******		. 4	11		
€	5 Total nun	nder of individuals	employed in calenda	ar year 2019 (Pa	art V, line 2a)			. 5	3		
A	6 Total nun	nder of volunteers	(estimate if necessa	ary)				6	12		
	7a Total unr	elated business re	evenue from Part VIII	, column (C), lin	ne 12			7a			0
	b Net unrel	ated business taxa	able income from Fo	rm 990-T, line 3	9			. 7b			0
							Prior Yea		Cur	rent Year	9-1
9	8 Contribut	ions and grants (P	Part VIII, line 1h)			514-EATOSZU05000	82	, 635		68,	669
Revenue	9 Program	service revenue (F	Part VIII, line 2g)			X 3 . F 3 .	17	,363		17,	
eve	10 Investme	nt income (Part VII	III, column (A), lines :	3. 4. and 7d)	*********		7	,935			979
œ	11 Other rev	renue (Part VIII. co	olumn (A), lines 5, 6d	8c 9c 10c ar	nd 11e)			,829		28,	
	12 Total reve	enue – add lines 8	through 11 (must ec	rual Part VIII. co	dump (A) line 12)			,762		117,	
-	13 Grants ar	nd similar amounts	s paid (Part IX, colum	an (A) lines 1 3	N	*******		, 102		11/,	200
	14 Bonofite	no diffiliar arriourits	hare (Part IX, coluin	iii (A), lines 1–3	9				_		<u> </u>
	45 Calarias	paid to or for memi	bers (Part IX, column	n (A), line 4)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-	0
Se	15 Salaries,	other compensatio	on, employee benefit	is (Part IX, colur	nn (A), lines 5–10)) ∟	50	,665		73,	289
en	16aProfessio	nal fundraising fee	es (Part IX, column (/	A), line 11e)	,,,						0
Expenses	b Total fund	draising expenses	(Part IX, column (D)	, line 25) 🕨		. 0					
ш	17 Other exp	oenses (Part IX, co	olumn (A), lines 11a-	-11d, 11f-24e)		981022900000	103	,412		62,	453
	18 Total exp	enses. Add lines 1	13–17 (must equal Pa	art IX, column (/	A), line 25)	XV.100.000-0-000-00	154	,077		135,	742
	19 Revenue	less expenses. Su	ubtract line 18 from li	ine 12		-		,315		-17,	756
ceg							Beginning of Curr		Enc	d of Year	100
Net Assets or Fund Balances	20 Total ass	ets (Part X, line 16	3)					, 957		426,	547
Se B	21 Total liab	ilities (Part X, line 2						,606			673
문문	22 Net asset	s or fund balances	s. Subtract line 21 fro	om line 20				,351		424,	
	Annual Control of the	nature Block	. Sasting the Et inc	on mic 20			410	, 551		424,	5/4
						# 04 # 00 0 W 10 00 00 # 00 W 10 W 10 W 10 W			The section of the se	AND THE RESIDENCE	
tru	ie. correct, and co	omplete. Declare that	at I have examined this of preparer (other than	return, including a	accompanying sched	dules and state	ments, and to the	best of my	knowledge	and belie	ef, it is
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	0.0000000000000000000000000000000000000	preparer's name		Preparer's signa	ature		Date	Check	if PTI	N	
Paid	Joshua	D. Loiacono,	CPA	Joshua D	Loiacono, CP	A	10.710.7507	20 self-em		138779	B
re	parer Firm's nar		Loiacono								
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1	Firm's add			440-4101			Ph	one no.	<u>315-3</u>		
nay	me ins discus	s mis return with th	he preparer shown a	pove? (see inst	ructions)	Secretary .				Yes	No

-	n 990 (2019)								1	L5-05501	.78				Page 2
Pa						e Accon									
						a respons	se or no	ote to any	line in t	his Part III .					X
1		cribe the or		n's missio	n:										
5	See Sc	nedule	• 0		,,,,,,,,,										
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								20 22900 2000	70.566667.55			ARRIGERA		EDELE HEALE	10.5% (0.5%)
2	Did the org	janization u	ındertake	any signif	ficant pro	gram servic	es durin	g the year w	hich were	not listed on th	ne				
	prior Form	990 or 990)-EZ?		*******									Ye	s X No
	If "Yes," de	scribe thes	se new se	rvices on	Schedule	e O.									
3	Did the org	anization c	ease con	ducting, o	r make s	ignificant ch	nanges ir	how it cond	lucts, any	program					
	services?											******	124212	Ye	s X No
	If "Yes," de	scribe thes	se change	es on Sche	edule O.				v41+0.201+0+1+1/20100			URV 740 UTC FV 75 FV 75 UTC FV 74		SEC III VOAC	ACA MERCANI MARKE
4	Describe ti	ne organiza	ition's pro	gram serv	ice acco	mplishment	s for eac	h of its three	a largest p	rogram service	es, as me	asured by			
	expenses.	Section 50	1(c)(3) ar	nd 501(c)(4	4) organi	zations are	required	to report the	amount o	of grants and a	llocations	to others	,		
	the total ex	penses, an	nd revenu	e, if any, fo	or each p	orogram ser	vice repo	orted.							
4a	(Code:) (E	Expenses	\$	10	9,287	includir	ng grants of	\$)	(Revenue	\$	17	7,654)
ľ	o act	vely	rese	arch,	col	lect,	pres	erve	and p	resent	the		100 to 10		
h	istor:	cal i	mpor	tance	of	Rome N	1.Y.	and O	neida	county	, and	1			
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4b	(Code:) (E	xpenses	\$		000000000000000000000000000000000000000	includir	ng grants of	\$)	(Revenue	\$,
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4d	Other progr	am service	s (Descri	be on Sch	nedule O.	.)					10.0			88 8	
	(Expenses	\$			includi	ing grants o	f \$) (Revenue	\$)	
4e	Total progra	am service	expenses	s >		109,	287								

Form 990 (2019) ROME HISTORICAL SOCIETY INC 15-0550178 Page 3 Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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? If "Yes," complete Schedule D, Part IV X 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI \mathbf{x} 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X x 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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

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

X

X

X

X

17

18

19

20a

20b

21

18

19

20a

-	n 990 (2019) ROME HISTORICAL SOCIETY INC 15-0550178			Page
	art IV Checklist of Required Schedules (continued)	_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	1110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ä. E		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		X
b	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	()	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	3 (
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a				Т
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	V	X
b	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?			
	If "Yes," complete Schedule L, Part I	25b		х
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 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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) or family member of any of these			
	percent # #Vas " complete Schoolide I Boot III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	•		
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	10000000		*******
	"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 lines 28a or 28b? If			
1775	"Yes," complete Schedule L, Part IV	28c		х
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		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
88.		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		
52111	W. C. J. D. L. V. W. L. T.	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	-		
0.590	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		W.)—
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
ini ini i		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		-
	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 in Schedule O for Part VI, lines 11b and			-
	19? Note: All Form 990 filers are required to complete Schedule O.	38		x
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
		18000-00-0-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1 7 18 18	- 1

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? x 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 7c If "Yes," indicate the number of Forms 8282 filed during the year

Did the organization receive any funds directly or indicate the number of Forms 8282 filed during the year.

7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form 990 (2019) ROME HISTORICAL SOCIETY INC 15-0550178 Page 6 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 Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a Each committee with authority to act on behalf of the governing body? X 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O x 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 x 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a х If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply, Another's website X Upon request Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

200 CHURCH ST

315-336-5870

NY 13440

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

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

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

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

Check this box if neither the orga	nization nor any	relate	ed or	gani	zatio	n com	per	nsated any current officer, of	director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe	rson i	on a se Highest compensated that is the employee	п	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MICHAEL COLANGEI	O, SR. 20.00									-
PRESIDENT	0.00	x		X				0	0	0
(2) MICHAEL GROGAN	2 8 3									
VICE PRESIDENT	5.00	x		x				О	0	0
(3) DIANE MILLER										
	5.00			10000					1100	Maso
SECRETARY	0.00	X		X			_	0	0	0
(4) WILLIE TALMADGE TREASURER	5.00 0.00	x		x				0	0	0
(5) PETER ANTONOWICZ		1								
BOARD MEMBER	2.00 0.00	x						0	0	0
(6) STEPHANIE DUROCH	ER 2.00									
BOARD MEMBER	0.00	Х					ļ	0	0	0
(7) CABRYN GURDO	2.00									
BOARD MEMBER	0.00	x						0	0	0
(8) MICHAEL HENNINGS	EN 2.00									
BOARD MEMBER	0.00	x						0	o	0
(9) ROBERTA LADER	2.00						=			
BOARD MEMBER	0.00	x						0	o	0
(10) BOBBIE O'BRIEN	0.00	1		-	=	\vdash	\dashv	_		
BOARD MEMBER	2.00	x						0	o	0
(11) CYNTHIA KILLIAN							\exists			
BOARD MEMBER	2.00 0.00	x						0	o	0

(12) ARTHUR SIMMONS III 40.00 EXECUTIVE DIRECTOR 0.00 X 43,200 0 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization be organization and related organization from the organization from the organization and related organization and related organization from the organization and related organization from the organization from any unrelated organization from the organization from any unrelated organization from individual	Pa	irt VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mple	oyee	s, ar	nd Highest Compensated	Employees (continued)	, 490
Complete bits table or grantzation Part Vis. Par			Average hours per week (list any	b	ox, uni fficer a	Por check ess po and a c	sition more erson	is both	ee) an	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
40.00 X 43,200 0 Total from continuation sheets to Part VII, Section A			related organizations below dotted line)	or director	Institutional truslee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total inumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \$\infty\$ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization and related organization and related organization and selection and other compensation from the organization and related organization and related organization and related organization and related organization and selection and other compensation from the organization and related organization from the organization of the selection of the such person to the organization from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organizations tax year.		*****************************	40.00									
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a* If "Yes," complete Schedule I for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000 ff "Yes," complete Schedule I for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization I "Yes," complete Schedule I for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	EXI	ECUTIVE DIRECTOR	0.00	х					10	43,200	0	0
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1b Subtotal	e ener											
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		***************************************										
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1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		å					=4					
1b Subtotal	1 5555											-
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1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	4 5	employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization and related organization line 1 and for services rendered to the organization.	complete Schedu 1a, is the sum of zations greater the receive or accru ganization? If "Ye	reponan \$	for so ortab 3150, mpe	uch id le co 0001	ndivi impe ? If " on fr	dual ensati Yes,"	ion a	and other compensation from applete Schedule J for such annelated organization or ind	n the	3 X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.				sate	d inc	leper	nden	t con	tract	tors that received more than	\$100,000 of	
Name and business address Compensatio		compensation from the organization	ation. Report con	npen	satio	n for	the	cale	ndar	year ending with or within the	ne organization's tax year.	_ (C)
		Name and	ousiness address							Descript	on of services	Compensation
										=======================================		
				_	_	_						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0 DAA From 990	EE.	Total number of independent co received more than \$100,000 or	ontractors (includ f compensation f	ing b	ut no	t lim rgan	ited Izatio	to the	ose li	isted above) who	0	Form 990 (2010)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under sections 512-514 (B) Related or exempt function revenue business revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns b Membership dues 1b 14,050 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 35,861 All other contributions, gifts, grants, and similar amounts not included above 1f 18,758 g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f > 68,669 **Business Code** 5,175 5,175 rogram Service 2a REIMBURSEMENTS SPECIAL EVENTS 3,965 3,965 AUDITORIUM USE 1,785 1,785 1,087 FORT BULL SITE 1,087 ANNUAL APPEAL 1,050 1,050 f All other program service revenue 4,592 4,592 17,654 g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) 6,504 6,504 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 28,325 6a Gross rents b Less: rental expenses 28,325 Rental inc. or (loss) Net rental income or (loss) 28,325 28,325 Gross amount from (i) Securities (ii) Other sales of assets 29,625 7a other than inventory b Less: cost or other 7b 33,150 basis and sales exps. -3,525c Gain or (loss) 7c d Net gain or (loss) -3,525 -3,5258a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities ... 10a Gross sales of inventory, less returns and allowances 1,556 10a b Less: cost of goods sold 10b 1,197 359 359 c Net income or (loss) from sales of inventory • **Business Code** d All other revenue e Total. Add lines 11a-11d -Total revenue. See instructions 117,986 18,013 31,304

Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
1	trustees, and key employees	43,200	43,200		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,297	19,297		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	=-86			
9	Other employee benefits	5,858	5,858		
10	Payroll taxes	4,934	4,934		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
c	Accounting	5,723		5,723	
d	Lobbying		AUMOUTO CONTROL DE CONTROL HAME SINGE	# 1555/A MOODOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,815		1,815	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,475		1,475	
13	Office expenses	1,220		1,220	
14	Information technology				
15	Royalties				
16	Occupancy	20,032	20,032		
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	5,875	5,875		
23	Insurance	12,488		12,488	SESSEE SESSE
24	Other expenses. Itemize expenses not covered				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	TELEPHONE & INTERNET	1,750	1 610	1,750	
b	ARCHIVAL/LIBRARY EXPENSE	1,610	1,610		
C	SPECIAL EVENTS	1,315	1,315		
d	NEWSLETTER/SPECIAL MAIL	1,305	1,305	4 001	
е	All other expenses	7,845	5,861	1,984	
25	Total functional expenses. Add lines 1 through 24e	135,742	109,287	26,455	0
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 following SOR 98-2 (ASC 958.720)				

ROME HISTORICAL SOCIETY INC Form 990 (2019) 15-0550178 Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 22,334 7,696 1 Savings and temporary cash investments 2 30,133 32,714 2 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 21,023 20,226 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a
Less: accumulated depreciation 10b 784,788 616,500 167,163 168,288 b 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 171,304 197,623 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 411,957 426,547 16 Accounts payable and accrued expenses 17 1,606 1,673 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 1,606 1,673 26 Organizations that follow FASB ASC 958, check here > X

> 426,547 Form 990 (2019)

424,874

388,630

36,244

374,173

410,351

411,957

36,178

28

29

30

31

32

33

Net Assets or Fund Balances

27

32

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Net assets without donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here >

orm	990 (2019) ROME HISTORICAL SOCIETY INC 15-0550178			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets			1,400,60	===:
M1108-010	Check if Schedule O contains a response or note to any line in this Part XI			SERVICE	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	17,	986
2	Total expenses (must equal Part IX, column (A), line 25)	2			742
3	Revenue less expenses. Subtract line 2 from line 1	3		17,	756
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	10,	351
5	Net unrealized gains (losses) on investments	5		32,	279
6	Donated services and use of facilities	6		- 4	
7	investment expenses	7			
8	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			14.50	
	33, column (B))	10	4	24,	874
Pa	rt XII Financial Statements and Reporting				9=38
11.01.00.00.00	Check if Schedule O contains a response or note to any line in this Part XII				
	= = = =			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	JAWAS AS	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		100000000000000000000000000000000000000		- I see a literation
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		Access A
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			7	.=//////
	Single Audit Act and OMB Circular A-133?		За		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2019

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

			ROME HISTORI	CAL	SOCIETY	INC			15-055	0178
P	art l	Reas	son for Public Charity	Status	s (All organiz	ations r	nust co	omplete	this part.) See instruction	s.
The	orga		a private foundation because						X	
1	27-77		onvention of churches, or asso						A)(i).	
2			scribed in section 170(b)(1)(470152	
3			a cooperative hospital service).	
4				Committee of the second			THE RESERVED TO STATE OF THE PARTY OF THE PA	Charles and the contract of the last	170(b)(1)(A)(iii). Enter the hosp	ital's name.
		city, and stat								ANT THE STATE AND THE STATE OF
5		193 S1711 SAM CHANG TANKS	tion operated for the benefit o	f a collec	ge or university of	owned or	operated	by a gove	ernmental unit described in	*****************
			(b)(1)(A)(iv). (Complete Part			2012/10/2017 200				
6			ate, or local government or go		ntal unit describ	ed in sect	tion 170	(b)(1)(A)(v).	
7	X		tion that normally receives a s							
		described in	section 170(b)(1)(A)(vi). (Co	omplete	Part II.)	(#EDMONES OF SHEEP OF	one and the		againeria Historika estruaturika i S erviko tertakan turi e rkelilat Aktist	
8		A community	y trust described in section 1	70(b)(1)	(A)(vi). (Comple	ete Part II.)			
9		An agricultur	ral research organization desc	cribed in	section 170(b)	(1)(A)(ix)	operate	d in conjur	nction with a land-grant college	
		or university university:	or a non-land-grant college o	f agricul	ture (see instruc	tions). En	ter the n	ame, city,	and state of the college or	
10		An organizat	tion that normally receives: (1) more ti	nan 33 1/3% of it	ts support	t from co	ntributions	s, membership fees, and gross	************************
		receipts from	n activities related to its exem	pt function	ons—subject to	certain ex	ceptions	, and (2) r	no more than 33 1/3% of its	
		support from	gross investment income an	d unrela	ted business tax	cable inco	me (less	section 5	11 tax) from businesses	
44			the organization after June 30						-VAV	
11 12	\vdash		ion organized and operated e							
12									of, or to carry out the purposes 9(a)(2). See section 509(a)(3).	
		Check the bo	ox in lines 12a through 12d the	at descri	ibes the type of	supporting	organiz	ation and	complete lines 12e, 12f, and 12	a.
	а						Tal. 12716		anization(s), typically by giving	Ši.
			orted organization(s) the pow							
			ng organization. You must co	Control of the control of the Control			10.50ml E			
	b		A supporting organization sup							
			r management of the support tion(s). You must complete				ne perso	ns that co	ntrol or manage the supported	
	С		점하다 하나 하는 이 회사에 있다. 그 회사를 하고 있다면 하고 있다.				connec	tion with s	and functionally integrated with,	
	8		orted organization(s) (see inst							
	d	Type III	non-functionally integrated	. A supp	orting organizati	ion operat	ted in co	nnection w	vith its supported organization(s)
									uirement and an attentiveness	0(
			ent (see instructions). You m		2.44					
	е		his box if the organization rece						Type I, Type II, Type III	
	f		ally integrated, or Type III non- mber of supported organizatio		ially integrated s	upporung	organiz	auori.		
	g		ollowing information about the		ted organization	(s).				12777
(i) Name	e of supported	(II) EIN		(III) Type of organizati	ion	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	org	anization	V24.794-20024	(described on lines 1-	-10	listed in yo	ur governing	support (see	other support (see
					sbove (see instruction	15))	Yes	ment?	instructions)	instructions)
(A)							10,000	2000		
3 (5)										
(B)										
A 19										
(C)										
(D)										
					-					
(E)										
200										

Schedule A (Form 990 or 990-EZ) 2019

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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	94,865	172,716	82,236	82,635	68,669	501,121
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	94,865	172,716	82,236	82,635	68,669	501,121
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. Subtract line 5 from line 4						501,121
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	94,865	172,716	82,236	82,635	68,669	501,121
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30,749	28,814	35,891	38,571	34,829	168,854
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.)	132					132
11	Total support. Add lines 7 through 10						670,107
12	Gross receipts from related activities, etc. (s	see instructions)				12	98,228
13	First five years. If the Form 990 is for the o	organization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)		
_	organization, check this box and stop here						
	tion C. Computation of Public Su						
14	Public support percentage for 2019 (line 6,	column (f) divided by	line 11, column (f))		14	74.78%
15	Public support percentage from 2018 Sched	dule A, Part II, line 14				15	74.67%
16a	33 1/3% support test—2019. If the organize	zation did not check t	he box on line 13,	and line 14 is 33 1/3	3% or more, check	this	
(12-5)(box and stop here. The organization qualifi	es as a publicly supp	orted organization				,.,, ▶ 🛚 🗙
b	33 1/3% support test—2018. If the organiz	zation did not check a	a box on line 13 or	16a, and line 15 is :	33 1/3% or more, c	heck	100
9 <u>10</u> 100	this box and stop here. The organization qu	ualifies as a publicly	supported organiza	tion	Marananan		, ▶ 🗀
17a	10%-facts-and-circumstances test—201	Will all the state of the state				3	
	10% or more, and if the organization meets				F 1900 0: 100 0		
331	Part VI how the organization meets the "factorganization"					********	, ► 🗆
b	10%-facts-and-circumstances test—201	If the organization	did not check a bo	x on line 13, 16a, 1	6b, or 17a, and line		
	15 is 10% or more, and if the organization m				4999333333 Active 2016 2016		
	Explain in Part VI how the organization mee						1500
	supported organization						▶ 📙
18	Private foundation. If the organization did	not check a box on li	ne 13, 16a, 16b, 17	a, or 17b, check th	is box and see		
	instructions						▶ 🗀

Schedule A (Form 990 or 990-EZ) 2019 Part III Support Sched Support Schedule for Organizations Described in Section 509(a)(2)

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	4====		Sietti piedece e	ompioto i dicii	-/	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				e	1	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b					_	
8	Public support. (Subtract line 7c from						
Sec	line 6.) tion B. Total Support	 вымениемном менеовительных 					
Caler	ndar year (or fiscal year beginning in)	(a) 2015	/h) 2016	(=) 2017	(4) 2046	(-) 2010	(6 T-1-1
9	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		77					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the o						(3)
	organization, check this box and stop here						<u></u>
	tion C. Computation of Public Su	ipport Percent	age				
15	Public support percentage for 2019 (line 8,	column (f), divided	by line 13, column	(f))		15	%
16	Public support percentage from 2018 Scheo	dule A, Part III, line	15	energia con con			%_
	tion D. Computation of Investme			COMPANION WORK		The state of the s	
17	Investment income percentage for 2019 (lin	ie 10c, column (f),	divided by line 13, o	column (f))		17	%_
18	Investment income percentage from 2018 S	Schedule A, Part III	, line 17			18	%_
19a	33 1/3% support tests—2019. If the organ						98 - (2.5)
504	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests—2018. If the organ						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	not check a box or	i line 14, 19a, or 19	b, check this box a	nd see instructions		▶ □

Schedule A (Form 990 or 990-EZ) 2019 ROME Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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 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
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2		
3a	*************	888038000000000000000
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3b	E 1	
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3c		
4a	100000000000000000000000000000000000000	
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4b	BRING HARRIST	
4c	POSES SERVICES SERVIC	1020900110110111111
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5b	119 2000	
5c		
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6	39911039019019	400104311040144
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9a		
9b	ALL CONTROLS	
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930975	069110355555	
10a		
10b		N. D.S.
10D	0 or 000	E7\ 2010

		550178	_	Page :
та	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		165	NO
а	교육하다 지하면 유민이에 살아가 하고 있다면 하는데			
	below, the governing body of a supported organization?	11a	2	
b		11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
š		60000000	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	100000000000000000000000000000000000000	
2	Did the organization operate for the benefit of any supported organization other than the supported	- ·		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	***************************************	materiologica
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
Cont	the supported organization(s).	1		
seci	ion D. All Type III Supporting Organizations			12.21
1	Did the organization provide to each of its supported experientions by the last day of the SRL work of the	F	Yes	No
	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		000000000000000000000000000000000000000
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		
3	By reason of the relationship described in (2), 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			
	supported organizations played in this regard.	3	moedo-drami pane	Difference of the
	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
a b	The organization satisfied the Activities Test. Complete line 2 below.			
c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	-1		
×	The organization supported a government entity, Describe in Part VI now you supported a government entity (see in	structions).		
2 /	Activities Test. Answer (a) and (b) below.		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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
6	trustees of each of the supported organizations? Provide details in Part VI.	3a	000000000000000000000000000000000000000	
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3h		
	OF ILE SUPPORTED OF AN ILLAMONES II. 168. DESCRIBE III FAIT VI THE FOIR DISVER DV THE OF ANDIZATION IN THIS FARSY	305	ı,	

Sched	ule A (Form 990 or 990-EZ) 2019 ROME HISTORICAL SOCIETY	INC	15-0550)178 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organizatio	ns	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov. 20, 1970	(explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organization	ns must complete	Sections A through E.	
Sect	tion A - Adjusted Net Income	.1	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
	sintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d	HITTHIN ALCOHOLOGICAL ALCOHOLOGICA COLORIS COL	
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	COLUMN TO THE PARTY OF THE PART	
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
sec	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a pon-functionally integr	ated Type III cupp	ortina organization (see	

Schedule A (Form 990 or 990-EZ) 2019

instructions).

-	lle A (Form 990 or 990-EZ) 2019 ROME HISTORICAL		15-0550	178 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(Supporting Organizati	ons (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purpose			(c
	organizations, in excess of income from activity		11.	
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required-explain in Part VI). See			460
	instructions.	100 pt 10		
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
7.51	Section D, line 7:			
100	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
(96)	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
-	Excess from 2016		2.3	
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form	990 or 990-EZ) 2019	ROME	HISTORIC	AL SO	CIETY	INC	15-0550178	Page 8
Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa	rmation. Section A art IV, Sec line 1; Pa	Provide the ex , lines 1, 2, 3b tion C, line 1; I rt V, Section B	planatio , 3c, 4b, Part IV, 3 , line 1e	ns requir 4c, 5a, 6 Section D ; Part V,	red by Par 6, 9a, 9b, 9 0, lines 2 a Section D	t II, line 10; Part II, line 17a or 9c, 11a, 11b, and 11c; Part IV, and 3; Part IV, Section E, lines , lines 5, 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
Part II	, Line 10 -	Other	Income De	etail				
		X.Y						
				\$.		132	?	

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public

Inspection

Schedule D (Form 990) 2019

Na	ame of the organization		Employer identification number
	ROME HISTORICAL SOCIETY INC		15-0550178
	Part I Organizations Maintaining Donor Advi Complete if the organization answered "Y	ised Funds or Other Similar Funds Yes" on Form 990, Part IV, line 6.	or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
	1 Total number at end of year	WA 1974 WOOD CO.	
	2 Aggregate value of contributions to (during year)	MANAGER AND	
	Aggregate value of grants from (during year)	NOTE NOTE THE CONTROL OF THE CONTROL	
4	4 Aggregate value at end of year	101100000	
,	5 Did the organization inform all donors and donor advisors in wr		2_7 ===
	funds are the organization's property, subject to the organization	on's exclusive legal control?	Yes No
(6 Did the organization inform all grantees, donors, and donor adv	ivisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor	or or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
1	Part II Conservation Easements.		
	Complete if the organization answered "Y	Yes" on Form 990, Part IV, line 7.	
	1 Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreation	n or education) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	프립
	Preservation of open space		
2	2 Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of a con-	servation
	easement on the last day of the tax year.		Held at the End of the Tax Year
	a Total number of conservation easements		
	b Total acreage restricted by conservation easements	aktara eta eta eta eta eta eta eta eta eta et	2b
	c Number of conservation easements on a certified historic struc	cture included in (a)	2c
	d Number of conservation easements included in (c) acquired aft	fter 7/25/06, and not on a	544 F 1 1
	historic structure listed in the National Register		2d
3	3 Number of conservation easements modified, transferred, release		zation during the
	tax year ▶		and the second s
4	4 Number of states where property subject to conservation easer	ement is located >	
5	5 Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	holds?	Yes No
6	6 Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conservation	easements during the year
	>		410.00196911.001674300 1410.00 5 0.04162.594301
7	7 Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservation ease	ements during the year
	▶\$	27 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 10 10 10 10 10 10 10 10 10 10 10 10 1
8	8 Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?		
9	9 In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense stateme	ent and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements that	describes the
	organization's accounting for conservation easements.		
ŀ	Part III Organizations Maintaining Collections		er Similar Assets.
-	Complete if the organization answered "Y		
1	1a If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for public		ce of public
	service, provide in Part XIII the text of the footnote to its financial		
1	b If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public ea	exhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	***************************************	▶ \$
	(ii) Assets included in Form 990, Part X		regression in Supering programmer continues and
2	2 If the organization received or held works of art, historical treasure.	sures, or other similar assets for financial gain, p	rovide the
	following amounts required to be reported under FASB ASC 95	58 relating to these items:	
ě	a Revenue included on Form 990, Part VIII, line 1		▶ \$
	h Assets included in Form 990 Part Y		

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

1000000000		TORICAL SOC			5-0550178		Pa	ge 2
Pa	art III Organizations Maintainir					(continu	ed)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records,	check any of the follow	wing that make sig	inificant use of its			
а	Public exhibition	d 🗌	Loan or exchange pro	gram				
b	Scholarly research	e 🗍	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain h	now they further the or	ganization's exemp	pt purpose in Part			
	XIII.		.56		3			
5	During the year, did the organization solicit of	or receive donations of	art, historical treasures	s. or other similar				
	assets to be sold to raise funds rather than t					□ Ve	s X	No
Pa	ert IV Escrow and Custodial A	rangements.	Tar the significanting					110
00000000	Complete if the organization		' on Form 990, Pa	nt IV, line 9, or	reported an amount	on Form		
1a	990, Part X, line 21. Is the organization an agent, trustee, custod	ian or other intermedia	ny for contributions or	other accets not		=		_
	included on Form 990, Part X?					Ye	g 🗆	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:	*************			-	110
			9		V =	Amount		_
c	Beginning balance				1c	7 1110011		
ă	Beginning balance				1d			-
	Additions during the year				10			-
	Distributions during the year				1e			\rightarrow
20	Ending balance	000 D-+V II 0				-		· vo
2a	Did the organization include an amount on F	Orm 990, Part X, line 2	1, for escrow or custod	dial account liability	y?,	., 📙 Үе		No
	If "Yes," explain the arrangement in Part XIII ort V Endowment Funds.	. Check here if the exp.	lanation has been prov	ided on Part XIII.	******			
Га			F 000 D-	- N/ II 40				
	Complete if the organizatio				cos construiros en come como do como	NAME OF THE PERSON OF THE PERS	SVSDQ ALL TON	507
074000		(a) Current year	(b) Prior year	(c) Two years bad	ck (d) Three years back	(e) Four	years bad	:k
	Beginning of year balance							
	Contributions	-						
C	Net investment earnings, gains, and							
	losses							
	Grants or scholarships							
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr		line 1g, column (a)) he	eld as:				
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %							
C	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organization	on that are held and ad	ministered for the				
	organization by:						Yes I	No
	(i) Unrelated organizations					3a(i)		
						100 0000		
b	If "Yes" on line 3a(ii), are the related organization	itions listed as required	on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the	organization's endowr	ment funds.					- 5
	rt VI Land, Buildings, and Equ							
AGREE	Complete if the organizatio	n answered "Yes"	on Form 990, Par	rt IV. line 11a.	See Form 990, Part	X. line 10		
	Description of property	(a) Cost or other b			(c) Accumulated	(d) Book	Y-	
		(investment)	(other	10	depreciation	0. 10		
1a	Land			21,203		2	21,2	03
b	Buildings			22,000	876		1,1	
c	Leasehold improvements	*			5,0		-/	
	Equipment			3,635	1,082		2,5	53
	Other		7	37,950	614,542	10	3,4	
-	ANAL CENTER DESIGNATION OF CHARLES			_ , , , , , ,	017,072		· · / · · ·	20

168,288

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Investments – Other Securities. Complete if the organization answered "Ye	s" on Form 990 Part IV line	11h See Form 990 Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	15/05/20/05/05/20/05/00	Cost or end-of-year market value
(1) Financial of	derivatives	77444779F =	
(2) Closely he	eld equity interests	7777777	
(3) Other		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
(A)		1,1,1,1,1,1,1	
, (B)		NULEUM	
(C) (D)		rata and r	
(E)		00000	
(F)		1-0.1907/10	
(G)		11 (100)	
(H)	***************************************		
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Ye		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) AFS I	INVESTMENTS	197,623	Market
(2)	to 0.1. V dust for the Administration for	137,023	Market
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)	197,623	
Part IX	Other Assets. Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
(1)			(a) assir isido
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		;	
(8)			
	(b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities. Complete if the organization answered "Yesline 25.		
1.	(a) Description of liability		(b) Book value
The state of the s	ncome taxes		fol poor saing
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	76) must see of Ferry AAA Brank Van 121 March		
	(b) must equal Form 990, Part X, col. (B) line 25.) uncertain tax positions. In Part XIII, provide the text of the	footooto to the considerate of footoo	
	ability for uncertain tax positions under FASB ASC 740.		ψ 12 00 00 000 Max 000 Max 00 0

	(Form 990) 201	9 ROME		L SOCIETY	INC	15-0	550178	Page 5
Part XI	I Supplen	ental Inform	ation (continu	red)				
			+			2890.7.1177		
								A TITU II SE SE EN ENSENEREZ
			***************************************		*************			********************
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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ROME HISTORICAL SOCIETY INC	15-0550178
Form 990 - Organization's Mission	
To preserve a proper place in history for the	momentous
events which have taken place in this vicinit	y; to promote
suitable memorials thereto; to maintain and o	perate one or
more museums and sites in the interest of his	tory, science,
and art; to disseminate knowledge of local hi	story; to
conduct educational programs and encourage ge	neral
participation therin; and to record the growt	h and history
of the city.	
Form 990, Part VI, Line 11b - Organization's	Process to Review Form 990
No review was or will be conducted.	
Form 990, Part VI, Line 19 - Governing Docume	nts Disclosure Explanation
No documents available to the public	
	ereou
	••••••
**************************************	202-201-21-21-21-21-21-21-21-21-21-21-21-21-21