DocuSian Envelope ID: B7CEB140-BB5D-4897-B5E5-805E1CAE1A8B ****** PUBLIC DISCLOSURE COPY OMB No. 1545-0047 Return of Organization Exempt From Income Tax Form **990** 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. Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service 2023 A For the 2022 calendar year, or tax year beginning JUL 1. 2022 and ending JUN 30. Check if applicable: C Name of organization D Employer identification number В Address change MASSACHUSETTS HISTORICAL SOCIETY Name change 04 - 2108374Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1154 BOYLSTON STREET 617-646-0520 12,193,769. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended 02215 BOSTON, MA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CATHERINE ALLGOR for subordinates? Yes X No SAME AS C ABOVE Yes H(b) Are all subordinates included? No Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.MASSHIST.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 1791 M State of legal domicile: MA Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE MHS SEEKS TO MAKE AMERICAN 1 Activities & Governance HISTORY RELEVANT AND ACCESSIBLE TO ANYONE. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 25 3 Number of voting members of the governing body (Part VI, line 1a) 3 25 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 83 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 70 Total number of volunteers (estimate if necessary) 6 6 576,370. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 94,510. 7h Prior Year **Current Year** 2,135,548. 2,392,568. Contributions and grants (Part VIII, line 1h) 8 Revenue 161,800. 90,041. 9 Program service revenue (Part VIII, line 2g) 7,198,030. 1,133,913. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 82,102. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 38,031. 11 9,533,409. 3,698,624. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 177,913. 232,375. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,030,422. 5,731,741. 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 795,413. **b** Total fundraising expenses (Part IX, column (D), line 25) 3,435,242. 3,515,624. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 9,479,740. 8,643,577.

Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. peclaration of preparer (other than officer) is based on all information of which preparer has any knowledge. atturine Alloor 4/23/2024 Signature of officer_8458F75B1CFC416... Date Sign CATHERINE ALLGOR, PRESIDENT Here Type or print name and title Date PTIN Preparer's signature Check Print/Type preparer's name P01350943 DANIELLE NIHILL DANIELLE NIHILL Paid self-employed CLIFTONLARSONALLEN LLP Firm's name Firm's EIN 41-0746749 Preparer Firm's address 300 CROWN COLONY DRIVE, SUITE 310 Use Only Phone no. 617 - 984 - 8100QUINCY, MA 02169 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 232001 12-13-22

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Net assets or fund balances. Subtract line 21 from line 20

Revenue less expenses. Subtract line 18 from line 12

Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

19

20

22

26

let

-5,781,116.

2,160,729.

End of Year

141,301,396

139,140,667

889,832.

Beginning of Current Year

141,808,297.

139,560,439.

2,247,858.

	n 990 (2022) MASSACHUSETTS HISTORICAL SOCIETY	04-2108374 Page	∍2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: TO PROMOTE UNDERSTANDING OF THE HISTORY OF MAS	SACHIISETTS AND THE	
	NATION BY COLLECTING AND COMMUNICATING MATERIA		
	FOSTER HISTORICAL KNOWLEDGE.		
2	Did the organization undertake any significant program services during the year which were	not listed on the	
	prior Form 990 or 990-EZ?		١o
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any	program services? Yes X	١o
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest p	rogram services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants an	d allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.		
4a		2,375.) (Revenue \$ 90,041	<u>،</u>)
	AS THE NATIONS' FIRST HISTORICAL SOCIETY, THE		
	SOCIETY (MHS) STRIVES TO ENHANCE THE UNDERSTAN		
	AND ITS CONNECTION TO THE PRESENT, DEMONSTRATI		
	JUST A SERIES OF EVENTS THAT HAPPENED TO INDIV		
	INTEGRAL TO THE FABRIC OF OUR DAILY LIVES. ITS ACCESSIBLE TO ANYONE WITH AN INTEREST IN AMERI		
	RESEARCH, THE MHS OFFERS MANY WAYS FOR THE PUE COLLECTIONS INCLUDING ENGAGING PROGRAMS, THOUG		
	PUBLICATIONS, SEMINARS, AND TEACHER WORKSHOPS.	mi-rovoking Exhibitions,	
	FUBLICATIONS, SEMINARS, AND TEACHER WORKSHOPS.		
	PLEASE SEE SCH. O FOR ADDITIONAL PROGRAM HIGHI	TGHTS & DESCRIPTIONS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			_ ′
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
			—
			—
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (R	evenue \$)	
4e	Total program service expenses 5,589,662.		
		Form 990 (20)22)
232002	³² 12-13-22 SEE SCHEDULE O FOR CON ⁴ 3	TINUATION(S)	

^{2022.05090} MASSACHUSETTS HISTORICAL A2478201

Form 990 (2022) MASSACHUSETT Part IV Checklist of Required Schedules MASSACHUSETTS HISTORICAL SOCIETY

			v	
4	Is the experimentian department in eaction $E(1/2)(2)$ or $10.17(2)(1)$ (other than a private foundation)?		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 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
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		X
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
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?			37
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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,			
d		11a	х	
h	Part VI		- 11	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	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	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	4.4%	х	
16	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	^	
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21		Х
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232003 12-13-22

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Production report more than \$5,000 of grants or other assistance to or for demestic individuals on Part K, column (J, line 27 Y Yms, "complete Schedule / Parts I and III Yes No 20 Did the organization report more than \$5,000 of grants or other assistance to or for demestic individuals on Part K, column (J, line 27 Y Yms, "complete Schedule / Parts I and III 22 X 21 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more dina \$100,000 as of the Issue of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Issue Schedule / Y Yms, "complete Schedule / Yms," complete Schedule / Yms, 'complete Schedule / PmrI / Yms, 'comple	Form	990 (2022) MASSACHUSETTS HISTORICAL SOCIETY 04-2108 t IV Checklist of Required Schedules (continued)	374	P	age 4	
22 Did the organization export more than 55,000 of grants or other assistance to or to domestic individuals on Part K, colony 19, 1972, "complete Schedule 1, Part and M 22 X 23 Did the organization answer: "Vest to Part VIII, Section A, Ims 3, 4, or 5, about compensation of the organization is summary and tome or others, direction, trustees, key employees, and highest compensation granical amount of more than 5100000 as of the sat day of the yesir, that was itsued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule 1, 41 More, To the 25a 24b 24b 24a Did the organization martatin an escow account of ther than a retunding encicipal amount of more than 5100000 as of the any tax somption bond? 24b 24b 25a Section 50(46), 50(4(4), and 501(4)(20) organizations. Did the comparization martatin an escow account of ther than a retunding escow at any time during the year? 24d 24d 25a Section 50(46), 50(4(4), and 501(4), and 501(4) organizations. Did the comparization is any the transgradin an accesse banefit transaction with a disqualified person during the year? 24d 25a X 25a Section 50(46), 501(44), and 501(4), 2019 organizations. Did the somparization marks are any amount on Part X, Ims 5 or 22, for recexubles from or payabies to any current or former officed, instants a contributor, or 35% controlled entity of neurony or anity of these persons? If Yies, "complete Schedule L, Part II. 25a X 25a Did the organization proved any and or of the salibant to anorthibu		checkiet of frequined constance (continuea)		Vas	No	
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22 Did the organization asswer "Ves" to Part UII, Section A, line 3, 4, or 5, about compensation of the organization is current and former offices, directions, trustees, key employees, and highest compensatiod employees? If "Ves," complete Schedule J, If "Vos," to Unite 28 23 X 240 Did the organization have a taxeewengt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year. that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J, If "No," to Unite 28 24a X 240 Did the organization marks an encore of tax exempt bonds beyond a temporary period seception? 24a X 255 Section 501(c)(51, 501(c)(41, and 501(c)(29) organizations. Did the comparization advant this in degradel in a recess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 250 Section 501(c)(51, 501(c)(41, and 501(c)(29) organizations. Did the comparization advant that in tengaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 250 Did the organization avect that in tengaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 250 Did the organization avect that the transaction has not been reported on any of the organization avect that the transaction have the during the year or forme office, director, trustee, key employee. 25a X		•	22	х		
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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior forms 900 or 900-E27 /// */es,* complete Schedule L, Part // */es,* comple						
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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 spior Forms 990 or 990-E27 if "Yes," complete Schedule I, Part I 256 X 250 bit 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 a 35% controlled entity or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substanting parties (see the Schedule L, Part II 26 X 270 bit the organization party to a business transaction with one of the following parties (see the Schedule L, Part IV 28a X 28 was the conjunction for any individual described in line 28a or 280° /ff "Yes," complete Schedule L, Part IV 28a X 29 bit the organization receive monthiculas and/or organization adscributions? /f "Yes," complete Schedule L, Part IV 28a X 29 bit the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? /f "Yes," complete Schedule M 30 X 30 bit the organization inquick terminate, or dissolve and cease operations? /f "Yes," complete Schedule M, Part I 31 X 30 bit the organization inquick terminate	25a		050		v	
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Part V Statements Regarding Other IRS Filings and Tax Compliance Continued 2a Enter the number of employees reported on Form V3. Transmittal of Wage and Tax Statements. 2a B If a test one is reported on Ine 2a, dd the organization file all required fedral employment tax returns? 3a A A A B If a test one is reported on Ine 2a, dd the organization have an interval in the var? 3a C A A any time during the academy sex, dd the organization have an interval in the var? 3a D If "vs." inter the name of the foreign country is one as bark account, securities accounts or other athority over, a financial account of progin mark and Financial Accounts (FBAR). 5a X D If "vs." inter the name of the foreign country. 5a X D D any taxable pary notify the organization in Form BBSP17 5a X D D any taxable pary notify the organization in Form BBSP17 5a X D D any taxable pary notify the organization in Form BBSP17 5a X D D any taxable pary notify the organization in form BBSP17 5a X D D any taxable pary taxable data not nonodal park tax to thinking and pa		990 (2022) MASSACHUSETTS HISTORICAL SOCIETY		04-2108	374	Р	age 5				
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 15 X 15 X If "Yes," complete Form 4720, Schedule O. 16 X 16 X If "Yes," complete Form 4720, Schedule O. 16 X 16 X If "Yes," complete Form 4720, Schedule O. 16 X 16 X If "Yes," complete Form 4720, Schedule O. 17 16 X 16 X If "Yes," complete Form 6069. 0. 17 17 17 17	С		13c								
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 If "Yes," complete Form 6069. 000 17 17 17											
excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 17 If "Yes," complete Form 6069. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 17	b				14b						
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 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 activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.	15										
16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 16 X 17 If "Yes," complete Form 4720, Schedule O. 17 If "Yes," complete Form 6069.		excess parachute payment(s) during the year?			15		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 activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. 10 10 11 11 11 11 11 11		If "Yes," see the instructions and file Form 4720, Schedule N.									
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 activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 17 10 10 10 10 10 10 10	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X				
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 If "Yes," complete Form 6069.											
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivities	6							
If "Yes," complete Form 6069.					17						
- 000 (0000											
	232004				Form	990	(2022)				

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Form 990 (
Part VI	Governance, Management, and Disclosure. For each "Yes" resp	onse to lines 2 through 7b below, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	
	Check if Schedule O contains a response or note to any line in this Part VI	X

	tion A. Governing Body and Management						
_		.		<u>م د (</u>		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a		25			
	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.			25			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				•		v
•	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the				•	v	
					<u>3</u> 4	X	Х
4 5	Did the organization make any significant changes to its governing documents since the prior Form 99						X
5	Did the organization become aware during the year of a significant diversion of the organization's asse			[5	Х	
6 7-	Did the organization have members or stockholders?				6	~	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximate members of the approximate had v2				7-	х	
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				7a	<u>л</u>	
D					76		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year				7b		Δ
		2	0		8-	Х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?				<u>8a</u> 8b	X	
а Э	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac			·····	00	- 23	
,	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
20	tion B. Policies (This Section B requests information about policies not required by the Internal Rev		<u></u>		9		- 23
	internal Rev	<i>enue</i>	<u>_oae.)</u>			Yes	No
۱a	Did the organization have local chapters, branches, or affiliates?]	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				10a		- 23
D		•			10b		
2	Has the organization provided a complete copy of this Form 990 to all members of its governing body		a filina tha f		11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Delon			110		
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
.a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ_i			••••••	120		
C		,			12c	х	
3	on Schedule O how this was done Did the organization have a written whistleblower policy?			r	13	X	
ļ	Did the organization have a written document retention and destruction policy?				14	X	
5	Did the process for determining compensation of the following persons include a review and approval						
,	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by inc	icpendent				
a	The organization's CEO, Executive Director, or top management official				15a	х	
b	Other officers or key employees of the organization				15b	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				100		
ì a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient wi	th a				
	taxable entity during the year?				16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	•	•				
	······································				16b		
	exempt status with respect to such arrangements?						
ec	exempt status with respect to such arrangements?						
_	tion C. Disclosure						
7	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>MA</u>	d 990·		501(c)(3)s	only)	availat	ole
7	tion C. Disclosure	d 990-		501(c)(3)s	only)	availat	ole
7	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>MA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply.		T (section 5	501(c)(3)s	only)	availat	ole
7 3	MA List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	on Sc	T (section 5				ble
7 B	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>MA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply.	on Sc	T (section 5				ble
7 B 9	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filedMA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply. X Own websiteAnother's websiteX Upon requestOther (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	<i>on Sc</i> nflict o	T (section 5 hedule O) f interest po				ble
7 B 9	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor statements available to the public during the tax year.	<i>on Sc</i> nflict o	T (section 5 hedule O) f interest po				ble
7 3 9	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bool	<i>on Sc</i> nflict o	T (section 5 hedule O) f interest po				ble
7 8 9	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bool CATHERINE ALLGOR	<i>on Sc</i> nflict o	T (section 5 hedule O) f interest po		financ		

Form 990 (2022) MASSACHUSETTS HISTORICAL SOCIETY	04-2108374	Page 7									
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 List all of the organization's current officers, directors, trustees (whether individuals or organizations), reg 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 employees, if any. 	loyee."										
• List the organization's five current highest compensated employees (other than an officer, director, truster who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 10 \$100,000 from the organization and any related organizations.											
 List all of the organization's former officers, key employees, and highest compensated employees who re reportable compensation from the organization and any related organizations. 	eceived more than \$100,000 of										
• 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.											
Check this box if neither the organization nor any related organization compensated any current officer, c	lirector, or trustee.										

	T T T T T T T T T T T T T T T T T T T	- ga	- IILA	uon						
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus [.] T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	9			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	pensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ial tru	onal		ploye	ee com		1099-NEC)		and related
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CATHERINE ALLGOR	35.00	<u> </u>	=	đ	ъ З	Ξē	Ъ			
PRESIDENT	35.00			x				207 247	0.	20 054
	25 00		<u> </u>	<u> </u>				287,347.	0.	30,054.
(2) BRENDA M. LAWSON	35.00							1 - 1 400	0	22 420
SENIOR VP OF COLLECTIONS & CONTENT D	25.00				X			151,480.	0.	33,430.
(3) PETER DRUMMEY	35.00							140 500		10 000
CHIEF HISTORIAN & LIBRARIAN						X		143,508.	0.	12,296.
(4) VICTORIA MCKAY	35.00									
DIRECTOR OF DEVELOPMENT						X		110,114.	0.	39,202.
(5) SARA MARTIN	35.00									
EDITOR IN CHIEF						X		123,486.	0.	13,628.
(6) KANISORN WONGSRICHANALAI	35.00									
DIRECTOR OF RESEARCH						X		116,813.	0.	19,354.
(7) MELINDA BARBER	3.00									
TRUSTEE			Х					0.	0.	0.
(8) ELIZABETH A. CHANG	3.00									
TRUSTEE			Х					0.	0.	0.
(9) NANCY COTT	3.00									
TRUSTEE			X					0.	0.	0.
(10) MICHAEL A. EWALD	3.00									
TRUSTEE			X					0.	0.	0.
(11) ANNETTE GORDON-REED	3.00									
TRUSTEE			X					0.	0.	0.
(12) SUSAN W. HUNNEWELL	3.00									
TRUSTEE			X					0.	0.	0.
(13) G. NATHANIEL JEPPSON	3.00									
TRUSTEE			x					0.	0.	0.
(14) RENE JONES	3.00									
TRUSTEE			x					0.	0.	0.
(15) ROBERT KWAK	3.00									
TRUSTEE		1	x					0.	0.	0.
(16) ANTHONY H. LENESS	3.00									
TRUSTEE			x					0.	0.	0.
(17) ANNE CRAIGE MCNAY	3.00									
TRUSTEE			x					0.	0.	0.
000007 10 10 00	1			L	L					Eorm 990 (2022)

232007 12-13-22

Form 990 (2022)

Form 990 (2022) MASSACHUSETTS HISTORICAL SOCIETY 04-2108374 Page 8										
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per	box	not cl , unles	ss per	ition more rson i	than o s both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee a	Officer D	Key employee	nsated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(18) CLAIRE NEE NELSON TRUSTEE	3.00	-	x					0.	0.	0.
(19) JOHN O'LEARY TRUSTEE	3.00	-	x					0.	0.	0.
(20) ROBERT G. RIPLEY, JR. TRUSTEE	3.00	-	X					0.	0.	0.
(21) PAUL W. SANDMAN TRUSTEE	3.00	-	x					0.	0.	0.
(22) KATHERINE BABSON, JR. TRUSTEE	3.00		x					0.	0.	0.
(23) JAMES SEGEL TRUSTEE	3.00		x					0.	0.	0.
(24) EDWARD L. WIDMER TRUSTEE	3.00	-	x					0.	0.	0.
(25) JUDITH BRYANT WITTENBERG TRUSTEE	3.00	-	x					0.	0.	0.
(26) NEWCOMB STILLWELL CHAIR	3.00			x				0.	0.	0.
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							932,748. 0. 932,748.	0.	147,964. 0. 147,964.
Total number of individuals (including but n compensation from the organization										6
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										Yes No 3 X
 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	im of reportabl),000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and and	oth Jf	ner compensation from the for such individual	ne organization	4 X
rendered to the organization? <i>If</i> "Yes," <i>com</i>										5 X
1 Complete this table for your five highest co the organization. Report compensation for	-									tion from
(A) Name and business				<u>.</u>				(B) Description of s		(C) compensation
WINTER STREET CFO, LLC, 1 ROAD, NORTH ANDOVER, MA 0		Y	BR	00	K			CFO CONSULTAI	NT	153,048.
COMTEC SOLUTIONS, LLC 100 ELMGROVE PART, ROCHES	TER, NY	1	46	24				IT SERVICES	130,714.	
2 Total number of independent contractors (in \$100,000 of compensation from the organized states and the organized states	zation				2	2			ore than	
SEE PART VII, SECTION 232008 12-13-22	I A CONT	'IN	UA	TI	ON	S	HE	ETS		Form 990 (2022)

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Form 990 MASSACHUS	SETTS HI	SI	OR	IC	AL	S	oc	IETY	04-210	8374
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ecto r				am plc		organization	(W-2/1099-MISC)	from the
	hours for	or dir	æ			ated e		(W-2/1099-MISC)		organization
	related	stee	ruste			pensa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest com pensated em ployee				organizations
	below	ividu	tituti	Officer	/ em l	hest	Former			
	line)	Ind	lns	0ff	Ke	Ę	For			
(27) BENJAMIN C. ADAMS	3.00								0	0
VICE CHAIR	2 00			X				0.	0.	0.
(28) OLIVER F. AMES VICE CHAIR	3.00			x				0	0.	0
(29) EDWARD BALDINI	3.00			A				0.	0.	0.
(29) EDWARD BALDINI TREASURER	5.00	1		x				0.	0.	0.
	3.00			^		-		U.	0.	U•
(30) LEVIN H. CAMPBELL, JR. SECRETARY	3.00	1		x					0.	0
(31) G. MARSHALL MORIARTY	3.00			~		-		0.	U •	0.
CHAIR OF ADVISORS	5.00	-		x				0.	0.	0.
				Δ					0.	
		-								
		1								
		-								
Total to Part VII, Section A, line 1c										

232201 04-01-22

						S HISTORI	CAL SOCIET	Y	04-2108	374 Page 9
Pa	rt V	/	Statement of Re	venu	е					
			Check if Schedule O	contair	ns a respons	e or note to any li			(0)	
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue	function revenue	business revenue	from tax under
										sections 512 - 514
tts Dts	1	а	Federated campaigns		1a		4			
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b		_			
A S		С	Fundraising events		1c		_			
ar J		d	Related organizations		1d		_			
is, 0		е	Government grants (contr	ibutior	ns) 1e	361,247	<u>.</u>			
r S		f	All other contributions, gifts,	grants,	and					
ibu			similar amounts not included	l above	1 f	2,031,321				
d Or		g	Noncash contributions included in	lines 1a-	1f 1g \$	296,526	•			
<u>n C</u>		h	Total. Add lines 1a-1f				2,392,568.			
						Business Code	•			
e	2	а	SEMINARS, CONFERENCE	ES, W	ORKSHOPS	611600	57,476.	57,476.		
e či		b	READING ROOM REVENUE	E		900099	21,508.	21,508.		
Se		с	SALE OF PUBLICATIONS	S		513190	11,057.	11,057.		
eve		d				_				
Program Service Revenue		е				_				
P		f	All other program service	revenu	e					
		g	Total. Add lines 2a-2f				90,041.			
	3		Investment income (includ	ding di	vidends, inte	erest, and				
			other similar amounts)				100,323.			100,323.
	4		Income from investment of							
	5		Royalties	<u></u>			41,485.			41,485.
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a	6,66	8.				
		b	Less: rental expenses	6b	8,07	4.				
		c Rental income or (loss) 6c -1,406.			6.					
		d	Net rental income or (loss))			-1,406.			-1,406.
	7	а	Gross amount from sales of		(i) Securities	s (ii) Other				
			assets other than inventory	7a	9,520,66	1.				
		b	Less: cost or other basis							
e			and sales expenses	7b	8,487,07	1.				
venue		с	Gain or (loss)	7c	1,033,59	0.				
			Net gain or (loss)				1,033,590.		576,370.	457,220.
Other Re			Gross income from fundraisi							
£ G			including \$	-	of					
			contributions reported on							
			Part IV, line 18			За				
		b	Less: direct expenses			3b				
			Net income or (loss) from							
			Gross income from gamin		r					
			Part IV, line 19			Ða				
		b	Less: direct expenses			9b				
			Net income or (loss) from		_					
	10	а	Gross sales of inventory, I	- less re	turns					
			and allowances		1	0a				
		b	Less: cost of goods sold			0b				
_			Net income or (loss) from							
						Business Code				
sno	11	а	OTHER INCOME			900099	42,023.			42,023.
ane		b								
eve		с								
Miscellaneous Revenue		d	All other revenue							
2			Total. Add lines 11a-11d				42,023.			
	12		Total revenue. See instruction				3,698,624.	90,041.	576,370.	639,645.
23200	9 12-	-13-	22							Form 990 (2022

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Part IX Statement of Functional Expenses

Form 990 (2022)

MASSACHUSETTS HISTORICAL SOCIETY

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

Iule O contains a response ed on lines 6b, to domestic organizations See Part IV, line 21 ince to domestic ne 22 ince to foreign response response	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
See Part IV, line 21 nce to domestic ne 22 nce to foreign	222 275			
ne 22	222 275			
-	232,375.	232,375.		
aromente and foreign				
vernments, and foreign				
nes 15 and 16				
mbers				
officers, directors,	224 475		100 100	126 270
ees	324,475.		188,196.	136,279
above to disqualified				
	1 262 221	2 126 021	570 022	355,468
	4,302,321.	3,430,021.	570,052.	555,400
· · ·	1/5 277	110 /70	21 562	13,235
				47,384
		-		34,492
	525,900.	243,999.	4/,4/5.	54,492
	2 456		2 456	
	10,230.		10,230.	
	926 990		926 990	
	520,550.		520,550.	
	523 945	52 836	470 609	500
	525,545.	52,050.	<u> </u>	500
	60 233	25 118	27 628	7,487
				48,551
	214,750.	121,170.	45,005.	40,001
	436 777.	43 340.	389 437	4,000
		-		1,021
	2075071			1,011
· · · · · ·	27,931,	27,931,		
			33.677.	
	484,136.	336,433.	82,057.	65,646
F				,
enses not covered xpenses on line 24e. If % of line 25, column (A),				
	290,226.	290,051.	175.	
	113,921.	113,921.		
			36,431.	56,550
			280.	20,711
	63,307.	55,904.	3,314.	4,089
Add lines 1 through 24e	9,479,740.	5,589,662.	3,094,665.	795,413
SOP 98-2 (ASC 958-720)				
		/		Form 990 (202
	ection 4958(f)(1)) and 1 4958(c)(3)(B) ontributions (include mployer contributions) ployees): vices. See Part IV, line 17 fees exceeds 10% of line 25, a 11g expenses on Sch 0.) on ertainment expenses ocal public officials s, and meetings and amortization enses not covered xpenses on line 24e. If % of line 25, column (A), es on Schedule 0.) ISES COLLECTION EXPENSES Add lines 1 through 24e ne only if the organization costs from a combined undraising solicitation.	eetion 4958(f)(1)) and 4,362,321. ontributions (include 145,277. mployer contributions) 573,702. 325,966. 325,966. ployees): 2,456. 78,230. 78,230. vices. See Part IV, line 17 926,990. fees 926,990. exceeds 10% of line 25, 523,945. and appenses on Sch 0.) 60,233. and amortization 436,777. and amortization 484,136. 96,080. 96,080. enses not covered xpenses on line 24e. If % of line 25, column (A), es on Schedule 0.) 290,226. COLLECTION 113,921. COLLECTION 113,921. Add lines 1 through 24e 9,479,740. ne only if the organization costs from a combined undraising solicitation. 9,479,740.	ection 4958(f)(1)) and 1 4958(c)(3)(B) 4,362,321. 3,436,821. ontributions (include mployer contributions) 145,277. 110,479. 573,702. 452,375. 325,966. 243,999. ployees): 2,456. ress 78,230. vices. See Part IV, line 17 fees 926,990. xcceds 10% of line 25, 8: 11g expenses on Sch 0.) 523,945. 52,836. on 60,233. 25,118. 214,730. 121,170. 436,777. 43,340. 26,987. 13,603. ertainment expenses ocal public officials s, and meetings 27,931. 27,931. and amortization 484,136. 336,433. 96,080. 11,280. enses not covered xpenses on line 24e. If % of line 25, column (A), es on Schedule 0.) 290,226. 290,051. Stress 290,226. 290,051. 31,281. 10,290. G3,307. 55,904. 43,307. 55,904. Add lines 1 through 24e 9,479,740. 5,589,662. 10,290. 63,307. 55,904. 47,9,740. 5,589,662.	ection 4958(f)(1)) and 14558(c)(3)(6) 4,362,321. 3,436,821. 570,032. ontributions (include mployer contributions) 145,277. 110,479. 21,563. 573,702. 452,375. 73,943. 325,966. 243,999. 47,475. ployees): 2,456. 2,456. 2,456. 2,456. 78,230. 78,230. 78,230. 78,230. vices. See Part IV, line 17 fees 926,990. 926,990. 926,990. xxceeds 10% of line 25, 110 expenses on Sch 0.) on 523,945. 52,836. 470,609. m 60,233. 25,118. 27,628. 214,730. 121,170. 45,009. acta public officials s, and meetings 27,931. 27,931. 33,677. 33,677. and amortization 484,136. 336,433. 82,057. 96,080. 11,280. 84,800. enses not covered xpenses on lice 0.) 290,226. 290,051. 175. 290,226. 290,051. 175. COLLECTION EXPENSES 214,770. 5,589,662. 3,094,665. 63,307. 5,589,662. 3

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Form 990 (2022)

MASSACHUSETTS HISTORICAL SOCIETY

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			425,349.	1	386,891.
	2	Savings and temporary cash investments			3,124,835.	2	3,209,207.
	3	Pledges and grants receivable, net	204,370.	3	130,562.		
	4	Accounts receivable, net			51,680.	4	41,000.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of thes	-			5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	100.000
A	9				145,977.	9	199,992.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,949,151.			0 404 000
		Less: accumulated depreciation			9,769,799.		
	11	Investments - publicly traded securities			127,669,449.	11	127,469,734.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			416,838.	14	369,028.
	15	Other assets. See Part IV, line 11			141,808,297.	15	141,301,396.
	16	Total assets. Add lines 1 through 15 (must equa	760,848.	16 17	833,909.		
	17 18	Accounts payable and accrued expenses	700,040.	17	033,303.		
	19	Grants payable			349,660.	19	335,067.
	20	Deferred revenue Tax-exempt bond liabilities			545,0000	20	555,007.
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form				21	
Liabilities		trustee, key employee, creator or founder, subst					
ilidi		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela			892,815.	23	792,337.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			244,535.	25	199,416.
	26	Total liabilities. Add lines 17 through 25			2,247,858.	26	2,160,729.
		Organizations that follow FASB ASC 958, che	ck here	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27				51,651,639.	27	51,570,569.
Ba	28	Net assets with donor restrictions			87,908,800.	28	87,570,098.
pun		Organizations that do not follow FASB ASC 9	58, che	eck here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
it A:	31	Retained earnings, endowment, accumulated inc			120 560 420	31	120 140 667
Ne	32	Total net assets or fund balances			139,560,439.	32	139,140,667.
	33	Total liabilities and net assets/fund balances			141,808,297.	33	141,301,396. Form 990 (2022)

Form 990 (2022)

232011 12-13-22

Form	1990 (2022) MASSACHUSETTS HISTORICAL SOCIETY	04-	2108374	Pa	_{qe} 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,69	8,6	24.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,47	9,7	40.	
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,78	1,1	16.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	139,56	0,4	39.	
5	Net unrealized gains (losses) on investments	5	5,36	1,3	44.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	139,14	0,6	67.	
Pa	rt XII Financial Statements and Reporting					
	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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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	Х		
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		x		
	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 Sche	dule O.				
3a	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?		<u>3a</u>	 	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b			

Form 990 (2022)

SCHEDULE A Public Charity Status and Public Support					OMB No. 1545-0047					
(Fo	rm 9	90)			nization is a section 501					2022
					47(a)(1) nonexempt cha					ZUZZ
		of the Treasury		A	ttach to Form 990 or Fo	rm 990-E	Ζ.			Open to Public
				Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.		Inspection
Nar	ne of	the organization					_			identification number
		Decem	MASS.	ACHUSETTS	HISTORICAL SO	DCIETY	2			4-2108374
	rt I				(All organizations must c			ee instruction	IS.	
	orgar		•		For lines 1 through 12, c					
1					on of churches described		on 170(b)([.]	l)(A)(i).		
2					Attach Schedule E (Forn					
3		-	-		anization described in se			-		
4			-	ation operated in col	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
_		city, and state		ar the henefit of a co				verementel	nit describe	ad in
5		•	•		llege or university owned	or operation	eu by a go	veninentaru		
6				Complete Part II.)	nental unit described in	soction 17	70(6)(1)(1)	60		
7	X			-	ntial part of its support fi				no gonoral i	oublic described in
'		•		omplete Part II.)		onna gove	Innontar		ie general j	
8					(1)(A)(vi). (Complete Par	EIL)				
9	\square	-			in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college
•		•	-	-	ulture (see instructions).		-		-	-
		university:		, , ,	(, ,		5	
10		An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities relat	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organizati	on organized a	and operated exclusion	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	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
	_	_	-		f supporting organizatior		-		-	
a				-	upervised, or controlled	• • • •	-			
			•		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
				complete Part IV, Se					··· (-) · ··· · · · ·	
b				-	l or controlled in connect			-		•
			-		anization vested in the sa	ame perso	ns that co	ntroi or mana	ge the supp	Joned
		_ ~	.,	t complete Part IV,	g organization operated	in connect	tion with	and functional	lly integrate	ad with
c). You must complete I				ily integrate	a with,
c	Г	_			porting organization oper				ted organiz	zation(s)
-				• •	zation generally must sat				•	
					nplete Part IV, Sections					
e		- ·			written determination fro				II, Type III	
		functionally	integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ent	er the number (of supported o	organizations						
				about the supporte		(iv) to the error	nization listed			
		(i) Name of supportion		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o support (see ir		(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ii	istructions	support (see instructions)
Tota	al									

Schedule A (Form 990) 2022 MASSACHUSETTS HISTORICAL SOCIETY 04-2108374 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

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.")	2830902.	2939789.	3770174.	2135548.	2392568.	14068981.
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	2020002	2020700	3770174.	2125540	2202560	14060001
	Total. Add lines 1 through 3	2830902.	2939789.	3//01/4.	2135548.	2392568.	14068981.
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)						1600004
~	···						<u>1689894.</u> 12379087.
	Public support. Subtract line 5 from line 4.						цдз/900/.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(d) 2021	(a) 2022	
	Amounts from line 4	(a) 2018 2830902.	(b) 2019 2939789.	(c) 2020 3770174.	(d) 2021 2135548.	(e) 2022 2392568	(f) Total 14068981.
	Gross income from interest,	2030302.	2555705.	57701740	2133340.	2552500.	140000011
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	139,293.	130,230.	44,621.	29,050.	148,476.	491,670.
9	Net income from unrelated business	10072000	10072000	11,0210	2370301	110/1/01	19170700
3	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.)	36,340.	28,481.	24,104.	14,085.	42,023.	145,033.
11	Total support. Add lines 7 through 10			, -	,		14705684.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	898,340.
	First 5 years. If the Form 990 is for th	•	,	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	84.18 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	86.68 %
	33 1/3% support test - 2022. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2022

232022 12-09-22

Schedule A (Form 990) 2022 MASSACHUSETTS HISTORICAL SOCIETY Part III Support Schedule for Organizations Described in Section 509(a)(2) Society

(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.)

Secti	on A. Public Support			-	-		
Calenda	ar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 G	ifts, grants, contributions, and						
m	embership fees received. (Do not						
in	clude any "unusual grants.")						
m fo ar	ross receipts from admissions, nerchandise sold or services per- prmed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose						
	ross receipts from activities that re not an unrelated trade or bus-						
in	less under section 513						
	ax revenues levied for the organ- ation's benefit and either paid to						
0	r expended on its behalf						
fu	he value of services or facilities irnished by a governmental unit to						
	ne organization without charge	ļ					
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex an	mounts included on lines 2 and 3 received om other than disqualified persons that ceed the greater of \$5,000 or 1% of the nount on line 13 for the year						
c A	dd lines 7a and 7b						
8 P Secti	ublic support. (Subtract line 7c from line 6.) on B. Total Support						
Calenda	ar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	mounts from line 6						
10a G di se	ross income from interest, ividends, payments received on ecurities loans, rents, royalties, nd income from similar sources						
b U	nrelated business taxable income						
•	ess section 511 taxes) from businesses cquired after June 30, 1975						
c A	dd lines 10a and 10b						
11 N ac w	et income from unrelated business ctivities not included on line 10b, hether or not the business is equiarly carried on						
0	ther income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)						
14 Fi	irst 5 years. If the Form 990 is for the form	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,
Secti	on C. Computation of Publ	ic Support Per	centage				
15 P	ublic support percentage for 2022 (line 8, column (f), d	livided by line 13,	column (f))		15	%
	ublic support percentage from 2021					16	%
	on D. Computation of Inves					<u> </u>	
17 In	vestment income percentage for 20	322 (line 10c, colur	nn (f), divided by	line 13, column (f))		17	%
	vestment income percentage from					18	%
19a 33	3 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	ore than 33 1/3%, check this box a	-					
	3 1/3% support tests - 2021. If the						
lir	ne 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20 P	rivate foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
232023	12-09-22		17	7		Schedule	A (Form 990) 2022

2022.05090 MASSACHUSETTS HISTORICAL A2478201

MASSACHUSETTS HISTORICAL SOCIETY

1

2

3a

3b

Yes No

(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.)

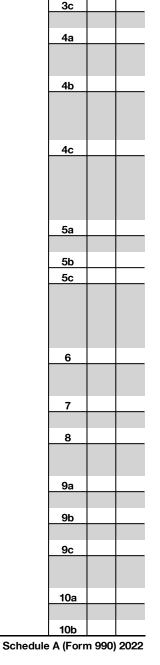
Section A. All Supporting Organizations

Part IV Supporting Organizations

Schedule A (Form 990) 2022

- 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.)

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Schedule A (Form 990) 2022 MASSACHUSETTS HISTORICAL SOCIETY 04-2108374 Page 5 Part IV Supporting Organizations (continued)

1	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	
	11c below, the governing body of a supported organization?	11a
b	A family member of a person described on line 11a above?	11b
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	

detail in Part VI. Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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. Section 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			
		4		

the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Yes

Yes

11c

1

2

No

No

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	edule A (Form 990) 2022 MASSACHUSETTS HISTORICAL			04-2108374 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust or	n Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e 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		
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			
	instructions 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		
е	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	1		
	emergency temporary reduction (see instructions).	6		

MASSACHUSETTS HISTORICAL SOCIETY

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

Schedule A (Form 990) 2022

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	Schedule A (Form 990) 2022 MASSACHUSETTS HISTORICAL SOCIETY 04-2108374 Page 7								
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ued)					
Sect	on D - Distributions				Current Ye	ar			
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	3	3						
4	Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6					
_7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne 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	<i>w</i>	(11)	10					
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributab Amount for 2				
_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								
a	From 2017								
b	From 2018								
C	From 2019								
d	From 2020								
e	From 2021								
f	Total of lines 3a through 3e								
<u> </u>	Applied to underdistributions of prior years								
h	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
i	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

Part VI	Part IV, Se line 1; Part	tion A, I IV, Secti lines 5, 6	Inforn ines 1, ion D, li	n ation. 2, 3b, 3c, nes 2 and	Provide 1 4b, 4c, 5 3; Part I	the expla 5a, 6, 9a, V, Sectio	9b, 9c, 11a, n E, lines 1c	ired by Pa 11b, and , 2a, 2b, 3a	rt II, line 10; 11c; Part IV, a, and 3b; Pa	Part II, line 17a c Section B, lines art V, line 1; Part	04-2108374 Page or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V, onal information.
			II,	LINE	10,	EXPI	ANATIC	N FOR	OTHER	INCOME:	
	INCOME										
018 A	MOUNT:	\$	36,	340.							
019 A	MOUNT:	\$	28,	481.							
020 A	MOUNT:	\$	24,	104.							
021 A	MOUNT:	\$	14,	085.							
022 A	MOUNT:	\$	42,	023.							

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

ACHUSETTS	HISTORICAL	SOCIETY	04-2108374

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set is the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule I	R	(Form	990)	(2022)	`
			330)		

Name of organization

Employer identification number

(d)

Type of contribution

MASSACHUSETTS HISTORICAL SOCIETY

04 - 2108374

(c)

Total contributions

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contr
1		

<u> 1</u>		\$ <u>190,350.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>101,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$176,082.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>48,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 223452 11-11		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Schedule B	(Form 990) (2022)

Name of organization

Page **2**

Employer identification number

MASSACHUSETTS HISTORICAL SOCIETY

04-2108374

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$49,867.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ <u>50,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>78,559.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll ON Noncash ON Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

10360422 131839 A247820

25 2022.05090 MASSACHUSETTS HISTORICAL A2478201

Name of organization Employeer identification number MASSACHUSETTS HISTORICAL SOCIETY 04-2108374 PartII Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (b) (b) (c) (c) PartII 200 BBABES OF TENENO FIGHERS (b) (c) (c) No. (b) (c) (c) No. (c) (c) (d) Description of noncesh property given (c) (c) (d) Description of noncesh property given (c) (d) (e) (b) FMV (or estimate) (c) (f) No. (b) (c) (c) (f) No. (b) FMV (or estimate) (c) <t< th=""><th></th><th>3 (Form 990) (2022)</th><th></th><th>1</th><th>Page 3</th></t<>		3 (Form 990) (2022)		1	Page 3
Part II Noncesh Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (b) (c) FWV (or estimate) (d) Part I 300 SHARES OF THERNO FIGHER (a) (b) (c) (d) (b) (c) FWV (or estimate) (c) (d) (d) (b) (c) (c) (d) (d) (d) (c) Description of noncesh property given (c) (d) (d) (d) (c) Description of noncesh property given (c) (d) (d) (d) (d) (d) No. (b) (c) (f) (d) (d) (d) (b) No. (c) (f) (f) (f) (d) (d) (f) No. (b) (c) (f) (f) (f) (f) (f) No. (f) (f) (f) (f) (f) (f) (f) (f) No. (f) Description of noncesh property given (f) FWV (or estimate) (f) (f) Det received <t< td=""><td>Name of or</td><td>rganization</td><td></td><td>Emplo</td><td>yer identification number</td></t<>	Name of or	rganization		Emplo	yer identification number
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No. from Part I (b) Description of noncesh property given FMV (or estimate) (See instructions.) (c) Date received 4	Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is neede	d.	
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(a) (b) (c) (d) Part 360 SHARES OF APPLE (d)	4	300 SHARES OF THERMO FISHER			
No. (b) FW (or estimate) (See instructions.) (d) 360 <shares apels<="" of="" td=""> s 49,867. 11/04/22 (a) (b) (c) FWV (or estimate) (See instructions.) (d) (a) 0 (b) (c) fwv (b) 0 (c) FWV (or estimate) (See instructions.) (d) (e) 0 0 (c) fwv (e) 0 (c) fwv (c) (e) 0 0 (c) fwv (f) 0 0 (c) fwv (f) 0 (c) fwv fwv (a) 0 (c) fwv fwv (a) 0 (c) fwv fwv (a) 0 (c) fwv fwv (b) 0 fwv fwv fwv (a) 0 fwv fwv fwv (b) 0 fwv fwv fwv (b) 0 fwv fwv fwv</shares>			\$176,0	82.	02/01/23
7	No. from		FMV (or estimat		
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No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received					
	No. from		FMV (or estimat		

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Schedule B (Form 990) (2022)

Schedule B	(Form 990) (2022)			Page 4
Name of ore	ganization			Employer identification number
MASSAC	HUSETTS HISTORICAL SOC	TEUV		04-2108374
Part III		ons to organizations described in sont through (e) and the following line en charitable, etc., contributions of \$1,000 or	try. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gi	 ft	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
F		e) Transfer of gi	ft	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of gi		ansferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	ft	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
223454 11-15-2	22	27		Schedule B (Form 990) (2022)

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2022.05090 MASSACHUSETTS HISTORICAL A2478201

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SC		Supplemental Financial S	Statements	OMB No. 1545-0047
(Forn	n 990)	Complete if the organization answered "Y Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 1		2022
	ment of the Treasury	Attach to Form 990.		Open to Public
-	Revenue Service	Go to www.irs.gov/Form990 for instructions and	the latest information.	Inspection Employer identification number
Nam	e of the organization	MASSACHUSETTS HISTORICAL SOCIE	TY	04-2108374
Par	t I Organiza	tions Maintaining Donor Advised Funds or Other	Similar Funds or Ac	
	organization	answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advi	sed funds	(b) Funds and other accounts
1		d of year		
2	Aggregate value of			
3 ⊿		grants from (during year)		
4 5		end of year	held in donor advised fund	de
Ű	-	n's property, subject to the organization's exclusive legal control		
6		n inform all grantees, donors, and donor advisors in writing that		
	•	oses and not for the benefit of the donor or donor advisor, or for	5	•
	impermissible priva			
Par	t II Conserva	ation Easements. Complete if the organization answered "	res" on Form 990, Part IV,	, line 7.
1	Purpose(s) of cons	ervation easements held by the organization (check all that apply $\stackrel{-}{\neg}$	/)	
	Preservation	of land for public use (for example, recreation or education)	Preservation of a histo	prically important land area
		natural habitat	Preservation of a certi	ified historic structure
-		of open space		
2	Complete lines 2a day of the tax year	through 2d if the organization held a qualified conservation contr	ibution in the form of a col	Held at the End of the Tax Year
				2a
a b		nservation easements icted by conservation easements		2b
c	-	ration easements on a certified historic structure included in (a)		2c
d		ration easements included in (c) acquired after July 25,2006, and		
		sted in the National Register		2d
3	Number of conserv	ation easements modified, transferred, released, extinguished, o		ization during the tax
	year			
4		where property subject to conservation easement is located		
5		ion have a written policy regarding the periodic monitoring, inspe	ection, handling of	
-				
6	Staff and volunteer	hours devoted to monitoring, inspecting, handling of violations,	and enforcing conservatio	on easements during the year
7	Amount of exponsi	 es incurred in monitoring, inspecting, handling of violations, and e	onforcing conservation as	soments during the year
'	Amount of expense	es incurred in monitoring, inspecting, narding of violations, and	enforcing conservation eas	sements during the year
8	Does each conserv	ation easement reported on line 2(d) above satisfy the requirement	ents of section 170(h)(4)(B)	(i)
_		(4)(B)(ii)?		
9		e how the organization reports conservation easements in its rev		
	balance sheet, and	include, if applicable, the text of the footnote to the organization	n's financial statements that	at describes the
	organization's acco	ounting for conservation easements.		
Par		tions Maintaining Collections of Art, Historical Tr	easures, or Other S	imilar Assets.
		the organization answered "Yes" on Form 990, Part IV, line 8.		
1 a	0	elected, as permitted under FASB ASC 958, not to report in its re		
		asures, or other similar assets held for public exhibition, education		nce of public
h		Part XIII the text of the footnote to its financial statements that de		a abaat warka of
b		elected, as permitted under FASB ASC 958, to report in its reven ures, or other similar assets held for public exhibition, education,		
		ng amounts relating to these items:	of research in furtherance	e of public service,
	-	led on Form 990, Part VIII, line 1		\$
		d in Form 990, Part X		
2	. ,	received or held works of art, historical treasures, or other similar		
	the following amou	nts required to be reported under FASB ASC 958 relating to the	se items:	
а	Revenue included	on Form 990, Part VIII, line 1		\$
b	Assets included in	Form 990, Part X		\$
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2022
232051	09-01-22	20		
		28		

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		USETTS HIST			0 r Similar	4-21	08374	Page 2		
							(continue	ed)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant us	se of its				
	collection items (check all that apply):									
а	X Public exhibition	d	X Loan or exc							
b	X Scholarly research	е	Other							
С	X Preservation for future generations									
4	Provide a description of the organization's co					e in Part	XIII.			
5										
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
Par	TIV Escrow and Custodial Arran reported an amount on Form 990, Pai		ete if the organizatio	n answered "Yes" o	n Form 990,	Part IV, I	ine 9, or			
1a	Is the organization an agent, trustee, custodi		ary for contributions	s or other assets not	included					
	on Form 990, Part X?						Yes	No		
b	If "Yes," explain the arrangement in Part XIII					····· —]			
-			ernig tablet				Amount			
с	Beginning balance				1c					
	Additions during the year									
e	Distributions during the year									
f	Ending balance				<u>16</u> 1f					
2a	Did the organization include an amount on Fe						Yes	No		
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •		_			
Par										
	• · ·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Four ye	ears back		
1a	Beginning of year balance	127,669,448.	137,542,351.	89,532,291.	87,61	3,214.	82,5	95,066.		
b	Contributions	253,467.	60,000.	259,450.	23	5,571.	6	89,193.		
с	Net investment earnings, gains, and losses	5,587,956.	-5,799,985.			8,354.	7,8	71,247.		
	Grants or scholarships	· · ·	· ·					<u> </u>		
	Other expenditures for facilities									
•	and programs	5,927,216.	3,946,173.	3,812,183.	3,64	1,368.	3,4	71,403.		
f	Administrative expenses	113,921.	186,745.			3,480.		, 70,889.		
g	End of year balance	127,469,734.	127,669,448.	,		2,291.		13,214.		
2	Provide the estimated percentage of the curr	i			,	, .	,			
a	Board designated or quasi-endowment	32.5519	%							
b	Permanent endowment 14.0466	%								
	Term endowment 53.4015									
Ŭ	The percentages on lines 2a, 2b, and 2c sho	•								
39	Are there endowment funds not in the posse	•	tion that are held ar	nd administered for t	ho					
ou	organization by:	solori or the organiza					Y	es No		
	(i) Unrelated organizations						3a(i)	x		
	(ii) Related organizations						3a(ii)	X		
h	If "Yes" on line 3a(ii), are the related organization	itions listed as require	ad on Schedule R?				3b			
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm		Whent funds.							
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990, Part X	, line 10.					
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulated	d	(d) Book	/alue		
		basis (investr	. ,		epreciation		()			
1a	Land		20	0,000.			200	,000.		
	Buildings			0,422.	468,15	2.		,270.		
	Leasehold improvements		16,53	3,971. 7,	630,73	8.	8,903	,233.		
	Equipment			2,367.	355,27		297	,088.		
	Other			2,391.			92	,391.		
	. Add lines 1a through 1e. (Column (d) must e						9,494			
			· · · · · · · ·				D (Form 9	90) 2022		

Schedule D (Form 990) 2022 MASSACHUSETTS HISTORICAL SOCIETY

Part \	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	scription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
	ncial derivatives			
	sely held equity interests			
(3) Othe	er			
(A)				
<u>(B)</u>				
(C)				
(D) (E)				
(E)(F)				
(G)				
(H)				
	ol. (b) must equal Form 990, Part X, col. (B) line 12.)			
	/III Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
	(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. (C Part I	ol. (b) must equal Form 990, Part X, col. (B) line 13.) X Other Assets.			
Faili	Complete if the organization answered "Yes"	on Form 000 Part IV line	a 11d Soc Form 000 Part V line 15	
	-	Description	e 110. See Form 990, Fait A, line 13.	(b) Book value
(1)	(4)	Description		
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (C	Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part >				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	Federal income taxes			100.116
(2)	SPLIT-INTEREST AGREEMENTS			199,416.
(3)				
(4)				
(5)				
(6)				<u> </u>
(7)				
<u>(8)</u> (9)				
	Column (b) must equal Form 990, Part X, col. (B) line	25 \		199,416.
<u>. otal. (C</u>	<u>Jolumin (b) must equal Form 990, Part A, col. (B) line</u>	<u> </u>		

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 MASSACHUSETTS HISTORICAL	SOCIET	Y	04-	2108374	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With	n Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	8,027	,131.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	5,361,344.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	-113,921.			
е	Add lines 2a through 2d			2e	5,247	
3	Subtract line 2e from line 1			3	2,779	<u>,708.</u>
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	926,990.			
b	Other (Describe in Part XIII.)	4b	-8,074.			
с	Add lines 4a and 4b			4c		<u>,916.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,698	,624.
Pa	t XII Reconciliation of Expenses per Audited Financial State		h Expenses per l	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1				1	8,446	,903.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)		8,074.			• <i>- ·</i>
е	Add lines 2a through 2d			2e	8	<u>,074.</u>
3	Subtract line 2e from line 1			3	8,438	<u>,829.</u>
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		926,990.			
b	Other (Describe in Part XIII.)	4b	113,921.			
С	Add lines 4a and 4b			4c	1,040	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,479	,740.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS
SINCE THE SOCIETY'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE
STATEMENTS OF FINANCIAL POSITION. PURCHASE OF COLLECTION ITEMS ARE
RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IF
PURCHASED WITH NET ASSETS WITHOUT DONOR RESTRICTIONS AND AS DECREASES IN
NET ASSETS WITH DONOR RESTRICTIONS IF PURCHASED WITH DONOR-RESTRICTED
ASSETS. CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT RECOGNIZED IN THE
STATEMENT OF ACTIVITIES OR AS ASSETS. PROCEEDS FROM DEACCESSIONS ARE
REFLECTED IN THE STATEMENT OF ACTIVITIES BASED ON ABSENCE OR EXISTENCE AND
NATURE OF DONOR-IMPOSED RESTRICTIONS.

31

PART III, LINE 4:

THE SOCIETY'S COLLECTIONS ARE MADE UP OF MANUSCRIPTS, RARE BOOKS,

PAMPHLETS, REFERENCE WORKS, ART OBJECTS, AND OTHER ARTIFACTS OF HISTORICAL

SIGNIFICANCE THAT ARE HELD FOR EDUCATIONAL, RESEARCH, HISTORIC, AND

CURATORIAL PURPOSES. EACH OF THESE ITEMS IS CATALOGED, PRESERVED, AND

CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR

CONDITION ARE PERFORMED CONTINUALLY.

PART V, LINE 4:

THE SOCIETY CLASSIFIES AS NET ASSETS WITH DONOR RESTRICTIONS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR'S GIFT INSTRUCTIONS AT THE TIME THE ACCUMULATION IS MADE TO THE FUND.

THE SOCIETY HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR A PERCENTAGE OF INVESTED ASSETS COMPUTED ON A TRAILING 12-QUARTER QUARTERLY AVERAGE OF ITS ENDOWMENT ASSET MARKET VALUES. IN ESTABLISHING THIS POLICY, THE SOCIETY CONSIDERED THE LONG-TERM EXPECTED RETURNS ON ITS ENDOWMENT ASSETS. ACCORDINGLY, OVER THE LONG-TERM, THE SOCIETY EXPECTS THE SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT A RATE IN EXCESS OF INFLATION. THIS IS CONSISTENT WITH THE SOCIETY'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. THE CUMULATIVE NET UNSPENT APPRECIATION ON INVESTMENTS WITH DONOR RESTRICTIONS IS ACCOUNTED FOR AS NET ASSETS WITH DONOR RESTRICTIONS AND TOGETHER WITH UNSPENT APPRECIATION ON UNRESTRICTED ENDOWMENT FUNDS IS NOT

AVAILABLE FOR DISTRIBUTION, EXCEPT BY THE EXPRESS APPROPRIATION ACTION OF Schedule D (Form 990) 2022

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 Schedule D (Form 990) 2022
 MASSACHUSETTS HISTORICAL SOCIETY
 04-2108374
 Page 5

 Part XIII
 Supplemental Information (continued)
 Frage 5
 Frage 5

THE BOARD OF TRUSTEES.

PART X, LINE 2:

THE SOCIETY IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE SOCIETY IS ALSO EXEMPT FROM MASSACHUSETTS INCOME TAXES. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE SOCIETY'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME AT BOTH THE STATE AND FEDERAL LEVELS. IN ADDITION, THE SOCIETY QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAD BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

THE SOCIETY EVALUATES ALL SIGNIFICANT TAX POSITIONS. AS OF JUNE 30, 2023, THE SOCIETY DOES NOT BELIEVE THAT IT HAS TAKEN ANY TAX POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT 12 MONTHS. THE SOCIETY'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE TAXING JURISDICTIONS; HOWEVER, THERE ARE NO EXAMINATIONS IN PROCESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PURCHASE OF COLLECTIONS

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF RENTAL EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF RENTAL EXPENSE

232055 09-01-22

8,074.

Schedule D (Form 990) 2022

-113,921.

-8,074.

Chedule D (Form 990) 2022 MASSACHUSETTS HISTORICAL SOCIETY Part XIII Supplemental Information (continued)	04-2108374 Page
ART XII, LINE 4B - OTHER ADJUSTMENTS:	
URCHASE OF COLLECTIONS	113,921.
	Schedule D (Form 990) 2

SCHEDULE F (Form 990)	Stateme Complete if the					
Department of the Treasury Internal Revenue Service	Go to w		Attach to Form 990. 1990 for instructions and the latest ir	formation		Open to Public Inspection
Name of the organization		ww.irs.gov/Form		normation.		lentification number
Name of the organization					Employer ic	
MASSACHUSETTS H	ISTORICA	L SOCIET	Z		04-210	8374
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answe	red "Yes" on
Form 990, Part I	V, line 14b.					
-	-		ds to substantiate the amount of its gran the selection criteria used to award the g			Yes No
2 For grantmakers. Dese United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	ner assistance	outside the
			n be duplicated if additional space is no			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	is a prog describe	vity listed in (d gram service, specific type (s) in the regio	expenditures for and investments
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS			15,273,212.
3 a Subtotal	0	0				15,273,212.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				15,273,212.

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

Schedule F (Form 990) 2022

232071 10-17-22

Schedule F (Form 990) 2022 MASSACHUSETTS HISTORICAL SOCIETY

04-2108374

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f			·	1	
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sect		livalency letter	▶		

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 MASSACHUSETTS HISTORICAL SOCIETY

04-2108374

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of
		recipients	cash grant	cash dispursement	assistance	noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

Page 3

Schedu	ule F (Form 990) 2022 MASSACHUSETTS HISTORICAL SOCIETY	04-2108374	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

04-2108374	Page 5
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	(Form 990) 2022	MASSACHUSETTS	HISTORICAL	SOCIETY	04-2108374	
Part V	Supplementa	I Information				
	Provide the inform	nation required by Part I, line	2 (monitoring of funds	s); Part I, line 3, co	olumn (f) (accounting method; amounts of	
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, col					
	(estimated numbe	er of recipients), as applicable	e. Also complete this p	art to provide any	additional information. See instructions.	

232075 10-17-22

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Forn a.gov/Form990 for		ation.			o Public ection	
Name of the organization	on			<u> </u>				Employer identificat	ion number	
MASSACHUSETTS HISTORICAL SOCIETY 04-										
	formation on Grants a									
-	ation maintain records t		-			-			<u> </u>	
	ward the grants or assis							X Yes	No No	
Part II Grants and	IV the organization's pro d Other Assistance to I nat received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any		
	ldress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistan		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Part III

MASSACHUSETTS HISTORICAL SOCIETY Schedule I (Form 990) 2022

Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance 59 0.N/A FELLOWSHIPS 232,375. N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PART I, LINE 2:

THE ORGANIZATION PROVIDES FELLOWSHIPS FOR RESEARCHERS TO USE ITS LIBRARY.

IN ADDITION, PRIOR TO DISBURSING THE FINAL FELLOWSHIP PAYMENT, THE SOCIETY

RECEIVES A REPORT FROM THE FELLOWS DETAILING THE COLLECTIONS MATERIALS USED

AND HOW ACCESS TO THE SOCIETY'S COLLECTIONS AIDED THEIR RESEARCH.

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SC	HEDULE J	Compens	ation Information	1	OMB No. 1	1545-004	47	
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest					22)	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					<u> </u>	-	
Depar	tment of the Treasury		Open to Inspe					
	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	e of the organizatior			Employer id			mber	
		MASSACHUSETTS HIST	ORICAL SOCIETY	04-2	10837	4		
Ра	rt I Questions	Regarding Compensation						
						Yes	No	
1a			of the following to or for a person listed on Form	990,				
		ine 1a. Complete Part III to provide any rele						
	First-class or c		Housing allowance or residence for perso					
	Travel for com		Payments for business use of personal re					
	_	ation and gross-up payments	X Health or social club dues or initiation fee					
	Discretionary s	pending account	Personal services (such as maid, chauffe	ir, chef)				
b			follow a written policy regarding payment or			v		
•			ove? If "No," complete Part III to explain		1 b	X		
2	-		or allowing expenses incurred by all directors,			Х		
	trustees, and officer	s, including the CEO/Executive Director, rec	garding the items checked on line 1a?		2			
~	la dia da ministra di 16 an							
3			establish the compensation of the organization's					
			boxes for methods used by a related organizati	on to				
	·	tion of the CEO/Executive Director, but exp						
	Compensation committee Written employment contract							
		ompensation consultant	X Compensation survey or study					
	X Form 990 of ot	her organizations	X Approval by the board or compensation of	ommittee				
4	During the year did	any person listed on Form 990, Part VII, Se	ction A line 12 with respect to the filing					
7	organization or a rel		ction A, line Ta, with respect to the himg					
а	•	e payment or change-of-control payment?			4a		x	
		eive payment from a supplemental nonquali	fied retirement plan?			х		
						- 23	x	
С		eive payment from an equity-based compen			40			
	I Tes to any or lin	es 4a-c, list the persons and provide the ap	plicable amounts for each item in Part III.					
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9					
5			the organization pay or accrue any compensation	n				
3	contingent on the re		the organization pay or accrue any compensation	11				
~	-				5a		x	
							X	
U		r 5b, describe in Part III.			30			
6			the organization pay or accrue any compensation	n				
0	contingent on the n		the organization pay of accide any compensation	11				
~					6a		x	
							X	
D.		r 6b, describe in Part III.						
7		,	the organization provide any nonfixed payments					
'			the organization provide any nonlixed payments		7		x	
8			ued pursuant to a contract that was subject to th		/			
0					0		x	
0		otion described in Regulations section 53.48 d the organization also follow the rebuttable			8			
9					9			
		eduction Act Notice, see the Instructions	for Form 990		j 9 ule J (Forn	n 000'	1 2022	
гпа	I UI Faper WURK Re	auction Act Notice, see the instructions		Sched	ale o (Forn	1 390	, 2022	

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Schedule J (Form 990) 2022 MASSACHUSETTS HISTORICAL SOCIETY

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CATHERINE ALLGOR	(i)	287,347.	0.	0.	11,683.	18,371.	317,401.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRENDA M. LAWSON	(i)	151,480.	0.	0.	6,353.	27,077.	184,910.	0.
SENIOR VP OF COLLECTIONS & CONTENT D	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PETER DRUMMEY	(i)	143,508.	0.	0.	2,600.	9,696.	155,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii) ())							
	(i)							
	(ii) ())							
	(i)							
	(ii)							ula L(Earma 000) 0000

Schedule J (Form 990) 2022

Page 2

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Schedule J (Form 990) 2022 MASSACHUSETTS HISTORICAL SOCIETY

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE ORGANIZATION PROVIDES A SOCIAL CLUB MEMBERSHIP FOR CATHERINE ALLGOR,

PRESIDENT. THE AMOUNT WAS PAID PURSUANT TO THE TERMS OUTLINED IN HER

ORIGINAL OFFER OF EMPLOYMENT.

PART I, LINE 3:

THE BOARD CHAIR AND TREASURER, IN CONSULTATION WITH OFFICERS APPROVE THE

PRESIDENT'S COMPENSATION.

PART I, LINE 4B:

CATHERINE ALLGOR - 457 PLAN EMPLOYEE SALARY DEFERRAL - \$20,500

SCHEDULE M		Nonc	OMB No. 1	545-004	7				
(Form 990) Complete if the orga			ganizations	20	2022				
	repartment of the Treasury Iternal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.							Publiction	ic
Nam	e of the organization	n				Employe	dentificatio	on nur	nbe
		MASSACHUSETI	S HIST	ORICAL SOC	CIETY	0	4-2108	374	
Pa	rt I Types of	Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determin ontribution ar	•	S
1									
2		asures							
3		erests							
4		ations							
5		ehold goods							
6		hicles							
7	Boats and planes								
8		ty							
9		ly traded	X	6	296,526.F	MV			
10		y held stock							
11	Securities - Partne								
12		laneous							
13	Qualified conserva Historic structures								
14	Qualified conserva	ation contribution - Other $_{\dots}$							
15	Real estate - Resic								
16		mercial							
17		r							
18									
19									
20		l supplies							
21									
22									
23	Scientific specime								
24	Archeological artif	acts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29		8283 received by the organ	•	5					
	for which the orga	nization completed Form 82	283, Part V, D	Donee Acknowledge	ement 29				
								Yes	N
30a					orted in Part I, lines 1 through				
				ntribution, and whi	ch isn't required to be used for				
		for the entire holding period	?				<u>30a</u>		X
		the arrangement in Part II.							
31					of any nonstandard contributio	ns?	31	Х	
32a		-		-	cit, process, or sell noncash		32a		х
b	If "Yes," describe i								
33			column (c) fo	r a type of property	r for which column (a) is check	be			

 describe in Part II.

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

Schedule M (Form 990) 2022

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Schedule M (Form 990) 2022 MASSACHUSETTS HISTORICAL SOCIETY

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS REPRESENT THE NUMBER OF UNIQUE CONTRIBUTORS OF

PUBLICLY TRADED SECURITIES.

Schedule M (Form 990) 2022

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Page **2**

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OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization 04-2108374 MASSACHUSETTS HISTORICAL SOCIETY FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COLLECTIONS - THE SOCIETY'S EXTRAORDINARY COLLECTIONS TELL THE STORY OF

AMERICA THROUGH MILLIONS OF RARE AND UNIQUE DOCUMENTS, ARTIFACTS, AND

NATIONAL TREASURES, INCLUDING THE PERSONAL PAPERS OF THREE PRESIDENTS

JOHN ADAMS, JOHN QUINCY ADAMS, AND THOMAS JEFFERSON. THROUGH ITS

RESEARCH LIBRARY, ONLINE RESOURCES, PUBLICATIONS, EXHIBITIONS, AND

PROGRAMS, THE MHS MAKES ITS HOLDINGS ACCESSIBLE TO ANYONE WITH AN

INTEREST IN THE PEOPLE AND EVENTS THAT SHAPED OUR COUNTRY. PAUL

REVERE'S HANDWRITTEN ACCOUNT OF HIS FAMOUS RIDE, THOMAS JEFFERSON'S AND

JOHN ADAM'S MANUSCRIPT COPIES OF THE DECLARATION OF INDEPENDENCE AND

ELBRIDGE GERRY'S ANNOTATED COPY OF THE CONSTITUTION ARE AMONG THE MANY

ICONIC AMERICAN DOCUMENTS OF THE MHS. SPANNING FOUR CENTURIES, THE

LETTERS, DIARIES, AND OTHER PERSONAL PAPERS OF INDIVIDUALS AND

FAMILIES, AS WELL AS THEIR BOOKS, PHOTOGRAPHS, MAPS, NEWSPAPERS,

ARTIFACTS, AND WORKS OF ART HAVE BECOME ESSENTIAL PRIMARY SOURCES FOR

THE STUDY AND UNDERSTANDING OF AMERICAN HISTORY. THE LIBRARY IS FREE

AND OPEN TO RESEARCHERS OF ALL AGES AND LEVELS OF INTEREST. THE LIBRARY

DOES NOT LEND MATERIALS, BUT ANY PERSON INTERESTED IN USING THE

COLLECTION CAN REGISTER AS A RESEARCHER AND USE MATERIALS IN THE

LIBRARY. IN MANY CASES, SELECTED MATERIALS CAN BE REPRODUCED AND SENT

TO INDIVIDUALS WHO CANNOT VISIT LIBRARY IN PERSON.

EXHIBITIONS - THE SOCIETY'S EXHIBITIONS CELEBRATE THE PERSPECTIVE AMERICAN HISTORY BRINGS TO OUR OWN TIME AND ILLUSTRATE HOW IT SUSTAINS OUR REPUBLIC AND GUIDES OUR FUTURE. AS A MAJOR HISTORY PRESENTATION LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

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Name of the organization MASSACHUSETTS HISTORICAL SOCIETY	Employer identification number $04 - 2108374$				
VENUE FOR THE REGION, THE MHS PRODUCES EXHIBITIONS THAT AR	E THEMATIC,				
TELL STORIES, AND EXPLORE HOW TURNING POINTS IN THE PAST A	RE REFLECTED				
IN CULTURE TODAY.					
THROUGHOUT FISCAL YEAR 2023, VISITORS TO OUR BUILDING WERE	ABLE TO				
ENJOY TWO EXHIBITIONS. PART 3 OF OUR FAVORITE THINGS: OBJE	CTS THAT				
FASCINATE, INTEREST & INSPIRE WAS OPEN FROM OCTOBER 10, 20	22, THROUGH				
FEBRUARY 25, 2023. AMONG THE ECLECTIC CROSS SECTION OF VIS	UAL AND				
MATERIAL CULTURE ITEMS ON DISPLAY, VISITORS WERE ABLE TO L	EARN MORE				
ABOUT A 1692 PETITION TO SPARE A WOMAN'S LIFE, A PORTRAIT	OF A SOLDIER				
WHOSE IMAGE WAS PRESERVED BUT NOT HIS NAME, A BRONZE HOT DOG PRESENTED					
AS A CAMPAIGN GIFT IN THE 20TH CENTURY, AND A WOODEN SCREW	USED TO MAKE				
A MAMMOTH CHEESE IN THE 18TH CENTURY. ON MAY 1, 2023, WE O	PENED MASSART				
AT 150: TRADITION AND INNOVATION. THE EXHIBITION CELEBRATE	D THE 150TH				
ANNIVERSARY OF MASSART, THE FIRST INDEPENDENT PUBLICLY FUN	DED ART AND				
DESIGN COLLEGE IN THE UNITED STATES. VISITORS WERE ABLE TO	VIEW A				
RETROSPECTIVE OF STUDENT AND ALUMNI WORK CREATED IN RESPONSE TO A					
MASTERWORK PERFORMED BY HANDEL + HAYDN AND EXPLORE A SELECTION OF					
CLOTHING, EQUIPMENT, ADVERTISING, EVERYDAY HOUSEHOLD ITEMS	, AND				
INNOVATIONS DESIGNED BY MASSART ALUMNI CURATED BY MASSART'S ARCHIVES					
DEPARTMENT.					

EDUCATION AND PUBLIC PROGRAMS - CONTINUING TO DEVELOP A VIBRANT SELECTION OF PUBLIC AND EDUCATIONAL PROGRAMS ENABLES THE MHS TO HELP ENHANCE THE UNDERSTANDING OF OUR NATION'S PAST AND ITS CONNECTION TO THE PRESENT. WHERE OPINIONS VARY, THE MHS PROVIDES A FORUM FOR DEBATE.

PROGRAMMING DESIGNED FOR BOTH GENERAL AND SCHOLARLY AUDIENCES ATTRACTED

MORE THAN 8,290 ATTENDEES AT PROGRAMS, SEMINAR SESSIONS, AND SPECIAL 232212 10-28-22 48

10360422 131839 A247820

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EVENTS OVER THE COURSE OF THE YEAR.

A WIDE RANGE OF PROGRAMS WERE OFFERED IN FISCAL YEAR 2023 INCLUDING THE AASLH AWARD-WINNING SERIES ON DISABILITY IN THE AMERICAN PAST, OCTOBER 28, 2022; THE REVOLUTIONARY: SAMUEL ADAMS WITH STACY SCHIFF IN CONVERSATION WITH SARA GEORGINI; TEACHING WHITE SUPREMACY: AMERICA'S DEMOCRATIC ORDEAL AND THE FORGING OF OUR NATIONAL IDENTITY WITH DONALD YACOVONE IN CONVERSATION WITH HENRY LOUIS GATES, JR.; AND LYDIA MARIA CHILD: A RADICAL AMERICAN LIFE WITH LYDIA MOLAND IN CONVERSATION WITH MEGAN MARSHALL. AS WELL, WE HOSTED PROGRAMS ON LOCAL LGBTQ+ HISTORY AND BOSTON'S LITTLE SYRIA NEIGHBORHOOD.

RESEARCH THE SOCIETY STRIVES TO FOSTER A RESEARCH COMMUNITY THAT ACTIVELY PROMOTES THE STUDY OF THE HISTORY OF MASSACHUSETTS AND THE NATION. WE OFFER AN EXCEPTIONAL RANGE OF RESOURCES FOR MAKING AND SHARING HISTORICAL DISCOVERIES INCLUDING PUBLIC TALKS, TOURS, EXHIBITIONS, SCHOLARLY SEMINARS, CONFERENCES, AND ACCESS TO OUR COLLECTIONS THROUGH OUR WEBSITE AND LIBRARY. WE AWARDED 59 FELLOWSHIPS IN FISCAL YEAR 2023 INCLUDING MHS-NEH LONG-TERM, MHS SHORT-TERM, NERFC, TEACHER, AND STUDENT FELLOWSHIPS). EACH YEAR, THE MHS WELCOMES A WIDE VARIETY OF RESEARCHERS FROM ACROSS THE COUNTRY AND AROUND THE WORLD FROM HIGH SCHOOL STUDENTS AND FAMILY HISTORIANS TO PROFESSORS AND PULITZER PRIZEWINNING AUTHORS. THESE RESEARCHERS NETWORK, SHARE THEIR FINDINGS, AND EXCHANGE IDEAS. IN FISCAL YEAR 2023, THERE WERE 2,440 RESEARCH VISITS FROM 705 INDIVIDUAL RESEARCHERS FROM 35 STATES AND 13 COUNTRIES OUTSIDE OF THE US.

PUBLICATION	AND I	DOCUMENTARY	EDITING	INCLUDING	THE	ADAMS P	APERS -		
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				49					
10360422 131839	A247	7820	2	022.05090	MASS	ACHUSET	IS HISTOR	ICAL A	2478201

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Name of the organization MASSACHUSETTS HISTORICAL SOCIETY	Employer identification number $04 - 2108374$
THE MHS BEGAN PUBLISHING BOOKS IN 1792 AND IS ONE OF THE O	LDEST,
CONTINUOUSLY OPERATING PUBLISHERS IN THE UNITED STATES, AN	D MAKES
AVAILABLE PRINTED BOOKS, ELECTRONIC PUBLICATIONS, A NEWSLE	TTER, AND
SCHOLARLY JOURNAL. THE MHS PUBLISHES PRINT AND ELECTRONIC	WORKS THAT
PROVIDE INFORMATION ABOUT AND MAKE AVAILABLE THE CONTENT O	F SOME OF ITS
MOST SIGNIFICANT COLLECTIONS AND THE PEOPLE WHO CREATED TH	EM.
AS PART OF ITS MISSION, THE MHS MAINTAINS ITS OWN PUBLISHI	NG PROGRAM
AND HOSTS THE OFFICES OF THE ADAMS PAPERS EDITORIAL PROJEC	T. FOUNDED IN
1954, THE PROJECT PREPARES A COMPREHENSIVE EDITION, IN PRI	NT AND
DIGITAL FORMATS, OF THE MANUSCRIPTS WRITTEN AND RECEIVED B	Y THREE
GENERATION OF THE ADAMS FAMILY OF BRAINTREE AND QUINCY, MA	SSACHUSETTS.
THE ADAMS FAMILY PAPERS MANUSCRIPT COLLECTION AT THE MHS F	ORMS THE
NUCLEUS OF THE PROJECT, ALTHOUGH THE EDITORS HAVE GATHERED	MORE THAN
30,000 COPIES OF ADDITIONAL ADAMS WRITINGS FROM HUNDREDS O	F LIBRARIES,
INSTITUTIONS, AND INDIVIDUALS IN THE UNITED STATES AND ABR	OAD. TO DATE,
NEARLY 60 PRINT VOLUMES HAVE BEEN PUBLISHED BY HARVARD UNI	VERSITY
PRESS, MOST OF WHICH ARE AVAILABLE ONLINE AS PART OF THE A	DAMS PAPERS
DIGITAL EDITION.	
FORM 990, PART VI, SECTION A, LINE 3:	
DURING THE YEAR THE BOARD ENGAGED WITH WINTER STREET CFO.	LLC TO PERFORM

THE CFO WORK. WINTER STREET IS OVERSEEN BY THE PRESIDENT AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOCIETY HAS ELECTED MEMBERS, KNOWN AS FELLOWS, AS WELL AS GENERAL

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MEMBERSHIP, WHICH DO NOT HAVE VOTING RIGHTS.

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Name of the organization	Employer identification number
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FORM 990, PART VI, SECTION A, LINE 7A:

THE SOCIETY HAS ELECTED MEMBERS WHO DO NOT HAVE VOTING RIGHTS. IN ADDITION,

THE SOCIETY IS GOVERNED BY THE BOARD OF TRUSTEES WHO ARE NOMINATED AND

ELECTED. THE BOARD OF TRUSTEES ARE RESPONSIBLE FOR ALMOST ALL GOVERNANCE DECISIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION PROVIDES A DRAFT OF FORM 990 TO ITS FINANCE COMMITTEE FOR THEIR REVIEW PRIOR TO FILING. ADDITIONALLY, A DRAFT COPY OF THE FORM 990 IS MADE AVAILABLE TO ALL TRUSTEES FOR COMMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, THE GOVERNANCE COMMITTEE DISTRIBUTES A QUESTIONNAIRE TO ALL TRUSTEES, OFFICERS AND KEY EMPLOYEES REQUIRING THEM TO DISCLOSE ANY CONFLICTS OF INTEREST. THE SOCIETY REQUIRES THAT ALL PERSONS TO WHOM THE QUESTIONNAIRE IS DISTRIBUTED COMPLETE IT IN A TIMELY MANNER. THE GOVERNANCE COMMITTEE REVIEWS THE CONFLICT OF INTEREST POLICY QUESTIONAIRES AS THEY ARE COMPLETED ALONG WITH THE BOARD DISCLOSURES ANNUALLY, AND SUGGESTS ANY CONFLICTS TO GENERAL COUNSEL FOR FURTHER EVALUATION. GENERAL COUNSEL IS RESPONSIBLE FOR FOLLOWING UP ON ANY POTENTIAL OR NOTED CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

EACH YEAR THE CHAIR OF THE BOARD OF TRUSTEES APPOINTS A COMPENSATION

COMMITTEE MADE UP OF TRUSTEES TO REVIEW THE PERFORMANCE OF THE

PRESIDENT/CEO AND COMPARABLE COMPENSATION DATA AND TO MAKE A RECOMMENDATION

TO THE BOARD, WHICH THEN MAKES THE FINAL DECISION ON HIS/HER COMPENSATION.

THE DELIBERATIONS AND DECISION OF BOTH THE COMMITTEE AND THE BOARD ARE
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CONTEMPORANEOUSLY RECORDED IN THE MINUTES. THE LAST YEAR THIS PROCESS WAS

PERFORMED WAS IN 2023.

EACH YEAR THE PRESIDENT, AS CEO, REVIEWS THE PERFORMANCE OF THE KEY EMPLOYEES AND COMPARABLE COMPENSATION DATA AND REPORTS HIS/HER DECISION TO THE BOARD OF TRUSTEES, WHICH ARE INCORPORATED INTO THE ANNUAL BUDGET OF THE ORGANIZATION WHICH IS APPROVED BY THE BOARD OF TRUSTEES. THE DELIBERATIONS AND DECISIONS OF THE PRESIDENT ARE CONTEMPORANEOUSLY RECORDED AS IS THE APPROVAL OF THE BUDGET BY THE BOARD OF TRUSTEES. THE LAST YEAR THIS PROCESS WAS PERFORMED WAS IN 2023.

FORM 990, PART VI, SECTION C, LINE 19:

THE SOCIETY'S ANNUAL AUDITED FINANCIAL STATEMENTS, FORM 990 AND

MASSACHUSETTS FORM PC ARE AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT

MASSHIST.ORG. THESE DOCUMENTS ARE ALSO AVAILABLE ON THE MASSACHUSETTS

ATTORNEY GENERAL'S WEBSITE AT WWW.CHARITIES.AGO.STATE.MA.US/CHARITIES/. THE

SOCIETY'S BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE

SOCIETY'S WEBSITE. THE SOCIETY WILL MAKE PRINTED COPIES AVAILABLE UPON

WRITTEN REQUEST.

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