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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Α	For the	2022 calendar year, or tax year beginning and er	nding		
В	Check if applicable	C Name of organization		D Employer identific	cation number
Z	Addres	ONONDAGA EARTH CORPS, INC.			
	Name change			46-05938	31
F	Initial return Final return/	490 WEST ONONDAGA STREET	Room/suite	E Telephone number 315-565-	
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,043,323.
L	Ameno	BIRACODE, NI 15202		H(a) Is this a group re	
	Applic tion pendir	ng I		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	1	list. See instructions
	Websit		 	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year o	of formation: $\angle U \perp \angle N$	State of legal domicile: NY
P	art I	Summary	DOMED	AUITUR UU D	
S	1	Briefly describe the organization's mission or most significant activities: ${f TO}$ ${f EM}$ PARTICIPANTS IN CREATING POSITIVE CHANGE	POWER	TOUTH TO B.	E ACTIVE
nan	1 .				
Activities & Governance	1	Check this box if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, line 1a)		1 1	isets.
ဇ္		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		3	13
∞ ∽		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····	57
ij		Total number of individuals employed in calendar year 2022 (Fart v, line 2a) Total number of volunteers (estimate if necessary)			614
ੜ੍ਹੇ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>	Not directated business taxable moonle nonin out 1,1 arti, me 11		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		168,398.	235,499.
ű		Program service revenue (Part VIII, line 2g)		531,918.	805,124.
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
<u> </u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,218.	-11,500.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		699,098.	1,029,123.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		489,758.	666,197.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)	3.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		293,489.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		783,247.	1,048,540.
	19	Revenue less expenses. Subtract line 18 from line 12		-84,149.	
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		348,023.	380,362.
et A	21	Total liabilities (Part X, line 26)		133,994.	185,750.
ᅽ	22	Net assets or fund balances. Subtract line 21 from line 20		214,029.	194,612.
_	art II	Signature Block			. Incoming a decision of the Bod State
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules a t, and complete. Declaration of preparer (other than officer) is based on all information of whic			/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on an information of whic	cii preparei	Tias any knowledge.	
C:~		Signature of officer		I Date	
Sig		GREGORY MICHEL, EXECUTIVE DIRECTOR			
He	E	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	CHRISTINA R. ONDRAKO, CPA		if self-employe	P01230318
	parer	Firm's name GROSSMAN ST. AMOUR CPAS PLLC	I		6-0475780
	Only	Firm's address 110 WEST FAYETTE STREET SUITE 900			
		SYRACUSE, NY 13202		Phone no.31	5-424-1120
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions		•	X Yes No
					F 000 (2222)

Form	990 (2022) OI	NONDAGA EARTH (CORPS, INC.		46-059	3831 _{Pag}	ge 2
Pai	t III Statement of Pro	gram Service Accom	plishments				
	Check if Schedule O c	ontains a response or note to	any line in this Part II	I		l	X
1	Briefly describe the organization						
	ONONDAGA EARTH					HE	
	CHARITABLE PUR						
	ENVIRONMENTAL (
	ACTIVITIES INC			<u> </u>		YORK	
2	Did the organization undertal	ke any significant program se	ervices during the year	which were not listed	on the		ı
	prior Form 990 or 990-EZ?					Yes X	No
	If "Yes," describe these new						ı
3	Did the organization cease of		nt changes in how it co	onducts, any program	services?	Yes X	No
	If "Yes," describe these char	_					
4	Describe the organization's p						
	Section 501(c)(3) and 501(c)(· · · · · · · · · · · · · · · · · · ·	I to report the amount	of grants and allocation	ons to others, the total of	expenses, and	
	revenue, if any, for each prog					007 00	1
4a	(Code:) (Expenses \$	814,348.		NOTIMIT AND) (Revenue \$	807,824	<u>+ •</u>)
	OEC TRAINING AT FOCUSED ON PROV						٠
	ADULTS WITH TH						
	ENTER THE JOB I		JIECI AND CO	NSEKAE IUE	ENVIRONMENT	, AND IC	
	ENIER THE UUD I	MARKEI •					
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
) (Expenses 4_		morading grants or \$				— ′
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
							<u> </u>

4d Other program services (Describe on Schedule O.)

including grants of \$ 814,348.) (Revenue \$

4e Total program service expenses

Form 990 (2022) ONONDAGA EARTH CORPS, INC. Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	Х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		- 11	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	·		
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	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		Х
7	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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	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	9		Х
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	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 111		
ıza		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	- 22	
19		40		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		000	

Form 990 (2022) ONONDAGA EARTH COR Part 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		Х
	Schedule K. If "No," go to line 25a	24a		
	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 to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	214		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Λ	
Га	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Confedule C Contains a response of note to any line in this Fart v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			1.10
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

ONONDAGA EARTH CORPS, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No		
2 a	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	2 a 57	1	37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	37		
3a			3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				. v		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X		
b	If "Yes," enter the name of the foreign country	(EDAD)					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	` '	-		Х		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the line for a fine for a specific form 2006 T2		5c				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		30				
ua			6a		х		
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		- Oa				
b	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х		
	reme which is a second of the	noos providos to tilo payor.	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa						
•	to file Form 8282?	•	7c		х		
d	1	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizar	tion 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				
9	Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b				
10	Section 501(c)(7) organizations. Enter:	1					
а		10a					
b	, , , , , , , , , , , , , , , , , , , ,	10b					
11	Section 501(c)(12) organizations. Enter:	1					
		11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	4 4 15					
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	120				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	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.		100				
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	The state of the s	13b					
С		13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or					
	excess parachute payment(s) during the year?		15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X		
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year all 13			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	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		Х
3	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, u		
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	12		
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
	tion Dividios (mis section b requests information about politics not required by the internal nevenue seeds.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		- i i d		
12a	and the second s	12a	Х	
b		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iou	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	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) avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	o orny	, availe	aDIC.
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
19		u iiiidi	icial	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records DANNIBLE & MCKEE, LLP - 315-472-9127			
	221 SOUTH WARREN STREET #500 SVRACUSE NV 13202			

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) GREGORY MICHEL EXECUTIVE DIRECTOR	40.00			х				82,384.	0.	6,526.
(2) MAREN KING	3.00							02,301.	•	0,3201
DIRECTOR	3.00	x						0.	0.	0.
(3) AMY SAMUELS	3.00									
PRESIDENT		Х		х				0.	0.	0.
(4) CHRISTINE SAUVE	3.00									
DIRECTOR		Х						0.	0.	0.
(5) ANN KORNBLUTH	3.00									
DIRECTOR		Х						0.	0.	0.
(6) JOHN STELLA	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) JEFFREY SMITH	3.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(8) JAMES BURT	3.00									
DIRECTOR		Х						0.	0.	0.
(9) EBONY FARROW	3.00	١								•
DIRECTOR	2 00	Х						0.	0.	0.
(10) PATRONA JONES	3.00									•
DIRECTOR	2 00	Х						0.	0.	0.
(11) MEQDAD ABDUL ALI	3.00	,,								0
DIRECTOR	3.00	Х						0.	0.	0.
(12) BABETTE BAKER DIRECTOR	3.00	X						0.	0.	0.
(13) CYNTHIA DOWDELL	3.00	^						0.	0.	0.
DIRECTOR	3.00	X						0.	0.	0.
(14) MIMI SATTER	3.00							0.	0.	•
DIRECTOR	3.00	x						0.	0.	0.
<u> </u>										
		1								
						\vdash				
		1								
		1								

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Part VII Section A. O	Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A Name a	•	(B) Average	(do		Pos		า e than	one	(D) Reportable	(E) Reportable		Es	(F) stimate	∍d
		hours per week					is bot or/trus		compensation from	compensation from related		ar	nount other	of
		(list any	ctor						the	organization		com	pensa	ation
		hours for	or dire				ted		organization	(W-2/1099-MI	SC/	fı	om th	е
		related organizations	ustee	truste		an an	suadı		(W-2/1099-MISC/	1099-NEC))		anizat	
		below	Individual trustee or director	Institutional trustee	ا	Key employee	st con	<u></u>	1099-NEC)				d relat anizati	
		line)	Indivi	Institu	Officer	Key er	Highest compensated employee	Former				3		
1b Subtotal									82,384.		0.		6,5	
c Total from continu	uation sheets to Part V	II, Section A							0.		0.			0.
	and 1c)								82,384.		0.		6,5	<u> 26.</u>
2 Total number of incompensation from	dividuals (including but n n the organization	ot limited to tr	ose	IISTE	ed a	bove	e) wi	no re	eceived more than \$100	J,000 of reportab	ie		I	0
O Diel the averagination	- list say favor av stissay	alius akau kuu sak	1								ļ		Yes	No
	n list any former officer, omplete Schedule J for s			-	-	-		-	gnest compensated emp	-		3		х
4 For any individual li	isted on line 1a, is the su	ım of reportab	le c	omp	ensa	atior	n and	d otl	her compensation from	the organization				Х
	zations greater than \$150 ed on line 1a receive or a											4		$\overline{}$
	ganization? If "Yes," com	•				•			ica organization or maiv			5		х
Section B. Independen		,												
	e for your five highest co eport compensation for										npens	ation [·]	from	
	(A) Name and business	address	NO	ONI	3				(B) Description of s	services	С		C) nsatio	n
								1						
2 Total number of inc	dependent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	sted	d above) who received m	nore than				
\$100,000 of compe	ensation from the organi	zation				(U							

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
اغ ۾		Fundraising events 1c	34,441.				
ar A		Related organizations 1d	<u> </u>				
3,G		Government grants (contributions) 1e	54,565.				
Sig		All other contributions, gifts, grants, and					
her	'	similar amounts not included above	146,493.				
호텔	~		118.				
N P	_			235,499.			
- "	n	Total. Add lines 1a-1f	Business Code	233,433.			
	•	ENVIRONMENTAL PROJECTS	110000	805,124.	805,124.		
je	2 a	ENVIRONMENTAL FRODECTS	110000	003,124.	003,124.		
ue n	b						
m S	С						
Re	d						
Program Service Revenue	е						
-	f	All other program service revenue		005 104			
\rightarrow	g			805,124.			
	3	Investment income (including dividends, interest	est, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
ther Revenue	С	Gain or (loss) 7c					
Re		Net gain or (loss)	•				
ē		Gross income from fundraising events (not					
₹		including \$ 34,441. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	0.				
	h	Less: direct expenses 8b	14,200.				
		Net income or (loss) from fundraising events		-14,200.			-14,200.
		Gross income from gaming activities. See	<u> </u>				
	o u	Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	T				
	10 a	and allowances 10a					
	h	Less: cost of goods sold 10b					
		•					
\rightarrow	С	Net income or (loss) from sales of inventory	Business Code				
sno	11 ~	MISCELLANEOUS	900099	2,700.	2,700.		
nec		111201111111000	70007	2,700•	2,700•		
Miscellaneous Revenue	b						
Re	C	All other revenue					
Ξ		All other revenue	l	2,700.			
		Total Add lines 11a-11d		1,029,123.	807,824.	0.	-14,200.
	12	Total revenue. See instructions		<u>r,uaj</u> ,143.	00/,044•	ı •	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

3601	Ohank if Sahadula Qaantaina a yaana				
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations 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,	00 010	60.000	15 205	1 605
	trustees, and key employees	88,910.	69,898.	17,327.	1,685.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	487,183.	383,414.	95,035.	8,734.
7 8	Other salaries and wages Pension plan accruals and contributions (include	±0/,±03•	303,414.	93,033.	0,/34.
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	33,736.	26,523.	6,574.	639.
10	Payroll taxes	56,368.	44,356.	10,995.	1,017.
11	Fees for services (nonemployees):	.,	,	,	,
	Management				
	Legal	1,460.	286.	1,108.	66.
	Accounting	16,800.	3,284.	12,756.	760.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	00 051	TO 066	0 400	600
	column (A), amount, list line 11g expenses on Sch O.)	80,251.	70,066.	9,493.	692.
12	Advertising and promotion	461.	115.	312.	34. 317.
13	Office expenses	4,245. 10,263.	1,049. 2,535.	2,879. 6,963.	765.
14	Information technology	10,203.	۷,555.	0,903.	703.
15	Royalties				
16 17	Occupancy	15,536.	10,360.	2,213.	2,963.
18	Payments of travel or entertainment expenses	13/3301	10/3001	2/2231	273031
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,644.		4,644.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,017.		19,017.	
23	Insurance	44,143.	28,684.	15,459.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSE	135,444.	128,397.	7,021.	26.
b	STAFF DEVELOPMENT	27,786.	25,436.	2,249.	101.
С	EQUIPMENT & REPAIRS	19,980.	19,373.	605.	2.
d	MEMBERSHIP DUES	2,313.	572.	1,569.	172.
е	All other expenses	1 040 540	014 240	216 212	10 000
25	Total functional expenses. Add lines 1 through 24e	1,048,540.	814,348.	216,219.	17,973.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2022)

Form 990 (2022) Part X | Balance Sheet

Pai	π λ	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		177,669.	1	30,229	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			95,904.	4	293,754
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial co	ontributor, or 35%			
		controlled entity or family member of any of	these perso	ns		5	
	6	Loans and other receivables from other disq	ualified pers	sons (as defined			
		under section 4958(f)(1)), and persons descr		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			7,490.	9	8,436
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	163,145.			
	b	Less: accumulated depreciation	10b	115,202.	66,960.	10c	47,943
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e	equal line 33	3)	348,023.	16	380,362
	17	Accounts payable and accrued expenses			38,994.	17	108,596
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or	former office	er, director,			
┋		trustee, key employee, creator or founder, su	ubstantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of	these perso	ns		22	
_	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax	, payables to	o related third			
		parties, and other liabilities not included on l	ines 17-24).	Complete Part X	05 000		88 454
		of Schedule D			95,000.		77,154
	26	Total liabilities. Add lines 17 through 25			133,994.	26	185,750
ģ		Organizations that follow FASB ASC 958,	check here	X			
ဥ		and complete lines 27, 28, 32, and 33.			162 000		156 506
<u>a</u>	27	Net assets without donor restrictions			163,828.	27	156,796
р В	28	Net assets with donor restrictions			50,201.	28	37,816
5		Organizations that do not follow FASB AS	C 958, chec	ck here			
ř		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			014 000	31	104 (10
ž	32	Total net assets or fund balances			214,029.	32	194,612
	33	Total liabilities and net assets/fund balances			348,023.	33	380,362

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2 3			40. 17.				
4 5 6 7	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses 7								
8 9 10	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10								
Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				X				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.		Yes	No				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed.		. 2a		Х				
b	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? 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:								
С	X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		. 3a		X				
ט	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b						

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ONONDAGA EARTH CORPS, INC.

Employer identification number 46-0593831

D -		December 1	Observity Observer					0 0333031
Pa	rτι	Reason for Public (Charity Status.	(All organizations must c	omplete th	his part.) S	See instructions.	
The	orgar	ization is not a private found	lation because it is: ((For lines 1 through 12, o	check only	one box.)		
1	Ш	A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	·					•
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
_		section 170(b)(1)(A)(iv). (C		j ,		, ,		
6		A federal, state, or local gov	• •	nental unit described in	section 17	70(h)(1)(A)	(v)	
7	Ħ	An organization that norma	•				• •	nublic described in
•		section 170(b)(1)(A)(vi). (C	•	initial part of its support i	ioiii a gov	Cirincina	dilit of from the general	public described in
				(4)(A)(vi) (Camaniata Dam	. 11 \			
8	H	A community trust describe						
9	ш	An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	culture (see instructions).	. Enter the	name, city	y, and state of the colleg	e or
	77	university:						
10	X	An organization that norma						
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	esses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform :	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line:	s 12e, 12f, and 12g.	
а			anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	iving
		control or management o						
		organization(s). You mus			·			•
С		☐ Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.
		its supported organization	-					,
d		Type III non-functionally		•				ization(s)
-		that is not functionally int						. ,
		requirement (see instruct	-	•	•		•	17011000
е		Check this box if the orga	•	-				
·		functionally integrated, or					a type i, type ii, type iii	
f	Ent	er the number of supported of	•	many integrated support	ing organi	zation.		
'		vide the following information		od organization(s)				
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(-,,	(described on lines 1-10	in your governi Yes	ng document?	support (see instructions)	support (see instructions)
		•		above (see instructions))	163	140		
Tota	al							

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

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

Sec	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2022 (14	<u>%</u>
	Public support percentage from 2021					15	<u>%</u>
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the d						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact				· ·	_	
	meets the facts-and-circumstances to	~		• • •			
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the				-		
46	organization meets the facts-and-circ		-	· ·			H
18	Private foundation. If the organization	n did not check a	pox on line 13, 16	a, 16b, 1/a, or 17	b, cneck this box a	and see instruction	sL

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Sa</u>	qualify under the tests listed beat ction A. Public Support	elow, please comp	olete Part II.)				
		(-) 0040	(I-) 0040	/-\ 0000	(-I) 0004	/-\ 0000	(6) T-+-I
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Gifts, grants, contributions, and						
	membership fees received. (Do not	141,290.	135,502.	247 720	168,398.	235,499.	928,428.
	include any "unusual grants.")	141,290.	133,302.	241,139.	100,390.	233,439.	920,420.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	560,953.	533,793.	708,102.	531,918.	805,124.	3,139,890.
3	Gross receipts from activities that						_
	are not an unrelated trade or bus-						
	iness under section 513	11,872.	4,707.	50.	10,176.		26,805.
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	5,175.	5,355.	5,175.	47,196.	47,196.	110,097.
6	Total. Add lines 1 through 5	719,290.	679,357.	961,066.	757,688.	1,087,819.	4,205,220.
	Amounts included on lines 1, 2, and	,	,	,	,	, ,	, ,
	3 received from disqualified persons						0.
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						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						4,205,220.
							<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2018 719, 290.	(b) 2019 679,357.	(c) 2020 961, 066.	(d) 2021 757,688.	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	719,290.	079,337.	901,000.	737,000.	1,087,819.	4,205,220.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital			1,085.		2,700.	3,785.
13	assets (Explain in Part VI.)	719,290.	679,357.	962,151.	757,688.	1,090,519.	4,209,005.
	First 5 years. If the Form 990 is for the				-		
'-		ie organization s iii	ist, second, triid,	iouriii, or illiir tax	year as a section s	oo r(c)(o) organizat	lon,
500	check this box and stop here ction C. Computation of Publ	ic Support Pa	rcentage				<u></u>
	-			I (f)		15	99.91 %
	Public support percentage for 2022 (I						
	Public support percentage from 2021 ction D. Computation of Investigation					16	99.97 %
	· · · · · · · · · · · · · · · · · · ·			40 1 (0)		4=	•00 %
17	Investment income percentage for 20					17	
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
OL		
9b		
9c		
10a		
10b		

Par	Part IV Supporting Organizations (continued)			
			Yes	No
11	11 Has the organization accepted a gift or contribution from any of the following	llowing persons?		
а	a A person who directly or indirectly controls, either alone or together wi			
	11c below, the governing body of a supported organization?	11:		
b	b A family member of a person described on line 11a above?	111	,	
	c A 35% controlled entity of a person described on line 11a or 11b abov	re?If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	110	;	
Sec	Section B. Type I Supporting Organizations			
			Yes	No
1	1 Did the governing body, members of the governing body, officers actir	ng in their official capacity, or membership of one or		
-	more supported organizations have the power to regularly appoint or e	elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "No," describe			
	effectively operated, supervised, or controlled the organization's activit organization, describe how the powers to appoint and/or remove office			
	supported organizations and what conditions or restrictions, if any, app	, ,		
2				
	organization(s) that operated, supervised, or controlled the supporting			
	Part VI how providing such benefit carried out the purposes of the sup			
	supervised, or controlled the supporting organization.	2		
Sec	Section C. Type II Supporting Organizations	<u>'</u>		
			Yes	No
1	1 Were a majority of the organization's directors or trustees during the ta	ax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If			
	or management of the supporting organization was vested in the same			
	the supported organization(s).	1		
Sec	Section D. All Type III Supporting Organizations	•		
			Yes	No
1	1 Did the organization provide to each of its supported organizations, by	the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amo	ount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the			
	organization's governing documents in effect on the date of notificatio	n, to the extent not previously provided?		
2	2 Were any of the organization's officers, directors, or trustees either (i) a	appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported org	anization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationshi	p with the supported organization(s).		
3	3 By reason of the relationship described on line 2, above, did the organ	ization's supported organizations have a		
	significant voice in the organization's investment policies and in directi	ng the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in I	Part VI the role the organization's		
	supported organizations played in this regard.	3		
Sec	Section E. Type III Functionally Integrated Supporting Org	ganizations		
1	1 Check the box next to the method that the organization used to satisfy	the Integral Part Test during the yea(see instructions).		
а	a The organization satisfied the Activities Test. Complete line 2 be	low.		
b	b The organization is the parent of each of its supported organizat	ions. Complete line 3 below.		
С	c The organization supported a governmental entity. Describe in P	art VI how you supported a governmental entity (see instruc		
2	2 Activities Test. Answer lines 2a and 2b below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year	directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive	•		
	those supported organizations and explain how these activities direct			
	how the organization was responsive to those supported organizations			
	that these activities constituted substantially all of its activities.	22		
b	, ,	-		
	one or more of the organization's supported organization(s) would hav			
	Part VI the reasons for the organization's position that its supported or			
	these activities but for the organization's involvement.	25		
3	0			
а		•		
	trustees of each of the supported organizations? If "Yes" or "No" provi			
b	3			
	of its supported organizations? If "Yes," describe in Part VI the role pla	ayed by the organization in this regard.		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ting Orgai	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction					
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	•		
Sect	ion A - Adjusted Net Income		(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					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
e	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 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					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	nally integrat	ed Type III supporting org	anization (see		

Schedule A (Form 990) 2022

instructions).

SCIT		11 001(1 0 / 11(0)		rage r
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sec	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	3	
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	5		
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which to	he organization is responsive		
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sec	on F - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Port VI Company of the Company of th
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
2020 AMOUNT: \$ 1,085.
2022 AMOUNT: \$ 2,700.

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.

OMB No. 1545-0047 Open to Public Inspection

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

Employer identification number 46-0593831

	ONONDAGA EARTH COR		46-0593831
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ised funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor		-
		, , , , ,	
Pai		ganization answered "Vos" on Form 900	
		·	, raitiv, line r.
1	Purpose(s) of conservation easements held by the organizat	` —	ef a lateria allusinana estant lan el ava a
	Preservation of land for public use (for example, recreation of natural habitat		of a historically important land area
		Preservation C	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali day of the tax year.	ified conservation contribution in the forn	Held at the End of the Tax Year
_			
a	Total number of conservation easements		
D	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by tr	ne organization during the tax
	year		
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, rialidiling of violations, and emorcing col	inservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onforcing conson	vation assements during the year
′	Amount of expenses incurred in monitoring, inspecting, name	diling of violations, and emorcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) abo	we eatisfy the requirements of section 17	O(b)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
Ŭ	balance sheet, and include, if applicable, the text of the foot	-	
	organization's accounting for conservation easements.	note to the organization of infariour states	Herito triat decoribes trio
Pai	t III Organizations Maintaining Collections of	of Art. Historical Treasures. or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Forn		
	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for pu	•	
	service, provide in Part XIII the text of the footnote to its fina	,	'
h	If the organization elected, as permitted under FASB ASC 98		
~	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oralization, oddoddon, or roscaron in ful	and an expension of vide,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre	easures or other similar assets for finance	
_	the following amounts required to be reported under FASB A		iai gairi, provide
а	Revenue included on Form 990, Part VIII, line 1	_	\$
a h	Assets included in Form 900 Part Y		\$ *

		A EARTH CO							9383		age 2
Pai	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	er Similar	Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at make s	ignificant us	se of its			
	collection items (check all that apply):										
а	Public exhibition		ı 🖳	Loan or exc	hange progr	am					
b	Scholarly research	•	• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how t	hey further t	he organizat	ion's exe	mpt purpos	e in Parl	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	ner similar	assets				
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?			\Box	Yes		No.
Pai	rt IV Escrow and Custodial Arran	igements. Compl	ete if the	e organizatio	n answered	"Yes" on	Form 990, I	Part IV,	line 9, oı		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	contribution	s or other as	ssets not	included				
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						. 1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F						ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII						•				
	rt V Endowment Funds. Complete										
	<u> </u>	(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1	la. column (a	a)) held as:						
а	Board designated or quasi-endowment	,	%	3,	.,,						
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	·	ation th	at are held a	nd administe	ered for th	he				
	organization by:	J							1	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	rt VI Land, Buildings, and Equipn										
	Complete if the organization answere		0, Part I	V, line 11a. S	See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o		·	or other		ccumulated		(d) Boo	k valu	 е
	2 223ption of proporty	basis (invest			(other)		preciation		,_, 500		_
1a	Land	<u> </u>	,		. ,	,,					
	Buildings										
	Leasehold improvements										
	Equipment			16	3,145.	1	L15,20	2.	4	7,9	43.
-	— ¬ - · · · · · · · · · · · · · · · · · ·				-						

Schedule D (Form 990) 2022

47,943.

e Other.

d Equipment

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

Schedule D (Form 990) 2022 ONONDAGA EAR	CIR CORPS, II	VC. 40	-0593631 Page 3
Part VII Investments - Other Securities.	on Form COO Port IV line	11b Coo Form 000 Dort V line 12	
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1) Financial derivatives	(2) 20011 14.00	(c) montou en vanaanem eest en ene	or your market raids
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	(1) [2]
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	13.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(1) 5	orr orriv, inte	The of This deet offit 330, Fait X, line 23	(b) Book value
			(b) Book value
(1) Federal income taxes (2) LINE OF CREDIT			77,154.
			77,1346
(3)			
<u>(4)</u> <u>(5)</u>			
(5) (6)			
<u>(6)</u>			
(7) (8)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		77,154.
2 Liability for upportain tay positions. In Part XIII, provide t	,	a the examination's financial statements t	bot roports the

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Sche	edule D (Form 990) 2022 ONONDAGA EARTH CORPS, INC	! •		46-0	0593831 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,092,110.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	48,787.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		14,200.		
е	Add lines 2a through 2d			2e	62,987.
3	Subtract line 2e from line 1			3	1,029,123.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	-		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,029,123.
Par	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	1,111,527.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	48,787.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d	14,200.		
е	Add lines 2a through 2d			2e	62,987.
3	Subtract line 2e from line 1			3	1,048,540.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	·		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,048,540.
Da	rt XIII Supplemental Information.				
rai	• •				

PART X, LINE 2:

THE INCOME TAX ACCOUNTING STANDARDS REQUIRE THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A MORE LIKELY THAN NOT THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON ITS TAX RETURN (FORM 990), INCLUDING MAINTAINING ITS TAX-EXEMPT STATUS. OEC BELIEVES ITS FINANCIAL STATEMENTS DO NOT INCLUDE ANY UNCERTAIN TAX POSITIONS. IT IS OEC'S POLICY TO RECOGNIZE ANY INTEREST AND PENALTIES AS OPERATING EXPENSES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED AGAINST REVENUE

14,200.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number ONONDAGA EARTH CORPS, INC. 46-0593831 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

46-0593831 Page 2 ONONDAGA EARTH CORPS, INC. Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 ENCORE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))	
Jue			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	34,441.			34,441.	
	2	Less: Contributions	34,441.			34,441.	
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
Se	5	Noncash prizes					
xpense	6	Rent/facility costs					
Direct Expenses	7	Food and beverages	10,842.			10,842.	
	8	Entertainment Other direct expenses	2 2 5			3,358.	
	9 10	Other direct expenses				14,200.	
		Net income summary. Subtract line 10 from li				-14,200.	
Pa	rt l	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, line 6a.	1			1	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Reven	1	Gross revenue					
	Ė	and de l'evenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	No	No No	□ No		
	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
а	ls t	ter the state(s) in which the organization conducted in the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No	
10a	W/c	ere any of the organization's gaming licenses re	evoked suspended orto	erminated during the tay	vear?	Yes No	
		Yes," explain:			you:	163 140	

Sch	nedule G (Form 990) 2022 ONONDAGA EARTH CORPS, INC. 46-)593	831	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
40	to administer charitable gaming?		Yes	∟ No
	Indicate the percentage of gaming activity conducted in: The organization's facility	13a	I	%
	o An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			, -
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🔲	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III is a supplemental Information.		0	0h 10h
Га	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	4FL 1111, 11	nes 9,	90, 100,
	ros, ros, ro, and rro, as applicable, rice provide any additional information, oscillations.			

Schedule G	(Form 990)	ONONDAGA	EARTH	CORPS,	INC.	46-0593831	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continue	ed)				

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

ONONDAGA EARTH CORPS, INC.

Employer identification number 46-0593831

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE ENVIRONMENT. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AREA WITH MEANINGFUL EMPLOYMENT, EDUCATION, AND TRAINING OPPORTUNITIES THROUGH PROJECTS THAT PROTECT AND CONSERVE THE ENVIRONMENT WHILE GIVING UNEMPLOYED OR UNDER-EMPLOYED YOUNG PEOPLE THE SKILLS THEY NEED TO GAIN ENTRY INTO AND SUCCEED IN THE JOB MARKET. OEC'S MISSION IS TO EMPOWER YOUTH TO BE ACTIVE PARTICIPANTS IN CREATING POSITIVE CHANGES IN THEIR COMMUNITY AND ENVIRONMENT. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS CIRCULATED BY THE AUDIT COMMITTEE TO THE FULL BOARD FOR APPROVAL BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST FORM IS COMPLETED AND SIGNED BY EACH BOARD MEMBER. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BASED ON A PERFORMANCE REVIEW AND A BUDGET EVALUATION, THEN APPROVED BY THE BOARD. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE

AVAILABLE AT ITS OFFICE UPON REQUEST.

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 46-0593831 ONONDAGA EARTH CORPS, INC. FORM 990, PART XII, LINE 2C OEC'S FULL BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR SELECTING AND OVERSEEING THE INDEPENDENT ACCOUNTANT, SAME AS IN PRIOR YEARS.