			** PUBLIC DISCLOSURE COPY	* *					
	Ω		Return of Organization Exempt From	Income Tax	OMB No. 1545-0047				
For	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundatior	¹⁵⁾ 2017				
		of the Treasury	Do not enter social security numbers on this form as it ma		Open to Public				
		enue Service	► Go to www.irs.gov/Form990 for instructions and the late ar year, or tax year beginning JUL 1, 2017 and ending	JUN 30, 2018	Inspection				
		1	organization	D Employer identific					
р (heck if pplicab	ole:	organization	D Employer identific	ation number				
	Addre	ge MASS.	ACHUSETTS HISTORICAL SOCIETY						
	Name Chang	ge Doing bu	usiness as	04-21	108374				
	Initial returr	n Number	and street (or P.O. box if mail is not delivered to street address) Room/su						
	Final returr termi		BOYLSTON STREET	617-5	536-1608				
_	ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,918,844.				
	_returr]Appli		ON, MA 02215	H(a) Is this a group re					
	_tion pend	^{IF} Name ar	nd address of principal officer: CATHERINE ALLGOR	for subordinates?					
	-	empt status:	AS C ABOVE	H(b) Are all subordinates ind					
			X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 5 MASSHIST.ORG		list. (see instructions)				
		f organization:		H(c) Group exemption ear of formation: 1791 M					
		Summary			State of legal dofficite, 1111				
	1		e the organization's mission or most significant activities: THE MHS	IS A CENTER OF	LEARNING				
nce		DEDICAT	ED TO A DEEPER UNDERSTANDING OF THE AN	MERICAN EXPERI	CENCE.				
Activities & Governance	2	Check this bo	★ ▶ □ if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)							
ي م	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		21				
es	5		of individuals employed in calendar year 2017 (Part V, line 2a)		68				
iviti	6		of volunteers (estimate if necessary)		201				
Act			d business revenue from Part VIII, column (C), line 12		232,591.				
	b	Net unrelated	business taxable income from Form 990-T, line 34		198,868.				
		o		Prior Year 2,677,607.	Current Year 3,605,652.				
iue	8		and grants (Part VIII, line 1h)	114,402.	210,681.				
Revenue	9		ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	-453,803.	25,418.				
Re			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,955.	-11,666.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,332,251.	3,830,085.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	179,288.	144,113.				
	14		to or for members (Part IX, column (A), line 4)	0.	0.				
ŝ		-		3,968,475.	4,017,193.				
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 416,190.	0.	0.				
é pe	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) ► 416 , 190 .						
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,954,416.	2,095,218.				
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,102,179.	6,256,524.				
	19	Revenue less	expenses. Subtract line 18 from line 12	-3,769,928.	-2,426,439.				
Net Assets or Fund Balances				Beginning of Current Year	End of Year				
sset: 3alar	20	Total assets (F	F	94,203,988.	98,619,321.				
et A: nd E	21		(Part X, line 26)	2,540,645.	2,336,559.				
	22		fund balances. Subtract line 21 from line 20	91,663,343.	96,282,762.				
	nrt II	U U		amounts, and to the base of	Included as and ball of the				
und	er pen	ames or perjury, I	declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	KIIOWIEUGE AND DEIIET, IT IS				

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CATHERINE ALLGOR, PRI Type or print name and title	ESIDENT		Date						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	JUDY DALEY	JUDY DALEY		self-employed P01294075						
Preparer	Firm's name 🕞 CLIFTONLARSONAL	LLEN LLP		Firm's EIN 41-0746749						
Use Only	Firm's address 300 CROWN COLO	NY DRIVE, SUITE 310								
	QUINCY, MA 0216		Phone no. (617) 984-8100							
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)									
732001 11-2	73200111-28-17LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2017)									

	990 (2017) MASSACHUSETTS HISTORICAL SOCIETY	04-2108374	Pag
Pai	t III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		
•	THE MASSACHUSETTS HISTORICAL SOCIETY IS A CENTER OF R	ESEARCH AND	
	LEARNING DEDICATED TO A DEEPER UNDERSTANDING OF THE A		
	EXPERIENCE. THROUGH ITS COLLECTIONS, SCHOLARLY PURSUI		
	PROGRAMS, THE SOCIETY SEEKS TO NURTURE A GREATER APPR		
2	Did the organization undertake any significant program services during the year which were not listed on th		
-	prior Form 990 or 990-EZ?		X
	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 servic	ces? Yes	X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by expenses	6.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 4,631,554. including grants of \$ 144,113.) (F	Revenue \$ 222,	
	AS THE NATIONS' FIRST HISTORICAL SOCIETY, THE MASSACH	USETTS HISTORI	CA:
	SOCIETY (MHS) STRIVES TO ENHANCE THE UNDERSTANDING OF	OUR NATION'S	PA;
	AND ITS CONNECTION TO THE PRESENT, DEMONSTRATING THAT	HISTORY IS NO	Т
	JUST A SERIES OF EVENTS THAT HAPPENED TO INDIVIDUALS		S
	INTEGRAL TO THE FABRIC OF OUR DAILY LIVERS. ITS COLLE		
	ACCESSIBLE TO ANYONE WITH AN INTEREST IN AMERICAN HIS		
	RESEARCH, THE MHS OFFERS MANY WAYS FOR THE PUBLIC TO		-
	COLLECTIONS INCLUDING ENGAGING PROGRAMS, THROUGH-PROV	OKING EXHIBITI	ON
	PUBLICATIONS, SEMINARS, AND TEACHER WORKSHOPS.		
		DECODIDETONO	
	PLEASE SEE SCH.O FOR ADDITIONAL PROGRAM HIGHLIGHTS & 3	DESCRIPTIONS.	
4b	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	
4d	Other program services (Describe in Schedule O.)		
4d	(Expenses \$ including grants of \$) (Revenue \$)	
4d 4e)	
	(Expenses \$ including grants of \$) (Revenue \$) Form 9	90 (

Form	aan	(2017)	

MASSACHUSETTS HISTORICAL SOCIETY

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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 Revenue Procedure 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	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		v	
-	Schedule D, Parts XI and XII	12a	X	──
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , , , , , , , , , , , , , , , , ,	14a		<u>^</u>
b				ĺ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
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	15		<u> </u>
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
17		17		x
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		<u> </u>
18		18	х	ĺ
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u> </u>
19	complete Schedule G. Part III	19		x

Form **990** (2017)

732003 11-28-17

Form	aan	(2017)	
I UIIII	330	(2017)	

Part IV Checklist of Required Schedules (continued)

MASSACHUSETTS HISTORICAL SOCIETY

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		x	
00	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	23	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29	Х	- 23
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
0 -	Part V, line 1	34	Х	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

732004 11-28-17

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	68			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	68			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	Ο		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoui	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	vices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	:t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	еО		14b	000	<u> </u>

MASSACHUSETTS HISTORICAL SOCIETY

Form **990** (2017)

04 - 2108374

Page 5

732005 11-28-17

Form 990 (2017)

Form §	990 (2017)
--------	-------	-------

MASSACHUSETTS HISTORICAL SOCIETY

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

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22	2				
	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 in Schedule O.							
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 21							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with a	ny other	1				
	officer, director, trustee, or key employee?			2		Х		
3								
	of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х		
6	Did the organization have members or stockholders?			6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?			7a	х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s							
	persons other than the governing body?			7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?	-	-	8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re							
			,		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such cl							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			10b 11a	Х			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y before	ining the form:	114				
	a Did the organization have a written conflict of interest policy? If "No," go to line 13							
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			12b	X			
C	in Schedule O how this was done			12c	х			
13				13	X			
				14	X			
14	Did the organization have a written document retention and destruction policy?			14	- 23			
15	Did the process for determining compensation of the following persons include a review and approva	ai by ind	ependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45 -	х			
	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b				
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			40		x		
	taxable entity during the year?			16a				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ							
0	exempt status with respect to such arrangements?			16b				
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed MA, CA, ID, OK, O							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sectio	n 501(c)(3)s only)	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	interest policy, an	d finan	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records:					
	WILLIAM TSOULES - 617-536-1608							
	1154 BOYLSTON STREET, BOSTON, MA 02215							
732006	5 11-28-17			Form	9 90	(2017)		
	6							

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title Average hours par week (st any hours for below line) Description mode below line) Description mode below line) Reportable compensation from organization (%2/1099-MISC) Estimated accompensation from elated organization (%2/1099-MISC) (1) CATHERINE ALLGOR 35.00 X X 60,410. 0. 4,798. (1) CATHERINE ALLGOR 35.00 X X 0. 0. 0. (2) DAUL W, EANDMAN 3.00 X X 0. 0. 0. (3) LIGA B, NURME 3.00 X X 0. 0. 0. (4) OLIVER F, AMES 3.00 X X 0. 0. 0. (5) JUDITH BENARY WITTENBERG 3.00 X X 0. 0. 0. (6) APHON'N L LENES 3.00 X X 0. 0. 0. (2) DENDAMIN C, ADARS 3.00 X X 0. 0. 0. (3) MATTENERS 3.00 X	(A)	(B)	(C)		(D)	(E)	(F)				
hours per week (list and a sectional person is both and week (list and a sectional and a sectional and a section and a sectional and a section	Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
Note we have and the second se		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
(1) CATHERINE ALLGOR 35.00 x x x 60,410. 0. 4,798. C12) FALL W. SANDAN 3.00 x x x 0. 0. 0. CHAIR 3.00 x x x 0. 0. 0. (3) LISA B. NURME 3.00 x x x 0. 0. 0. (4) OLIVER F. AMES 3.00 x x 0. 0. 0. 0. (5) JUDITH BRYANT WITTENBERG 3.00 x x 0. 0. 0. 0. (6) ANIE CRAIGE MCNAY X 0.		week		cer ar	nd a d	irecto	r/trus	itee)	from	from related	other
(1) CATHERINE ALLGOR 35.00 x x x 60,410. 0. 4,798. C12) FALL W. SANDAN 3.00 x x x 0. 0. 0. CHAIR 3.00 x x x 0. 0. 0. (3) LISA B. NURME 3.00 x x x 0. 0. 0. (4) OLIVER F. AMES 3.00 x x 0. 0. 0. 0. (5) JUDITH BRYANT WITTENBERG 3.00 x x 0. 0. 0. 0. (6) ANIE CRAIGE MCNAY X 0.			rector							•	
(1) CATHERINE ALLGOR 35.00 x x x 60,410. 0. 4,798. C12) FALL W. SANDAN 3.00 x x x 0. 0. 0. CHAIR 3.00 x x x 0. 0. 0. (3) LISA B. NURME 3.00 x x x 0. 0. 0. (4) OLIVER F. AMES 3.00 x x 0. 0. 0. 0. (5) JUDITH BRYANT WITTENBERG 3.00 x x 0. 0. 0. 0. (6) ANIE CRAIGE MCNAY X 0.			or di	e			ated			(W-2/1099-MISC)	
(1) CATHERINE ALLGOR 35.00 x x x 60,410. 0. 4,798. C12) FALL W. SANDAN 3.00 x x x 0. 0. 0. CHAIR 3.00 x x x 0. 0. 0. (3) LISA B. NURME 3.00 x x x 0. 0. 0. (4) OLIVER F. AMES 3.00 x x 0. 0. 0. 0. (5) JUDITH BRYANT WITTENBERG 3.00 x x 0. 0. 0. 0. (6) ANIE CRAIGE MCNAY X 0.			ustee	truste		e	bens		(W-2/1099-MISC)		•
(1) CATHERINE ALLGOR 35.00 x x x 60,410. 0. 4,798. C12) FALL W. SANDAN 3.00 x x x 0. 0. 0. CHAIR 3.00 x x x 0. 0. 0. (3) LISA B. NURME 3.00 x x x 0. 0. 0. (4) OLIVER F. AMES 3.00 x x 0. 0. 0. 0. (5) JUDITH BRYANT WITTENBERG 3.00 x x 0. 0. 0. 0. (6) ANIE CRAIGE MCNAY X 0.		U U	ual tr	ional		ploye	t com				
(1) CATHERINE ALLGOR 35.00 x x x 60,410. 0. 4,798. C12) FALL W. SANDAN 3.00 x x x 0. 0. 0. CHAIR 3.00 x x x 0. 0. 0. (3) LISA B. NURME 3.00 x x x 0. 0. 0. (4) OLIVER F. AMES 3.00 x x 0. 0. 0. 0. (5) JUDITH BRYANT WITTENBERG 3.00 x x 0. 0. 0. 0. (6) ANIE CRAIGE MCNAY X 0.			Idivid	Istitut	fficer	eyem	ighes mploy	ormei			organizations
PRESIDENT X X X X 60,410. 0. 4,798. (2) PAUL W. SANDMAN 3.00 X X X 0. 0. 0. CHAIR X X X 0. 0. 0. 0. (3) LISA B. NURME 3.00 X X 0. 0. 0. (4) OLIVER F. AMES 3.00 X X 0. 0. 0. (5) JUDITH BRYANT WITTENBERG 3.00 X X 0. 0. 0. (6) ANTHONY H. LENESS 3.00 X X 0. 0. 0. (7) AMALIE M. KASS 3.00 X X 0. 0. 0. (8) ANNE CRAIGE MCNAY 3.00 X X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (10) BYRON RUSHING 3.000 X 0. 0. 0. 0. TRUSTEE X 0.	(1) CATHERINE ALLGOR	,	<u> </u>	<u> </u>	0	×	Ξ	Ē			
(2) PAUL W. SANDMAN 3.00 x x x 0. 0. 0. (3) LISA B. NURME 3.00 x x x 0. 0. 0. VICE CHAIR 3.00 x x x 0. 0. 0. (4) OLIVER F. AMES 3.00 x x 0. 0. 0. (5) JUDITH BRYANT WITTENBERG 3.00 x x 0. 0. 0. SECRETARY 0. 0. 0. 0. 0. 0. 0. (6) ANTHONY H. LENESS 3.00 x x 0. 0. 0. 0. TRBAURER x x 0. 0. 0. 0. 0. 0. (6) ANTHONY H. LENESS 3.00 x 0. <td>PRESIDENT</td> <td></td> <td>x</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>60,410.</td> <td>0.</td> <td>4,798.</td>	PRESIDENT		x		X				60,410.	0.	4,798.
(3) LISA B. NURME 3.00 X X X 0. 0. 0. VICE CHAIR X X X 0. 0. 0. 0. VICE CHAIR X X 0. 0. 0. 0. VICE CHAIR X X 0. 0. 0. 0. (4) OLYDE F. AMES 3.00 X X 0. 0. 0. (5) JUDITH BRYANT WITTENBERG 3.00 X X 0. 0. 0. (6) ANTHONY H. LENESS 3.000 X X 0. 0. 0. (7) AMALE M. KASS 3.000 X 0. 0. 0. 0. (7) AMALE M. KASS 3.000 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (10) BYON RUSHING 3.000 X 0. 0. 0. 0. </td <td>(2) PAUL W. SANDMAN</td> <td>3.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>,</td> <td></td> <td></td>	(2) PAUL W. SANDMAN	3.00							,		
(3) LISA B. NURME 3.00 X X X 0. 0. 0. VICE CHAIR X X X 0. 0. 0. 0. VICE CHAIR X X 0. 0. 0. 0. VICE CHAIR X X 0. 0. 0. 0. (4) OLYDE F. AMES 3.00 X X 0. 0. 0. (5) JUDITH BRYANT WITTENBERG 3.00 X X 0. 0. 0. (6) ANTHONY H. LENESS 3.000 X X 0. 0. 0. (7) AMALE M. KASS 3.000 X 0. 0. 0. 0. (7) AMALE M. KASS 3.000 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (10) BYON RUSHING 3.000 X 0. 0. 0. 0. </td <td>CHAIR</td> <td></td> <td>x</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	CHAIR		x		x				0.	0.	0.
(4) OLIVER F. AMES 3.00 X X 0. 0. 0. (5) JUDITH BRYANT WITTENBERG 3.00 X X 0. 0. 0. (5) JUDITH BRYANT WITTENBERG 3.00 X X 0. 0. 0. (6) ANTHONY H. LENESS 3.00 X X 0. 0. 0. (7) AMALIE M. KASS 3.00 X 0. 0. 0. 0. (7) AMALIE M. KASS 3.00 X 0. 0. 0. 0. (8) ANNE CRAIGE MCNAY 3.00 X 0. 0. 0. 0. (9) BENJAMIN C. ADAMS 3.00 X 0. 0. 0. 0. (10) BYRON RUSHING 3.00 X 0. 0. 0. 0. 0. (11) CLAIRE NEE NELSON 3.00 X 0. 0. 0. 0. 0. 0. (12) EDWARD L. WIDMER 3.00 X 0. 0. 0. 0. 0. 0. 0. 0. (13) FREDERICK G. PPANNENSTIEHL 3.00 X	(3) LISA B. NURME	3.00									
(4) OLIVER F. AMES 3.00 X X 0. 0. 0. (5) JUDITH BRYANT WITTENBERG 3.00 X X 0. 0. 0. (5) JUDITH BRYANT WITTENBERG 3.00 X X 0. 0. 0. (6) ANTHONY H. LENESS 3.00 X X 0. 0. 0. (7) AMALIE M. KASS 3.00 X 0. 0. 0. 0. (7) AMALIE M. KASS 3.00 X 0. 0. 0. 0. (8) ANNE CRAIGE MCNAY 3.00 X 0. 0. 0. 0. (9) BENJAMIN C. ADAMS 3.00 X 0. 0. 0. 0. (10) BYRON RUSHING 3.00 X 0. 0. 0. 0. (11) CLAIRE NEE NELSON 3.00 X 0. 0. 0. 0. (12) EDWARD L. WIDMER 3.00 X 0. 0. 0. 0. 0. (13) FREDERICK G. PPANNENSTIEHL 3.00 X 0. 0. 0. 0. 0.	VICE CHAIR		x		х				0.	0.	0.
(5) JUDITH BRYANT WITTENBERG 3.00 X X 0. 0. 0. SECEPTARY X X 0. 0. 0. 0. (6) ANTHONY H. LENESS 3.00 X X 0. 0. 0. TREASURER X 0. 0. 0. 0. 0. 0. TREASURER X 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (7) AMALIE M. KASS 3.00 X 0. 0. 0. 0. 0. TRUSTEE X 0.	(4) OLIVER F. AMES	3.00									
SECRETARY X X X X X 0. 0. 0. (6) ANTHONY H. LENESS 3.00 X X X 0. 0. 0. (7) AMALIE M. KASS 3.00 X X 0. 0. 0. (7) AMALIE M. KASS 3.00 X 0. 0. 0. 0. (8) ANNE CRAIGE MCNAY 3.00 X 0. 0. 0. 0. (9) BENJAMIN C. ADAMS 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (12) EBWARD L. WIDMER 3.00 X 0. 0	VICE CHAIR		Х		х				0.	0.	0.
(6) ANTHONY H. LENESS 3.00 X X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. 0. (7) AMALIE M. KASS 3.00 X X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (8) ANNE CRAIGE MCNAY 3.00 X 0. 0. 0. 0. 0. (9) EENJAMIN C. ADAMS 3.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (10) EVRON RUSHING 3.00 X 0. 0. 0. 0. 0. (11) CLAIRE NEE NELSON 3.00 X 0. 0. 0. 0. 0. (12) EDWARD L. WIDMER 3.00 X 0. 0. 0. 0. 0. (13) FREDERICK G. PFANNENSTIEHL 3.00 X 0. 0. 0. 0. 0. TRUSTEE X	(5) JUDITH BRYANT WITTENBERG	3.00									
TREASURER X X X X 0. 0. 0. (7) AMALIE M. KASS 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (10) BYRON RUSHING 3.00 X 0.	SECRETARY		X		X				0.	0.	0.
(7) AMALLE M. KASS 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (8) ANNE CRAIGE MCNAY 3.00 X 0. 0. 0. 0. (9) BENJAMIN C. ADAMS 3.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0.	(6) ANTHONY H. LENESS	3.00									
TRUSTEE X 0. 0. 0. (8) ANNE CRAIGE MCNAY 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (9) BENJAMIN C. ADAMS 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (10) BYRON RUSHING 3.00 X 0. 0. 0. 0. (11) CLAIRE NEE NELSON 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (12) EDWARD L. WIDMER 3.00 X 0. 0. 0. 0. (13) FREDERICK G. PFANNENSTIEHL 3.00 X 0. 0. 0. 0. (14) G. MARSHALL MORIARTY 3.00 X 0. 0. 0. 0. (15) G. NATHANIEL JEPPSON 3.00 X 0. 0. 0. 0.	TREASURER		X		Х				0.	0.	0.
(8) ANNE CRAIGE MCNAY 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (9) BENJAMIN C. ADAMS 3.00 X 0. 0. 0. 0. (10) BTRON RUSHING 3.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (11) CLAIRE NEE NELSON 3.00 X 0. 0. 0. 0. 0. TRUSTEE X 0.	(7) AMALIE M. KASS	3.00									
TRUSTEE X 0. 0. 0. (9) BENJAMIN C. ADAMS 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (10) BYRON RUSHING 3.00 X 0. 0. 0. 0. (11) CLAIRE NEE NELSON 3.00 X 0. 0. 0. 0. (11) CLAIRE NEE NELSON 3.00 X 0. 0. 0. 0. (12) EDWARD L. WIDMER 3.00 X 0. 0. 0. 0. (13) FREDERICK G. PFANNENSTIEHL 3.00 X 0. 0. 0. 0. (14) G. MARSHALL MORIARTY 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (14) G. MARSHALL MORIARTY 3.00 X 0. 0. 0. 0. (16) HERBERT P. DANE 3.00 X 0. 0. 0. <td>TRUSTEE</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	TRUSTEE		Х						0.	0.	0.
(9) BENJAMIN C. ADAMS 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (10) BYRON RUSHING 3.00 X 0. 0. 0. 0. (11) CLAIRE NEE NELSON 3.00 X 0. 0. 0. 0. (12) EDWARD L. WIDMER 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (12) EDWARD L. WIDMER 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (13) FREDERICK G. PFANNENSTIEHL 3.00 X 0.	(8) ANNE CRAIGE MCNAY	3.00									
TRUSTEE X 0. 0. 0. 0. (10) BYRON RUSHING 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (11) CLAIRE NEE NELSON 3.00 X 0. 0. 0. 0. (12) EDWARD L. WIDMER 3.00 X 0. 0. 0. 0. (13) FREDERICK G. PFANNENSTIEHL 3.00 X 0. 0. 0. (14) G. MARSHALL MORIARTY 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (14) G. MARSHALL MORIARTY 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (15) G. NATHANIEL JEPPSON 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0.	TRUSTEE		Х						0.	0.	0.
(10) BYRON RUSHING 3.00 X 0.0.0.0. TRUSTEE X 0.0.0.0. 0.0.0. (11) CLAIRE NEE NELSON 3.00 X 0.0.0.0. TRUSTEE X 0.0.0.0. 0.0.0. (12) EDWARD L. WIDMER 3.00 0.0.0.0. 0.0.0. TRUSTEE X 0.0.0.0. 0.0.0. (13) FREDERICK G. PFANNENSTIEHL 3.00 0.0.0.0. 0.0.0. (14) G. MARSHALL MORIARTY 3.00 0.0.0.0. 0.0.0. (15) G. NATHANIEL JEPPSON 3.00 0.0.0.0. 0.0.0. (16) HERBERT P. DANE 3.00 0.0.0.0. 0.0.0. TRUSTEE X 0.0.0.0. 0.0.0. (17) JOHN O'LEARY 3.00 0.0.0.0. 0.0.0.	(9) BENJAMIN C. ADAMS	3.00									
TRUSTEE X 0. 0. 0. (11) CLAIRE NEE NELSON 3.00 TRUSTEE X 0. 0. 0. 0. 0. (12) EDWARD L. WIDMER 3.00 X 0. 0. 0. 0. (13) FREDERICK G. PFANNENSTIEHL 3.00 TRUSTEE X 0. 0. 0. 0. 0. . (13) FREDERICK G. PFANNENSTIEHL 3.00 TRUSTEE X 0. 0. 0. 0. . </td <td>TRUSTEE</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	TRUSTEE		Х						0.	0.	0.
(11) CLAIRE NEE NELSON 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (12) EDWARD L. WIDMER 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (13) FREDERICK G. PFANNENSTIEHL 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (14) G. MARSHALL MORIARTY 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (15) G. NATHANIEL JEPPSON 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (16) HERBERT P. DANE 3.00 X 0. 0. 0. 0. 0. (17) JOHN O'LEARY 3.00 X 0. 0. 0. 0. 0. 0. 0.	(10) BYRON RUSHING	3.00									
TRUSTEE X 0. 0. 0. 0. (12) EDWARD L. WIDMER 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (13) FREDERICK G. PFANNENSTIEHL 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (14) G. MARSHALL MORIARTY 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (15) G. NATHANIEL JEPPSON 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (16) HERBERT P. DANE 3.00 X 0. 0. 0. 0. 0. (17) JOHN O'LEARY 3.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. </td <td>TRUSTEE</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	TRUSTEE		Х						0.	0.	0.
(12) EDWARD L. WIDMER 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (13) FREDERICK G. PFANNENSTIEHL 3.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (14) G. MARSHALL MORIARTY 3.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (15) G. NATHANIEL JEPPSON 3.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (16) HERBERT P. DANE 3.00 X 0. 0. 0. 0. 0. (17) JOHN O'LEARY 3.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0.	(11) CLAIRE NEE NELSON	3.00									_
TRUSTEE X 0. 0. 0. 0. (13) FREDERICK G. PFANNENSTIEHL 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (14) G. MARSHALL MORIARTY 3.00 X 0. 0. 0. 0. (14) G. MARSHALL MORIARTY 3.00 X 0. 0. 0. 0. (15) G. NATHANIEL JEPPSON 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (16) HERBERT P. DANE 3.00 X 0. 0. 0. 0. 0. (17) JOHN O'LEARY 3.00 X 0. 0. 0. 0. 0. TRUSTEE X X 0. 0. 0. 0. 0.	TRUSTEE		Х						0.	0.	0.
(13) FREDERICK G. PFANNENSTIEHL 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (14) G. MARSHALL MORIARTY 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (15) G. NATHANIEL JEPPSON 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (16) HERBERT P. DANE 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0.	(12) EDWARD L. WIDMER	3.00									
TRUSTEE X 0. 0. 0. 0. (14) G. MARSHALL MORIARTY 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (15) G. NATHANIEL JEPPSON 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (16) HERBERT P. DANE 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (17) JOHN O'LEARY 3.00 X 0. 0. 0. 0. TRUSTEE X X 0. 0. 0. 0.			Х						0.	0.	0.
(14) G. MARSHALL MORIARTY 3.00 X 0. 0. 0. 0. TRUSTEE X 0. <td>(13) FREDERICK G. PFANNENSTIEHL</td> <td>3.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(13) FREDERICK G. PFANNENSTIEHL	3.00									
TRUSTEE X 0. 0. 0. 0. (15) G. NATHANIEL JEPPSON 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (16) HERBERT P. DANE 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (17) JOHN O'LEARY 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0.			Х						0.	0.	0.
(15) G. NATHANIEL JEPPSON 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (16) HERBERT P. DANE 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (17) JOHN O'LEARY 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0.		3.00									
TRUSTEE X 0. 0. 0. (16) HERBERT P. DANE 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (17) JOHN O'LEARY 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0.			X						0.	0.	0.
(16) HERBERT P. DANE 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (17) JOHN O'LEARY 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0.	(15) G. NATHANIEL JEPPSON	3.00									
TRUSTEE X 0. <th< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			X						0.	0.	0.
(17) JOHN O'LEARY 3.00 X 0.		3.00									•
TRUSTEE X 0. 0. 0.			X						0.	0.	0.
		3.00									•
	TRUSTEE		Х						0.	0.	

732007 11-28-17

Lorm	000	1001	7
Form	990	1201	1

MASSACHUSETTS HISTORICAL SOCIETY

04-2108374 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(da			itior	ן than than	000	Reportable	Reportable	Es	timated	
	hours per	box	, unles	ss pe	rson	is bot	th an	compensation	compensation	an	nount of	
	week		cer an	dad	irecto	or/trus	stee)	from	from related		other	
	(list any	rector						the	organizations		pensatio	n
	hours for related	or di	æ			ated		organization	(W-2/1099-MISC)		om the	
	organizations	ustee	trust		e	npens		(W-2/1099-MISC)			anizatio:	
	below	ual tr	tional		ploye	t con	_				d related inization	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orge	anzation	0
(18) LEVIN H. CAMPBELL JR.	3.00	-	_	0	×							
TRUSTEE		x						0.	0.			0.
(19) PROF JOYCE E. CHAPLIN	3.00											
TRUSTEE		x						0.	0.			0.
(20) R. NEWCOMB STILLWELL	3.00								•••			
TRUSTEE		x						0.	0.			0.
(21) ROBERT G. RIPLEY JR.	3.00											
TRUSTEE		x						0.	0.			0.
(22) WILLIAM N. THORNDIKE	3.00											<u>··</u>
TRUSTEE	5.00	x						0.	0.			0.
(23) WILLIAM TSOULES	35.00						-					••
VP & CFO	55.00			х				118,305.	0.	2	2,92	Λ
(24) BRENDA LAWSON	35.00	-		~				110,303.	0.		2,72	= •
VP OF COLLECTION SERVICES	55.00				x			126,645.	0.	2	8,99	2
(25) PETER DRUMMEY	35.00							120,043.	0.	<u> </u>	6,99	<u>J.</u>
	33.00			4		x		127,923.	0.	1	1,83	2
LIBRARIAN	35.00						H	147,943.	0.	<u> </u>	1,05	5.
(26) SARA MARTIN	35.00					x		107,494.	0.	2	6,26	1
EDITOR IN CHIEF								540,777.	0.		<u>4,80</u>	
1b Sub-total					•••••				0.		4,80 5,67	
c Total from continuation sheets to Part VI								364,650.	0.			
d Total (add lines 1b and 1c)								905,427.		14	0,47	9.
2 Total number of individuals (including but n	ot limited to th	iose	liste	d al	bov	e) wl	ho r	eceived more than \$100	,000 of reportable			F
compensation from the organization		_		-							<u> </u>	5
											Yes I	No
3 Did the organization list any former officer,			e, ke	y er	nplo	byee	, or	highest compensated er	mployee on		v	
line 1a? If "Yes," complete Schedule J for s										3	X	_
4 For any individual listed on line 1a, is the su									the organization		37	
and related organizations greater than \$150			•							4	X	
5 Did any person listed on line 1a receive or a								•				17
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	ıch	pers	son .				5		<u>x</u>
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	•							· ·	sation f	rom	
the organization. Report compensation for	the calendar y	ear e	endir	ng v	vith	or w	/ithi	n the organization's tax y	/ear.			
(A)				-				(B)		(0		
Name and business	address	NC	ONE	5				Description of s	ervices (Jompe	nsation	
2 Total number of independent contractors (i	e e	ot li	nited	d to		~	stec	d above) who received m	ore than			
\$100,000 of compensation from the organi			TT T ¬				777					
SEE PART VII, SECTION	NACON'.	ι.ΤŢ	NUA	7.T, [–]	гOI	IN S	SH.	eets		Form	990 (20	17)

732008 11-28-17

8

Form 990 MASSACHU									04-210	8374
Part VII Section A. Officers, Directors, Tr		mplo	byee			ligh	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(cl			that		olv)	compensation	compensation	amount of
	per	(0)	1	1	1	1 1 1	<u>,,</u>	from	from related	other
	week					æ		the	organizations	compensation
	(list any	ы				ploye		organization	(W-2/1099-MISC)	from the
	hours for	lirect				em		(W-2/1099-MISC)	(00-2/1033-00130)	
		Individual trustee or director	ee			Highest compensated employee		(1099-10130)		organization
	related	ustee	trust		يە	pens				and related
	organizations	al tru	onal		oloye	com				organizations
	below	ividu	Institutional trustee	cer	Key employee	hest	Former			
	line)	Indi	Inst	Officer	Key	Hig	Бп			
(27) DENNIS FIORI	35.00									
PRESIDENT, PRESIDENT EMERITUS							х	269,045.	0.	29,319
(28) PETER HOOD	35.00									
DIRECTOR OF ADMIN. & FIN.							X	95,605.	0.	6,351
		-		-	-	\vdash	-			
			2							
		-								
		-		-	-	\vdash	-			
	<u> </u>	1								
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	364,650.		35,670

732201 04-01-17

		Check if Schedule O contains a	response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ې ۲۵		Fundraising events		174,678.				
ar /		Related organizations						
S, G		Government grants (contributions)	1e	758,726.				
Sig		All other contributions, gifts, grants, and		, -				
her	•	similar amounts not included above	1f	2,672,248.				
ĢĘ		Noncash contributions included in lines 1a-1f: \$		40,580.				
		Total. Add lines 1a-1f			3,605,652.			
<u> </u>		Total. Add lines 1a.11		Business Code	3,003,032.			
•	0.0	MEMBERSHIP & FELLOW DUES		519100	106,718.	106,718.		
/ice	-		CHODG	519100	61,963.	61,963.		
Ser	b	SEMINARS, CONFERENCES, WORK READING ROOM REVENUE	SHOPS	519100	35,790.			
s nav	c					35,790.		
Program Service Revenue	d	SALE OF PUBLICATIONS		511120	6,210.	6,210.		
, ro	е							
"		All other program service revenue						
	g	Total. Add lines 2a-2f			210,681.			
	3	Investment income (including divide						
		other similar amounts)			25,418.	-	232,591.	-207,173,
	4	Income from investment of tax-exem						
	5	Royalties		🕨	34,864.			34,864.
		(i)) Real	(ii) Personal				
	6 a	Gross rents	7,667.					
	b	Less: rental expenses	8,074.					
	С	Rental income or (loss)	-407.					
	d	Net rental income or (loss)			-407.			-407
	7 a	Gross amount from sales of (i) Se	ecurities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising even						
nue	-	including \$ 174,678.						
eve		contributions reported on line 1c). So						
Ř		Part IV, line 18		22,325.				
Other Reven	b	Less: direct expenses						
Ò		Net income or (loss) from fundraising		, i	-58,360.			-58,360.
		Gross income from gaming activities	-		, .			
	Ju	Part IV, line 19						
	h							
		Less: direct expenses						
	iu a	Gross sales of inventory, less returns						
		and allowances						
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sales of inv	ventory					
ŀ		Miscellaneous Revenue		Business Code		10.055		
		OTHER INCOME		900099	12,237.	12,237.		
	b							ļ
	С							ļ
		All other revenue						
	е	Total. Add lines 11a-11d		►	12,237.			
	12	Total revenue See instructions			3 830 085	222 918	232 591	-231 076

MASSACHUSETTS HISTORICAL SOCIETY

732009 11-28-17

Form 990 (2017)

Part VIII Statement of Revenue

Form **990** (2017)

13500510 758159 093-10641800 2017.05050 MASSACHUSETTS HISTORICAL SO 093-0471

10

04-2108374 Page 9

Part IX Statement of Functional Expenses

MASSACHUSETTS HISTORICAL SOCIETY

Deck Box		Check if Schedule O contains a response	se or note to any line in (A)	this Part IX	(C)	(D)
and domestic governments. Sae Part IV, line 21 2 Grants and other assistance to foreign organizations of current of theres, directory individuals. See Part IV, line 15 and 16 3 Grants and other assistance to foreign organization of current of theres, directory individuals. See Part IV, line 15 and 16 4 Benefits paid to of romembers 5 Compensation of current offices, directory individuals. See Part IV, line 15 and 16 6 Benefits paid to of romembers 6 Compensation of current offices, directory provid taxes 7 Other astican and wages 8 Pension plan actraits and outbibutions (likely and 4030) employer contributions) 9 Other employee benefits 9 Other employee benefits 10 Payroit taxes 11 Fees for services (non-employees): a Management 2,030. 4 2,030. 2,030. 2,030. 2,030. 2,030. 2,030. 2,030. 2,030. 2,030. 4 0.000. 4 6,761. 1,323. 9 Other employees othybuint 5,431. 2,508. 10 6,761.			Total expenses	Program service expenses	Management and	Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustese, and key employees 6 Compensation of current officers, directors, trustese, and key employees 7 Other salaries and wages 8 Pension plan actruals and comtibutions (include section 401(k) and 403(b) employer contributions; 9 Other employee benefits 9 Other employee benefits 11 Fees for services (non-employees): a Management a Management b Legal 2 700, 920, 22, 030, 22, 030, 46, 000, 46,	1 (Grants and other assistance to domestic organizations				
individuals. See Part IV, line 22 144, 113. 144, 113. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 144, 113. 144, 113. 4 Benefits paid to or for members 655, 508. 157, 583. 353, 107. 14 6 Compensation of current officers, directors, trustese, and key employees 655, 508. 157, 583. 353, 107. 14 7 Other salaries and wage 655, 508. 157, 583. 353, 107. 14 9 Other employee benefits 2, 709, 361. 2, 282, 644. 276, 109. 15 9 Other employee benefits 337, 234. 245, 649. 74, 382. 13 10 Payroll taxes 2, 030.	а	and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16. Image: Compensation of current officers, directors, trustees, and key employees 4 Benefits paid to or for members 655, 508. 157, 583. 353, 107. 14 6 Compensation of current officers, directors, trustees, and key employees 655, 508. 157, 583. 353, 107. 14 7 Other satales and wages 655, 508. 157, 583. 353, 107. 14 8 Pension plan accruals and contributions (include section 4058(r)(3)(8) 2, 709, 361. 2, 282, 644. 276, 109. 15 9 Other employee benefits 337, 234. 245, 649. 74, 324. 245 227, 284. 160, 678. 54, 524. 2 9 Other employee benefits 2, 030. 3, 046, 000.			144 110	1 4 4 1 1 2		
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 655, 508. 157, 583. 353, 107. 14 Compensation of include abov, to disqualified persons (as defined under section 4956((3)(B) 2, 709, 361. 2, 282, 644. 276, 109. 15 7 Other salaries and wages 2, 709, 361. 2, 282, 644. 276, 109. 15 8 Pension plan accruals and contributions (include section 401(k and 403(b) employer contributions) 337, 234. 245, 649. 74, 382. 1 9 Other employee benefits 337, 234. 245, 649. 74, 382. 1 1 Fees for services (non-employees): 337, 234. 245, 649. 74, 382. 1 1 Fees for services (non-employees): 346, 000. 46, 000. 46, 000. 46, 000. 46, 000. 46, 000. 46, 000. 46, 000. 46, 000. 46, 000. 46, 000. 46, 000. 46, 000. 46, 000. 46, 000. 46, 000. 46, 000. 46, 000.			144,113.	144,113.		
individuals. See Part IV, lines 15 and 16 individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 6 Compensation of current officers, directors, trustees, and key employees 655, 508. 157, 583. 353, 107. 14 Compensation of uncerted officers, directors, trustees, and key employees 655, 508. 157, 583. 353, 107. 14 Person plan accruals and contributions (include section 4058(c)(3)(B) 7 7 7 7.9, 9361. 2, 282, 644. 276, 109. 15 9 Other employee benefits 2, 709, 361. 2, 282, 644. 276, 109. 15 9 Other employee benefits 337, 234. 245, 649. 74, 382. 1 9 Payoil taxes 227, 284. 160, 678. 54, 524. 1 11 Fees for services (non-employees): a management 2, 030. 2, 030. 2, 030. 2 2, 030. 2 2, 030. 2 2, 030. 2 2, 030. 2 2, 030. 2 3 3, 107. 106, 463. 68, 289. 16, 740. 106, 463. 68, 289. 16, 740. 2 3 3 106, 483. 68, 289		J				
4 Benefits paid to or for members 6 5 Compensation of current officers, furstees, and key employees 6 6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1) and the section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions) 2, 709, 361. 2, 282, 644. 276, 109. 11 9 Other employee benefits 337, 234. 245, 649. 74, 382. 1 11 Fees for services (non-employees): 337, 234. 245, 649. 74, 382. 1 2 7, 030. 2, 030. 2, 030. 2 2030. 2 2030. 2 1 2 1 5 5 5 5 5 5 5 1 1 1 2 1 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
5 Compensation of current officers, directors, trustees, and key employees 655,508. 157,583. 353,107. 14 6 Compensation on included above, to disqualified persons (as defined under section 4958(c)(3)(B) 2,709,361. 2,282,644. 276,109. 15 7 Other salaries and wages 2,709,361. 2,282,644. 276,109. 15 8 Pension pian accruits and contributions (include section 4058(c)(3)(B) 2,709,361. 2,282,644. 276,109. 15 9 Other employee benefits 337,234. 245,649. 74,382. 12 10 Payrolt taxes 227,284. 160,678. 54,524. 15 11 Fees for services (non-employees): a 2,030.						
trustees, and key employees 655,508. 157,583. 353,107. 14 6 Compensation not included above, to signalified persons (ascind 4958(r)(1) and persons described in section 4958(r)(3)(8) 2,709,361. 2,282,644. 276,109. 15 7 Other salaries and wages 2,709,361. 2,282,644. 276,109. 15 9 Other employee benefits 337,234. 245,649. 74,382. 15 1 Fees for services (non-employees): 337,234. 245,649. 74,382. 15 1 Fees for services (non-employees): 337,234. 246,000. 46,000. 200. 2,030.						
6 Compensation not included above, to disqualified persons (as defined under section 4058(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions) 9 Other employee benefits 9 Parcel (14) and 403(b) employee contributions) 1 Fees for services (non-employees): 1 Management 1 Legal 2 0.030. 2 0.030. 2 0.030. 4 0.00. 1 Lobbying 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0. 13 Office expenses 14 Information technology 15 Royatlies 16 Occurpancy 17 Travel 16 Occurpancy 17 Travel 16 Payments to affiliates 16 Depreciation, depletion, and meeti				157 502	252 107	144,818
persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(2)(B) 2,709,361. 2,282,644. 276,109. 15 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 87,806. 66,112. 15,124. 9 Other employee benefits 337,234. 245,649. 74,382. 1 9 Payroll taxes 2,7030. 2,030. 2,030. 2 1 1 Fees for services (non-employees): a Management 2,030. 2,030. 2,030. 2 1 1 1 Fees for services (non-employees): a Management 2,030. 2,030. 2 1			000,000.	157,565.	353,107.	144,010
persons described in section 4958(c)(3)(B) 2,709,361. 2,282,644. 276,109. 15 8 Pension plan accruals and contributions) 87,806. 66,112. 15,124. 9 9 Other employee benefits 337,234. 245,649. 74,382. 1 10 Payroll taxes 227,284. 160,678. 54,524. 1 11 Fees for services (non-employees): 337,234. 245,649. 74,382. 1 10 Payroll taxes 227,284. 160,678. 54,524. 1 12 C.030. 2,030. 2,030. 2,030. 2,030. 2 1						
7 Other salaries and wages 2,709,361. 2,282,644. 276,109. 15 8 Pension plan accruates and contributions (include section 401(k) and 403(b) employer contributions) 9 0 15 15,124. 15,124. 15,124. 15 9 Other employee benefits 337,234. 245,649. 74,382. 11 15,124. 15 10 Payroll taxes 227,284. 160,678. 54,524. 11 11 Fees for services (non-employees): 337,234. 245,649. 74,382. 11 20 Anagement 227,284. 160,678. 54,524. 11 12 Accounting 46,000. 46,043. 54,17,068. 10,04,04,043. 54,17,068.						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8 7,806. 66,112. 15,124. 9 Other employee benefits 337,234. 245,649. 74,382. 1 9 Other employee benefits 337,234. 245,649. 74,382. 1 9 Other employees (non-employees): a a a 160,678. 54,524. 1 9 Legal 2,030. 2,030. 2,030. 2,030. 2,030. 46,000. 46,000. 46,000. 46,000. 46,000. 46,000. 46,000. 106,463. 106,463. 106,463. 106,483. 68,289. 16,740. 106,483. 106,483. 106,483. 106,740. 106,483. 106,740. 106,483. 106,740. 106,483. 106,740. 106,483. 106,740. 106,483. 106,740. 106,740. 106,740. 106,740. 106,740. 106,740. 106,740. 106,740. 106,740. 106,761. 1,323. 5,438. 106,740. 106,761. 1,323. 5,438. 106,740. 106,761. 1,323. 5,438. 106,761.			2 709 361	2 282 644	276 109	150,608
section 401(k) and 403(b) employer contributions) 87,806. 66,112. 15,124. 9 Other employee benefits 337,234. 245,649. 74,382. 1 10 Payroll taxes 227,284. 160,678. 54,524. 1 11 Fees for services (non-employees): a 2,030. 2,030. 2,030. 2,030. a Management 2,030. 2,030. 46,000. 46,000. 46,000. 46,000. a Lobbying 9 Professional fundraising services. See Part IV, line 17 79,999. 79,999. 79,999. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 5,431. 2,508. 2,923. 12 Advertising and promotion 58,256. 29,468. 17,068. 1 13 Office expenses 58,256. 29,468. 17,068. 1 14 Information technology 58,256. 29,468. 17,068. 1 16 Occupancy 6,761. 1,323. 5,438. 1 17 Travel 6,761. 1,323. 5,438. 1 20 Interest. 63,129. 51,199. 6,409. 1			2,705,501.	2,202,044.	270,105.	130,000
00 Payroll taxes 227,284. 160,678. 54,524. 1 11 Fees for services (non-employees): a a 2,030. 2,030. a Management 2,030. 2,030. 46,000. 46,000. b Legal 2,030. 2,030. 2,030. c Accounting 46,000. 46,000. 46,000. d Lobbying 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 5,431. 2,508. 2,923. 12 Advertising and promotion 58,256. 29,468. 17,068. 1 13 Office expenses 58,256. 29,468. 16,740. 2 14 Information technology 106,483. 68,289. 16,740. 2 15 Royalties 6,761. 1,323. 5,438. 1 16 Occupancy 434,043. 364,910. 49,860. 1 17 Travel 6,761. 1,323. 5,438. 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 49,860. 49,860. 1 <			87 806	66 112	15 124	6 570
10 Payroli taxes 227,284. 160,678. 54,524. 1 11 Fees for services (non-employees): a a 2,030. 2,030. 2,030. a Management 2,030. 2,030. 46,000. 46,000. 46,000. b Legal 2,030. 2,030. 2,030. 2,030. 2,030. c Accounting 46,000. 46,000. 46,000. 46,000. 46,000. c Accounting 58,256. 29,468. 17,068. 1 g Other. (If line 11g arount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 58,256. 29,468. 17,068. 1 110 G A83. 68,289. 16,740. 2 1 106,483. 68,289. 16,740. 2 117 Travel 6,761. 1,323. 5,438. 1 1 106,483. 68,289. 16,740. 2 117 Travel 6,761. 1,323. 5,438. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </td <td></td> <td></td> <td>337 234</td> <td>245 649</td> <td></td> <td>6,570 17,203</td>			337 234	245 649		6,570 17,203
11 Fees for services (non-employees): a Management 2,030. b Legal 2,030. c Accounting 46,000. d Lobbying 9 e Professional fundraising services. See Part IV, line 17 79,999. f Investment management fees 79,999. g Other, (II line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 5,431. 2,508. 2,923. 2 Advertsing and promotion 58,256. 29,468. 17,068. 1 13 Office expenses 58,256. 29,468. 17,068. 1 14 Information technology 106,483. 68,289. 16,740. 2 15 Royalties 6,761. 1,323. 5,438. 1 16 Occupancy 434,043. 364,910. 49,354. 1 17 Travel 6,761. 1,323. 5,438. 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 49,860. 49,860. 1 20 Interest 49,860. 49,860. 49,860. 1 1			227 284			12,082
a Management 2,030. 2,030. b Legal 2,030. 2,030. c Accounting 46,000. 46,000. d Lobbying 9 9 e Professional fundraising services. See Part IV, line 17 79,999. 79,999. g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 5,431. 2,508. 2,923. 2 Advertising and promotion 58,256. 29,468. 17,068. 1 30 Office expenses 58,256. 29,468. 17,068. 1 41 Information technology 106,483. 68,289. 16,740. 2 45 Royalties 6,761. 1,323. 5,438. 1 60 Occupancy 434,043. 364,910. 49,354. 1 71 Travel 6,761. 1,323. 5,438. 1 81 Payments of travel or entertainment expenses for any federal, state, or local public officials 949,860. 49,860. 49,860. 21 Payments to affiliates 63,129. 51,199. 6,409. 3 63,129. 51,199. 6,409. 23 Insurance Other expenses. Itemize expenses on Schedule 0.)			227,204.	100,070.	51,521.	12,002
b Legal 2,030. 2,030. c Accounting 46,000. 46,000. d Lobbying		-				
c Accounting 46,000. 46,000. d Lobbying 9 9 79,999. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 5,431. 2,508. 2,923. 12 Advertising and promotion 58,256. 29,468. 17,068. 1 13 Office expenses 58,256. 29,468. 17,068. 1 14 Information technology 106,483. 68,289. 16,740. 2 16 Occupancy 434,043. 364,910. 49,354. 1 17 Travel 6,761. 1,323. 5,438. 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 434,985. 369,737. 43,499. 2 20 Interest 434,985. 369,737. 43,499. 2 63,129. 51,199. 6,409. 21 Payments to affiliates 290,052. 259,168. 30,884. 290,052. 259,168. 30,884. 22 Depreciation, depletion, and amortization anount exceeds 10% of line 25, column (A) amount exceeds 10% of line 25, column (A) amount exceeds 10% of line 25			2,030,		2,030,	
d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees 79,999. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 5,431. 2,508. 2,923. 2 Advertising and promotion 58,256. 29,468. 17,068. 1 3 Office expenses 58,256. 29,468. 17,068. 1 4 Information technology 58,256. 29,468. 17,068. 1 5 Royalties 434,043. 364,910. 49,354. 1 6 Occupancy 434,043. 364,910. 49,354. 1 7 Travel 6,761. 1,323. 5,438. 1 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 49,860. 49,860. 49,860. 10 Interest 49,860. 49,860. 49,860. 49,860. 434,985. 369,737. 43,499. 2 20 preciation, depletion, and amortization amount, list line 24e expenses on to covered above. (List miscilaneous expenses in line 24e. (If line 24e expenses on Schedule 0.) 290,052. 259,168. 30,884. 0 4 PAGGRAM EXPENSES 161,181. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 4 Information technology 5 Royalties 6 Occupancy 7 Travel 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 4 4.837. 4 9.860. 4 4.837. 4 9.860. 10 4.34,985. 369,737. 43,499.2 2 Depreciation, depletion, and amortization amount, list line 24e expenses on Schedule 0.) 1 OUTREACH 9 PROGRAM EXPENSES 161,181. 161,181. 162,129. 105,296. 105,296. 105,296.						
f Investment management fees 79,999. 79,999. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 5,431. 2,508. 2,923. 2 Advertising and promotion 58,256. 29,468. 17,068. 1 3 Office expenses 58,256. 29,468. 17,068. 1 4 Information technology 106,483. 68,289. 16,740. 2 5 Royaties 0 106,483. 68,289. 16,740. 2 6 Occupancy 434,043. 364,910. 49,354. 1 7 Travel 6,761. 1,323. 5,438. 1 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 49,860. 49,860. 1 9 Conferences, conventions, and meetings 434,985. 369,737. 43,499. 2 10 Insurance 00 104. Jt fline 24. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 30,903. 30,903. 84,552. 105,296,105,296. 105,296. 105,296. 106,296.		F				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 5,431. 2,508. 2,923. 12 Advertising and promotion 58,256. 29,468. 17,068. 1 13 Office expenses 58,256. 29,468. 17,068. 1 14 Information technology 106,483. 68,289. 16,740. 2 16 Occupancy 434,043. 364,910. 49,354. 1 17 Travel 6,761. 1,323. 5,438. 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 49,860. 49,860. 49,860. 19 Conferences, conventions, and meetings 434,985. 369,737. 43,499. 2 10 Interest 434,985. 369,737. 43,499. 2 10 Interest 434,985. 369,737. 43,499. 2 11 Bayments to affiliates 9 63,129. 51,199. 6,409. 124 amount, list line 24e, tf line 24e, tf line 24e expenses on Schedule 0.) 290,052. 259,168. 30,884. 161,18			79,999.		79,999.	
column (A) amount, list line 11g expenses on Sch 0.) 5,431. 2,508. 2,923. 12 Advertising and promotion 58,256. 29,468. 17,068. 1 13 Office expenses 58,256. 29,468. 17,068. 1 14 Information technology 106,483. 68,289. 16,740. 2 14 Information technology 434,043. 364,910. 49,354. 1 16 Occupancy 434,043. 364,910. 49,354. 1 17 Travel 6,761. 1,323. 5,438. 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 434,985. 369,737. 43,499. 2 19 Conferences, conventions, and meetings 434,985. 369,737. 43,499. 2 10 Interest 434,985. 369,737. 43,499. 2 10 Interest 290,052. 259,168. 30,884. 1 12 OUTREACH 290,052. 259,168. 30,884. 1 1 1 1 1 1					_ ,	
12 Advertising and promotion 58,256. 29,468. 17,068. 1 13 Office expenses 58,256. 29,468. 17,068. 1 14 Information technology 106,483. 68,289. 16,740. 2 15 Royalties 434,043. 364,910. 49,354. 1 16 Occupancy 434,043. 364,910. 49,354. 1 17 Travel 6,761. 1,323. 5,438. 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 49,860. 49,860. 1 20 Interest 49,860. 49,860. 1			5,431.	2,508.	2,923.	
13 Office expenses 58,256. 29,468. 17,068. 1 14 Information technology 106,483. 68,289. 16,740. 2 15 Royalties 434,043. 364,910. 49,354. 1 16 Occupancy 434,043. 364,910. 49,354. 1 17 Travel 6,761. 1,323. 5,438. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,837. 4,837. 10 Interest 49,860. 49,860. 29,860. 20 Interest 49,860. 49,860. 29,860. 21 Payments to affiliates 434,985. 369,737. 43,499. 2 22 Depreciation, depletion, and amortization amount ist line 24e spenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 290,052. 259,168. 30,884. 4 PROGRAM EXPENSES 161,181. 161,181. 161,181. c CULTIVATION EXPENSES 105,296. 105,296. 105,296. d SPON						
14 Information technology 106,483. 68,289. 16,740. 2 15 Royalties 434,043. 364,910. 49,354. 1 16 Occupancy 434,043. 364,910. 49,354. 1 17 Travel 6,761. 1,323. 5,438. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,837. 4,837. 19 Conferences, conventions, and meetings 49,860. 49,860. 10 Hastrian and anortization 434,985. 369,737. 43,499. 20 Insurance 63,129. 51,199. 6,409. 24 Other expenses. Itemize expenses on Schedule 0.) 290,052. 259,168. 30,884. 290,052. 259,168. 30,884. 161,181. 161,181. 26 OUTREACH 290,052. 259,168. 30,884. 161,181. 26 GUITIVATION EXPENSES 124,146. 39,031. 84,552. 105,296. 105,296. 105,296. 36 SPONSORSHIP EXPENSES 105,296. 105,296. 105,296. 105,296.			58,256.	29,468.	17,068.	11,720
15 Royalties 434,043.364,910.49,354.1 16 Occupancy 434,043.364,910.49,354.1 17 Travel 6,761.1,323.5,438. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,761.1,323.5,438. 19 Conferences, conventions, and meetings 4,837.4,837. 20 Interest 49,860. 21 Payments to affiliates 434,985.369,737.43,499.2 22 Depreciation, depletion, and amortization 434,985.369,737.43,499.2 23 Insurance 63,129.51,199.6,409. 24 Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 290,052.259,168.30,884. 290,052.259,168.30,884. 161,181.161,181. 290,052.259,168.30,884. 161,2,296. 300UTREACH 290,031.84,552. b PROGRAM EXPENSES 124,146.39,031.84,552. c CULTIVATION EXPENSES 105,296.105,296. d SPONSORSHIP EXPENSES 105,296.			106,483.	68,289.	16,740.	21,454
16 Occupancy 434,043. 364,910. 49,354. 1 17 Travel 6,761. 1,323. 5,438. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,761. 1,323. 5,438. 19 Conferences, conventions, and meetings 4,837. 4,837. 4,837. 20 Interest 49,860. 49,860. 21 Payments to affiliates 434,985. 369,737. 43,499. 22 Depreciation, depletion, and amortization 434,985. 369,737. 43,499. 23 Insurance 63,129. 51,199. 6,409. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 290,052. 259,168. 30,884. 3 OUTREACH 290,052. 259,168. 30,884. 3 161,181. 161,181. 161,181. 4 SPONSORSHIP EXPENSES 105,296. 105,296.						
17 Travel 6,761. 1,323. 5,438. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,837. 4,837. 19 Conferences, conventions, and meetings 4,837. 4,837. 20 Interest 49,860. 21 Payments to affiliates 434,985. 369,737. 43,499. 2 22 Depreciation, depletion, and amortization 434,985. 369,737. 43,499. 2 23 Insurance 63,129. 51,199. 6,409. 2 24 Other expenses. Itemize expenses on tocovered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 290,052. 259,168. 30,884. b PROGRAM EXPENSES 161,181. 161,181. 161,181. c CULTIVATION EXPENSES 124,146. 39,031. 84,552. 105,296. 105,296. 105,296. 105,296.			434,043.			19,779
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a OUTREACH b PROGRAM EXPENSES c CULTTIVATION EXPENSES d SPONSORSHIP EXPENSES 105, 296. 105, 296.			6,761.	1,323.	5,438.	
19 Conferences, conventions, and meetings 4,837. 4,837. 20 Interest 49,860. 49,860. 21 Payments to affiliates 434,985. 369,737. 43,499. 2 22 Depreciation, depletion, and amortization 434,985. 369,737. 43,499. 2 23 Insurance 63,129. 51,199. 6,409. 2 24 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 290,052. 259,168. 30,884. b PROGRAM EXPENSES 161,181. 161,181. 161,181. c CULTIVATION EXPENSES 105,296. 105,296. 105,296.						
20 Interest 49,860. 49,860. 21 Payments to affiliates 434,985. 369,737. 43,499. 22 Depreciation, depletion, and amortization 434,985. 369,737. 43,499. 2 23 Insurance 63,129. 51,199. 6,409. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 290,052. 259,168. 30,884. b PROGRAM EXPENSES 161,181. 161,181. 161,181. c CULTIVATION EXPENSES 124,146. 39,031. 84,552. d SPONSORSHIP EXPENSES 105,296. 105,296. 105,296.	f	or any federal, state, or local public officials				
Payments to affiliates 434,985.369,737.43,499.22 Depreciation, depletion, and amortization 434,985.369,737.43,499.22 Insurance 63,129.51,199.6,409. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 290,052.259,168.30,884. a OUTREACH 290,052.259,168.30,884. b PROGRAM EXPENSES 161,181.161,181. c CULTIVATION EXPENSES 124,146.39,031.84,552. d SPONSORSHIP EXPENSES 105,296.105,296.	19 (Conferences, conventions, and meetings		4,837.		
22 Depreciation, depletion, and amortization 434,985. 369,737. 43,499. 2 23 Insurance 63,129. 51,199. 6,409. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 290,052. 259,168. 30,884. b PROGRAM EXPENSES 161,181. 161,181. c CULTIVATION EXPENSES 124,146. 39,031. 84,552. d SPONSORSHIP EXPENSES 105,296. 105,296. 105	20	nterest	49,860.		49,860.	
23 Insurance 63,129.51,199.6,409. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 290,052.259,168.30,884. a OUTREACH 290,052.259,168.30,884. b PROGRAM EXPENSES 161,181.161,181. c CULTIVATION EXPENSES 124,146.39,031.84,552. d SPONSORSHIP EXPENSES 105,296.105,296.	2 1 F	Payments to affiliates				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 290,052.259,168.30,884. a OUTREACH 290,052.259,168.30,884. b PROGRAM EXPENSES 161,181.161,181. c CULTIVATION EXPENSES 124,146.39,031.84,552. d SPONSORSHIP EXPENSES 105,296.	22 [Depreciation, depletion, and amortization				21,749
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)aOUTREACHbPROGRAM EXPENSEScCULTIVATION EXPENSESdSPONSORSHIP EXPENSES105, 296.105, 296.	23	nsurance	63,129.	51,199.	6,409.	5,521
24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 290,052.259,168.30,884. a OUTREACH 290,052.259,168.30,884. b PROGRAM EXPENSES 161,181.161,181. c CULTIVATION EXPENSES 124,146.39,031.84,552. d SPONSORSHIP EXPENSES 105,296.						
amount, list line 24e expenses on Schedule 0.) 290,052.259,168.30,884. b PROGRAM EXPENSES 161,181.161,181. c CULTIVATION EXPENSES 124,146.39,031.84,552. d SPONSORSHIP EXPENSES 105,296.105,296.						
b PROGRAM EXPENSES 161,181. 161,181. c CULTIVATION EXPENSES 124,146. 39,031. 84,552. d SPONSORSHIP EXPENSES 105,296. 105,296. 100.	а	amount, list line 24e expenses on Schedule 0.)				
c CULTIVATION EXPENSES 124,146. 39,031. 84,552. d SPONSORSHIP EXPENSES 105,296. 105,296. 105,296.	-				30,884.	
d SPONSORSHIP EXPENSES 105,296. 105,296.						
					84,552.	563
e All other expenses $I \perp \Delta Z \cdot / \Delta Y \cdot I \perp I \cdot X \cdot Z \cdot I = I \cdot I \cdot X \cdot I = I \cdot I \cdot I = I \cdot X \cdot I = I \cdot I = I \cdot X \cdot I = I \cdot X \cdot I = I \cdot I$	-					1 100
		All other expenses				4,123
			0,230,524.	4,031,554.	1,208,/8U.	416,190
Joint costs. Complete this line only if the organization						
reported in column (B) joint costs from a combined						
educational campaign and fundraising solicitation. Check here Gif following SOP 98-2 (ASC 958-720)						

732010 11-28-17

Form 990 (2017)

13500510 758159 093-10641800

11 2017.05050 MASSACHUSETTS HISTORICAL SO 093-0471

04-2108374 Page 11

га		Balalice Sileet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	199,627.	1	347,624.
	2	Savings and temporary cash investments	2,203,762.	2	2,918,959.
	3	Pledges and grants receivable, net		3	1,112,546.
	4	Accounts receivable, net		4	24,498.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
◄	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	155,314.	9	141,089.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 17,874,956	•		
	b	Less: accumulated depreciation 10b 6,870,978			11,003,978.
	11	Investments - publicly traded securities		11	82,595,066.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	475,561.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	98,619,321.
	17	Accounts payable and accrued expenses		17	360,639.
	18	Grants payable		18	465,452.
	19	Deferred revenue	405,090.	19	405,452.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
ilidi				22	
Lia	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties		23	1,261,235.
	23	Unsecured notes and loans payable to unrelated third parties	2701070000	23	
	25	Other liabilities (including federal income tax, payables to related third		~.	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	263,609.	25	249,233.
	26	Total liabilities. Add lines 17 through 25	2,540,645.	26	2,336,559.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
es		complete lines 27 through 29, and lines 33 and 34.			
ju C	27	Unrestricted net assets	36,184,853.	27	38,424,365.
Bala	28	Temporarily restricted net assets			41,485,954.
lpu	29	Permanently restricted net assets	16,309,393.	29	16,372,443.
μ		Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright			
s or		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	06 202 762
_	33	Total net assets or fund balances	91,663,343. 94,203,988.	33	96,282,762. 98,619,321.
	34	Total liabilities and net assets/fund balances	JH, 403, 300.	34	Form 990 (2017)
					Form 330 (2017)

Part X | Balance Sheet

Form 990 (2017)

Form	1990 (2017) MASSACHUSETTS HISTORICAL SOCIETY	04-	2108	374	Pa	ge 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		<u>, 83</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,25		
3	Revenue less expenses. Subtract line 2 from line 1	3		,420		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,663		
5	Net unrealized gains (losses) on investments	5	7	,04	5,8	58.
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 in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	96	, 282	2,7	62.
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 in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis,				
	consolidated basis, or both:					1
	X Separate basis Consolidated basis Both consolidated and separate basis					1
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				1
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	. [
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
					000	

Form **990** (2017)

732012 11-28-17

SCHEDULE A	
------------	--

(Form	990	or	990-	EZ)

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

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2017
Open to Public

Department of the Treasury nternal Revenue Service					► Go to www.irs.go		Open to Public Inspection				
Nan	ne of	the	organizati	on						Employer	identification number
				MASS	ACHUSETTS	HISTORICAL S	OCIET	Y		0	4-2108374
Pa	irt I		Reason	for Public	Charity Status	(All organizations must co	omplete th	is part.) S	ee instructior	IS.	
The	orgar	niza	tion is not a	a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)			
1		А	church, coi	nvention of ch	urches, or associati	on of churches describe	d in sectio	on 170(b)(1)(A)(i).		
2		А	school des	cribed in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3		А	hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4		А	medical res	search organiz	ation operated in co	onjunction with a hospita	l described	d in sectio	on 170(b)(1)(A	(iii). Enter	the hospital's name,
			ty, and stat								
5		A	n organizati	on operated f	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	oed in
			-	-	Complete Part II.)			, ,			
6						mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X					antial part of its support i				the general	public described in
					complete Part II.)		5			5	1
8			-)(1)(A)(vi). (Complete Par	t II.)				
9						d in section 170(b)(1)(A)	A	ed in conii	unction with a	land-grant	college
						culture (see instructions)					
			niversity:		9			,	,,		,:
10				on that norma	ally receives: (1) mor	e than 33 1/3% of its sup	port from	contributi	ons member	ship fees	and gross receipts from
						ect to certain exceptions,					
						e (less section 511 tax) fr					
					mplete Part III.)			0000 0090		gamzation	
11					• •	sively to test for public sa	afety See	section 5	0.9(a)(4)		
12	\square		-	-	-	sively for the benefit of, to				arry out the	e purposes of one or
						ed in section 509(a)(1) o					
						of supporting organizatio					
а						supervised, or controlled					<i>i</i> aivina
u						egularly appoint or elect					
					complete Part IV, S		amajonty				supporting
b			-		-	d or controlled in connec	tion with it	te cunnort	od organizati	on(c) by be	wing
, N						ganization vested in the s					
				-		Sections A and C.	ame perso		JILIOI OI IIIAII	aye ine sup	oponed
с			0	()	• •	ng organization operated	in connoc	tion with	and function	ally intograt	od with
U				-	•	s). You must complete l				any integrat	eu with,
				0	()(, ·	,		,	wheel except	ization(a)
d						porting organization oper				-	
						ization generally must sa				id an attent	iveness
_			•		,	mplete Part IV, Sections					
е				0		written determination fro			а туре ї, туре	e II, Type III	
	F at			•		onally integrated support	ing organi	zation.			
f					organizations						
g			lame of supp		n about the support (ii) EIN	(iiii) Type of organization	(iv) Is the orga	inization listed	(v) Amount c	fmonetary	(vi) Amount of other
		(.,	organization			(described on lines 1-10	in your governi Yes	ng document?	support (see i	,	support (see instructions)
			5			above (see instructions))	Tes	NO		,	, , , , , , , , , , , , , , , , , , , ,
Tote	al								1		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 14

Schedule A (Form 990 or 990-EZ) 2017 MASSACHUSETTS HISTORICAL SOCIETY

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,713,885.	2,507,894.	2,751,581.	2,677,607.	3,605,652.	14,256,619.
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 \dots						
4	Total. Add lines 1 through 3	2,713,885.	2,507,894.	2,751,581.	2,677,607.	3,605,652.	14,256,619.
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,						400 000
	column (f)						137,020.
	Public support. Subtract line 5 from line 4.						14,119,599.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	2,713,885.	2,507,894.	2,751,581.	2,677,607.	3,605,652.	14,256,619.
8	,						
	dividends, payments received on						
	securities loans, rents, royalties,	4 949 999	422 420	41 722	45 601	67 040	1 506 000
_	and income from similar sources	1,019,033.	422,428.	41,732.	45,691.	67,949.	1,596,833.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	11,689.	16,552.	11,363.	21,797.	12,237.	73,638.
	assets (Explain in Part VI.)	11,009.	10,552.	11,303.	21,191.	12,237.	
	Total support. Add lines 7 through 10	ata (asa instructi				12	^{15,927,090.} 873,131.
	Gross receipts from related activities,	,	,	d fourth or fifth to			075,151.
13	First five years. If the Form 990 is for organization, check this box and stop	-	s inst, second, trin	u, iourtri, or illitri ta	ix year as a sectio	11 50 1 (0)(3)	
Se	ction C. Computation of Publ		rcentage				
	Public support percentage for 2017 (I			olumn (f))		14	88.65 %
	Public support percentage from 2016		•	()/		15	75.75 %
	33 1/3% support test - 2017. If the c						-
	stop here. The organization qualifies						
Ł	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
k	0 10% -facts-and-circumstances test						
	more, and if the organization meets th	•					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
						dule A (Form 990	

15

Schedule A (Form 990 or 990-EZ) 2017 MASSACHUSETTS HISTORICAL SOCIETY Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)				1		
14	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here		· · · · ·	· · ·			
Sec	tion C. Computation of Publ						
	Public support percentage for 2017 (column (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Investion	stment Incom	e Percentage)			
17	Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2016. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
73202	23 10-06-17			16	Sch	edule A (Form 99	0 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 MASSACHUSETTS HISTORICAL SOCIETY

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

17

Schedule A (Form 990 or 990-EZ) 2017 MASSACHUSETTS HISTORICAL SOCIETY Part IV Supporting Organizations (continued)

	Cupperting organizations (continued)		V.	NI -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations			
	Г		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	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 government entity (see instr	uctions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		
73202	5 10-06-17 Schedule A (Form 99	0 or 99	Ю-EZ)	2017
	18			

Schedule A (Form 990 or 990-EZ) 2017 MASSACHUSETTS HISTORICAL SOCIETY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	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)	З		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	З		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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		
	Distribute bla American Ordeting of King Francisco American and Santa			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Schedule A (Form 990 or 990 EZ) 2017 MASSACHUSETTS HISTORICAL SOCIETY

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A	(Form 990 or 990-EZ) 2017 MASSAC	CHUSETTS	HISTORICAL	SOCIETY	04-2108374 _{Pag}
Part VI	Supplemental Information. Pr Part IV, Section A, lines 1, 2, 3b, 3c, 4k line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part V (See instructions.)	ovide the explan o, 4c, 5a, 6, 9a, 9 ; Part IV, Section	ations required by Pa b, 9c, 11a, 11b, and E, lines 1c, 2a, 2b, 3a	rt II, line 10; Part II, lir 11c; Part IV, Section a, and 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
					.
32028 10-06-1	17		21		Schedule A (Form 990 or 990-EZ) :

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

Name of the	organization
-------------	--------------

Organization type (check one):

MASSACHUSETTS HISTO	RICAL 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 or 990-EZ), 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, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
------------	-------	------	---------	------------	--------

Name	of	orga	nization

04-2108374

MASSACHUSETTS HISTORICAL SOCIETY

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

 (b)
 (c)
 (c)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>550,000</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
2		\$450,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$324,104.	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		\$	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
5		\$164,400.	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
6		\$\$\$\$\$\$\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)
	23		

Schedule B	(Form	990,	990-EZ,	or 990-PF	-) (2017)
------------	-------	------	---------	-----------	-----------

(d)

(d)

X

04-2108374 MASSACHUSETTS HISTORICAL SOCIETY 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 contributions** Type of contribution 7 Person Payroll 146,726. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution

<u> 8 </u>		\$102,751.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$79,824.	PersonXPayrollImage: 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01-17	24		1 990, 990-EZ, or 990-PF) (2017)
792/ NTCAAC	59 093-10641800 2017.05050 MASSAC	HUSETTS HISTORIC	AL SU U93-U4/L

Name of organization

Employer identification number

04 - 2108374

MASSACHUSETTS HISTORICAL SOCIETY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	STOCK - 755 SHARES BERKSHIRE HATHAWAY CIB		
		\$150,313.	12/20/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	STOCK - 630 SHARES PEPSICO INC. STOCK - 1360 SHARES GENERAL ELECTRIC CO.		
		\$82,051.	05/10/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	STOCK - 216 SHARES UNITED HEALTH GROUP	\$ 50,124.	05/03/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		¢	
3453 11-0	 ¹⁻¹⁷ 25	\$Schedule B (Form 9	990, 990-EZ, or 990-PF) (2

Name of orga	nization		Employer identification number
MASSAC	HUSETTS HISTORICAL SO	CIETY	04-2108374
Part III	Exclusively religious, charitable, etc., coi the year from any one contributor. Complete completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if additio	ntributions to organizations described in se columns (a) through (e) and the following bus, charitable, etc., contributions of \$1,000 or less f	ction 501(c)(7), (8), or (10) that total more than \$1,000 for line entry. For organizations
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. 		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
723454 11-01-1	17	26	Schedule B (Form 990, 990-EZ, or 990-PF) (20

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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



Name of the organization

MASSACHUSETTS HISTORICAL SOCIETY

Employer identification number 04 - 2108374

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education)	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		_ 2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic str	ucture included in (a)	_ 2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		_ 2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above	• • • • • • • • • •	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	-	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
Do	conservation easements. t III Organizations Maintaining Collections o	f Art Historical Tracquires, or Othe	r Similar Accoto
Fai	Complete if the organization answered "Yes" on Form		i Sinnar Assets.
Ia	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exit		of public service, provide, in Part Alli,
h	the text of the footnote to its financial statements that descri If the organization elected, as permitted under SFAS 116 (AS		halango choot works of art historiaal
b			
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		⊅ ▲
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre		
2	the following amounts required to be reported under SFAS 1	-	הייסיועב
~	Revenue included on Form 990, Part VIII, line 1		▶ \$
a b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2017
	10-09-17		

27

Part III Organization Subinitation Collections of Art, Historical Treasures, or Other Similar Assets:contruce). a Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a X Polic on Nation Collection items (check all that apply): b X Scholarly research c C c X Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year. doi: the organization sciencic or order in the organization collection? Ves No Part V Escrive and Outstockial Arrangements. Complete if the organization collection? Ves No responded a mount on from 500, Part X in a 21. Test organization answered 'Yes' on Form 500, Part X in a 21. Ves No a Is the organization an apont, trustee, custodian or other intermoliary for contributions or the assets not included on on form 500, Part X in a 21. Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Ves No b If 'Yes,' explain the arrangement in Part XII. Arcount Id Id Id Id c Baining of year balance 70.99, 27.10 Form 500, Part X in a 1. No Id Id Id Id Id Id	Sche	dule D (Form 990) 2017 MASSACH	USETTS HIST	FORICAL SC	CIETY		()4-21	0837	4 Pa	age 2
cleack all that apply: iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, o	r Other	^r Simila	ar Asse	e ts (contir	nued)	
a ≧ Public exhibition d	3	Using the organization's acquisition, accessi	ion, and other record	s, check any of the	following that	are a sig	nificant u	use of its	collectio	n item	s
b ∑ Scholarly research e Other i Z Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to to the solid toria se fund strate than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV. Ine 9, or responded an arround to norm 990, Part X, Iine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, Iine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, Iine 21. 1b Distributions during the year 1c Intermediary for agent and the organization answered 'Yes' on Form 980, Part X, Iine 21. 21 Dath comparization include an amount on Form 990, Part X, Iine 21. 22 Distributions during the year 1d Distributions 23 Distributions 24 Part V Part V End the organization include an amount on Form 990, Part X, Iine 21. 1a Beginning of year balance (a) (Party year (b) Proc year (c) (Party year (b) Proc year (c) (Party Year (c) ((check all that apply):									
c	а	X Public exhibition	d	X Loan or exc	hange program	ns					
 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scilor receive donables of art, historical treasures, or other similar assets to be sold to raise funds ather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV. Ine 9, or resported an amount on Form 990, Part X, Ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, Ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, Ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, Ine 21. 1a Is the organization include an amount on Form 900, Part X, Ine 21. for secrow or ostatodial account liability? 2a Did the organization include an amount on Form 900, Part X, Ine 21. for secrow or ostatodial account liability? 2b If 'Yes', explain the arrangement In Part XII. Check here if the explanation has been provided on Part XII. Part V Indowment Funds. Complet if the organization narwerd 'Yes' on Form 900, Part X, Ine 21. 1a Beginning of year balance 10 Current year 10 Bit'year, abalance 10 Current Year (0) Phory explase (0) There years back (0) There years back (0) There years back (0) There years back (0) Phory explase (0) Phory exp	b	X Scholarly research	е	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	с	X Preservation for future generations									
Tops sold to raise funds rather than to be maintained as part of the organization is collection? Yes X tops Part IV Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Yes No c Beginning balance 1d Amount Itel	4	Provide a description of the organization's co	ollections and explair	n how they further t	he organizatio	n's exem	ipt purpo	se in Pai	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21. Image: Complete III and Complete IIII and Complete IIII and Complete IIII and Complete IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	5	During the year, did the organization solicit of	or receive donations o	of art, historical trea	asures, or othe	r similar a	assets				
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions		to be sold to raise funds rather than to be ma	aintained as part of t	ne organization's c	ollection?			🗆	Yes	X] No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance 1a Amount 1a c Ending balance 1a 1a 1a 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or outstocial account tability? Ves No b If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: State S	Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	on answered "	res" on F	orm 990	, Part IV,	line 9, or		
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance Id Id Id d Additions during the year Id Id Id e Distributions during the year Id Id Id a Did the organization include an amount on Form 990, Part X, line 21, for escrow or clustodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV. Im III. Id Id Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV. Im III. Id Id Is Beginning of year balance (a) Current year (b) Phory year (c) No years back (d) Three years back (e) Four years back is Contributions 57.045.858 13.937.204 -2.645.956.2.9.957.719.11.894.242.304.394.242.242.394.394.242.244.245.394.242.242.242.245.242.242.242.242.245.242.242		reported an amount on Form 990, Pa	rt X, line 21.								
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id d Additions during the year Id f Ending balance Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been growided on Part XIII Id Id Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Contributions (a) Form year (b) Prior year (b) Form years back (a) Form years back f Beginning of year balance (b) Prior year (b) Prior year (b) Prior years (c) Form years back (c) Form years back f additions (c) Form years (c) Form years back (c) Form years (c) Form years f Grants or scholarships (c) Form years	1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	ns or other ass	ets not ir	ncluded		_		_
b If "Yes," explain the arrangement in Part XIII and complete the following table: and the arrangement in Part XIII and complete the following table: b Beginning balance c d Additions during the year t e In the second of the year of the year of the arrangement in Part XIII. Check here if the explanation has been growided on Part XIII Yes in Part X in 21, for escrew or outstodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been growided on Part XIII In the interval on the the explanation has been growided on Part XIII interval to Part XIII and Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. (a) Current year (b) Provear (c) Pr		on Form 990, Part X?						L	Yes		No
c Beginning balance Ic Id d Additions during the year Id Id e Distributions during the year If Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability? Yes No b If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII To systak (a) Three years back (a) for year (b) Four year (b) Two years back (c) Two years back (c) Four years (c) Four years (d) Three years back (c) Four years	b										
d Additions during the year id e Distributions during the year ia if id if id i									Amoun	t	
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) No years back. (d) Inter years back. (e) Four years back. b Contributions 78, 940, 757, 69, 284, 487, 75, 936, 781, 76, 295, 401, 67, 677, 283, 284, 525, 713, 11, 899, 085, 744, 558, 13, 937, 204, -2, 645, 956, 2, 225, 713, 11, 899, 085, 744, 558, 13, 937, 204, -2, 645, 956, 2, 225, 713, 11, 899, 085, 744, 13, 937, 204, -2, 645, 956, 3, 233, 867, 3, 154, 045, 3, 248, 242, 1, 087, 810, 1, 020, 422, 840, 800, 614, 530, 417, 550, 62, 284, 487, 75, 936, 781, 76, 295, 401, 753, 169, 244, 487, 75, 936, 781, 76, 295, 401, 282, 931, 96, 73, 914, 75, 936, 781, 76, 295, 401, 282, 931, 96, 78, 940, 757, 69, 284, 487, 75, 936, 781, 76, 295, 401, 282, 931, 96, 78, 940, 757, 69, 284, 487, 75, 936, 781, 76, 295, 401, 282, 931, 96, 78, 940, 757, 69, 284, 487, 75, 936, 781, 76, 295, 401, 282, 931, 96, 78, 940, 757, 69, 284, 487, 75, 936, 781, 76, 295, 401, 282, 931, 96, 78, 940, 757, 69, 284, 487, 75, 936, 781, 76, 295, 401, 282, 931, 96, 78, 940, 757, 69, 284, 487, 75, 936, 781, 76, 295, 401, 282, 931, 96, 78, 940, 757, 69, 284, 487, 75, 936, 781, 76, 295, 401, 282, 931, 96, 78, 940, 757, 69, 284, 487, 75, 936, 781, 76, 295, 401, 230, 932, 941, 96, 98, 764, 933, 754	С	Beginning balance					1c				
f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or distocial account liability? Yes No b If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back. (d) Three years back. (d) Three years back. (d) Three years back. (e) Four years back. (d) Three years back. (e) Four years back. (e) Two years back. (d) Three years back. (e) Two years back.	d	Additions during the year					1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back. (d) Three years back. (e) Four years back. b Contributions (a) Current year (b) Prior year (c) Two years back. (d) Three years back. (e) Four years back. c Other investment examings, gains, and losses 7, 045, 558. 12, 937, 044. -2, 645, 956. 2, 925, 719. 11, 899, 085. c Other expenditures for facilities and programs 2, 367, 439. 3, 410, 056. 3, 293, 867. 3, 154, 045. 3, 248, 242. f Administrative expenses 1, 087, 810. 1, 020, 422. 840, 800. 614, 530. 417, 350. g End of year balance 19, 822. % 75, 936, 781. 75, 936, 781. 76, 295, 401. 2 Provide the estimated percentage of the current yeareined balance line 1g, column (a) held as:<	е	Distributions during the year					1e				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions 63,700. 149,544. 128,329. 444,236. 3448,236. 3416,336. 417,350. 3417,350. 417,350. 417,350. <td< td=""><td>f</td><td>Ending balance</td><td></td><td></td><td></td><td></td><td>1f</td><td></td><td></td><td></td><td></td></td<>	f	Ending balance					1f				
Part V Endowment Funds. Complete if the organization answered "Yest on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 63,700. 149,544. 128,329. 484,236. 384,525. c Net investment earnings, gains, and losse 7,045,858. 13,937,204. -2,645,956. 2,925,719. 11,899,085. d Grants or scholarships 7,045,858. 13,937,204. -2,645,956. 2,925,719. 11,899,085. g End of year balance 2,357,439. 3,410,056. 3,293,867. 3,154,045. 3,248,242. g End of year balance 2,357,660. 7,8,940,757. 69,284,487. 75,936,781. 76,255,401. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 32,91 % 5 Ferd of yeanization 47.2.7 % % 3a(ii) X 9 (i) unrelated organizations 47.2.7 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>y?</td><td>L</td><td>Yes</td><td></td><td>No</td></td<>							y?	L	Yes		No
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 78,940,757. 69,284,467. 75,936,781. 76,295,401. 67,677,383. b Contributions 128,329. 484,236. 384,525. c Other expenditures for facilities 149,544. 128,329. 484,236. 384,525. c Other expenditures for facilities 7,045,858. 13,937,204. -2,645,956. 2,925,719. 11,899,085. g End of year balance 2,367,439. 3,410,056. 3,293,867. 3,154,045. 3,248,242. t Administrative expenses 1,087,810. 1,020,422. 840,800. 614,530. 417,350. g End of year balance 19.82 32.91 % <td< td=""><td>b</td><td>If "Yes," explain the arrangement in Part XIII.</td><td>. Check here if the ex</td><td>planation has been</td><td>n provided on F</td><td>Part XIII</td><td></td><td></td><td></td><td></td><td></td></td<>	b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has been	n provided on F	Part XIII					
1a Beginning of year balance 78,940,757. 69,284,487. 75,936,781. 76,295,401. 67,677,383. b Contributions 149,544. 128,329. 484,236. 334,525. c Net investment eamings, gains, and losses 7,045,858. 13,937,204. -2,645,956. 2,925,719. 11,899,085. d Grants or scholarships 2,367,439. 3,410,056. 3,293,867. 3,154,045. 3,248,242. f Administrative expenses 1,087,910. 1,020,422. 840,800. 614,530. 417,350. g End of year balance 2,367,439. 3,410,056. 3,293,867. 3,154,045. 3,248,242. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 32.91.91.9% f Fermanent endowment ▶ 19.82.9% 9% % Sa(i) X i) unrelated organizations 34(i) X Sa(i) X ii) unrelated organizations 34(i) X Sa(i) X ii) unrelated organizations 32.91.9% %	Par	t V Endowment Funds. Complete i	if the organization an	swered "Yes" on F	orm 990, Part I	V, line 10).				
b Contributions 63,700. 149,544. 128,329. 484,236. 384,525. c Net investment earnings, gains, and losses 7,045,858. 13,937,204. -2,645,956. 2,925,719. 11,899,085. d Grants or scholarships 2,367,439. 3,410,056. 3,293,867. 3,154,045. 3,248,242. f Administrative expenses 1,007,810. 1,020,422. 840,800. 614,530. 417,350. g End of year balance 82,595,066. 78,940,757. 69,284,487. 75,936,781. 76,295,401. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 32.91. % c Temporarily restricted endowment ▶ 47.27. % Y </td <td></td> <td></td> <td>(a) Current year</td> <td>(b) Prior year</td> <td>(c) Two years</td> <td>back (c</td> <td>d) Three ye</td> <td>ears back</td> <td>(e) Four</td> <td>years</td> <td>back</td>			(a) Current year	(b) Prior year	(c) Two years	back (c	d) Three ye	ears back	(e) Four	years	back
c Net investment earnings, gains, and losses 7,045,858. 13,937,204. -2,645,956. 2,925,719. 11,899,085. d Grants or scholarships 2,367,439. 3,410,056. 3,293,867. 3,154,045. 3,248,242. f Administrative expenses 1,087,810. 1,020,422. 840,800. 614,530. 417,350. g End of year balance 82,595,066. 78,940,757. 69,284,487. 75,936,781. 76,295,401. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a 76,295,401. 9 Permanent endowment ▶ 19.82 % . . Yes No 34.10 10.188.28,29.40 76 . . . Yes No 35.91 7.940,757. 69,284,487. 75,936,781. 76,295,401. .	1a	Beginning of year balance	78,940,757.	69,284,487.	75,936	,781.	76,2	95,401.	. 67	,677,	383.
c Net investment earnings, gains, and losses 7,045,858. 13,937,204. -2,645,956. 2,925,719. 11,899,085. d Grants or scholarships 2,367,439. 3,410,056. 3,293,867. 3,154,045. 3,248,242. f Administrative expenses 1,087,810. 1,020,422. 840,800. 614,530. 417,350. g End of year balance 82,595,066. 78,940,757. 69,284,487. 75,936,781. 76,295,401. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a 76,295,401. 9 Permanent endowment ▶ 19.82 % . . Yes No 34.10 10.188.28,29.40 76 . . . Yes No 35.91 7.940,757. 69,284,487. 75,936,781. 76,295,401. .	b	Contributions	63,700.	149,544.	. 128	,329.	4	84,236.		384,	525.
d Grants or scholarships Other expenditures for facilities and programs 2,367,439 3,410,056 3,293,867 3,154,045 3,248,242 1,087,810 1,020,422 840,800 614,530 417,350 g End of year balance Board designated or quasi-endowment ▶ 32.91 % Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:			7,045,858.	13,937,204.	-2,645	,956.	2,9	25,719.	. 11	,899,	085.
and programs 2,367,439 3,410,056 3,293,867 3,154,045 3,248,242. f Administrative expenses 1,087,810 1,020,422 840,800 614,530 417,350 g End of year balance 82,595,066 78,940,757 69,284,487 75,936,781 76,295,401 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 80 and designated or quasi-endowment ▶ 32.91 % b Permanent endowment ▶ 19.82 % % % % % c Temporarily restricted endowment ▶ 47.27 % % % % % (i) urrelated organizations 47.27 % <											
and programs 2,367,439 3,410,056 3,293,867 3,154,045 3,248,242. f Administrative expenses 1,087,810 1,020,422 840,800 614,530 417,350 g End of year balance 82,595,066 78,940,757 69,284,487 75,936,781 76,295,401 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 80 and designated or quasi-endowment ▶ 32.91 % b Permanent endowment ▶ 19.82 % % % % % c Temporarily restricted endowment ▶ 47.27 % % % % % (i) urrelated organizations 47.27 % <	е	Other expenditures for facilities									
f Administrative expenses 1,087,810, 1,020,422, 840,800, 614,530, 417,350, 82,595,066, 78,940,757, 69,284,487, 75,936,781, 76,295,401, 76,297,76,204,242,330, 340,100,100,100,100,100,100,100,100,100,1			2,367,439.	3,410,056.	3,293	,867.	3,1	54,045.	3	,248,	242.
g End of year balance 82,595,066. 78,940,757. 69,284,487. 75,936,781. 76,295,401. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 32.91 % b Permanent endowment ▶ 19.82 % % 75,936,781. 76,295,401. c Temporarily restricted endowment ▶ 47.27 % % % % c Temporarily restricted endowment ▶ 47.27 % % % % (i) unrelated organizations 47.27 % % % % % (i) unrelated organizations 47.27 % % % % % b If "Yes" on line 3a(ii), are the related organizations isted as required on Schedule R? 3a(i) X % 4 Describe in Part XII the intended uses of the organization's endowment funds. % Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000. 200,000.<	f		1,087,810.	1,020,422.	. 840	,800.	6:	14,530.		417,	350.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 32.91 % b Permanent endowment ▶ 19.82 % % 76 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 200,000. 200,000. b Buildings 16,642,744. 6,179,774. 10,462,970. C Leasehold improvements 933,543. <			82,595,066.	78,940,757.	. 69,284	,487.	75,9	36,781.	. 76	,295,	401.
a Board designated or quasi-endowment ▶ 32.91 % b Permanent endowment ▶ 19.82 % c Temporarily restricted endowment ▶ 47.27 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) unrelated organizations 3a(i) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other b Buildings 106, 642, 744. 6, 179, 774. 10, 462, 970. c Leasehold improvements 933, 543. 691, 204. 242, 339. e Other 98, 669. 98, 669. 98, 669.	-	-	rent year end balanc	e (line 1g, column (a)) held as:						
b Permanent endowment ▶ 19.82 % c Temporarily restricted endowment ▶ 47.27 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) X (ii) related organizations 3a(i) X 3a(ii) X (ii) related organizations 3a(i) X 3a(iii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 200,000. 200,000. 200,000. 1a Land 200,000. 200,000. 200,000. 200,000. 200,000. 00. 0.	а										
c Temporarily restricted endowment ▶ 47.27 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			%	7							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations 3a(i) X X 3a(ii) X X X X X X X X X X X											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land 200,000. 200,000. b Buildings 16,642,744. 6,179,774. 10,462,970. c Leasehold improvements 933,543. 691,204. 242,339. e Other 98,669. 98,669. 98,669. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 11,003,978.		· · · · · · · · · · · · · · · · · · ·	ould equal 100%.								
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) (i) unrelated organizations (ii) unrelated organizations (iii) related org	3a			tion that are held a	and administer	ed for the	e organiz	ation			
(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 200,000. 200,000. b Buildings 16,642,744. 6,179,774. 10,462,970. c Leasehold improvements 933,543. 691,204. 242,339. e Other 98,669. 98,669. 98,669. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 11,003,978.			-				-		[Yes	No
(ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c		-							3a(i)		Х
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 200,000. 200,000. b Buildings 16,642,744. 6,179,774. 10,462,970. c Leasehold improvements 933,543. 691,204. 242,339. e Other 98,669. 98,669. 98,669. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 11,003,978.											Х
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 200,000. 200,000. b Buildings 16,642,744. 6,179,774. 10,462,970. c Leasehold improvements 933,543. 691,204. 242,339. e Other 98,669. 98,669. 98,669. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 11,003,978.	b										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 200,000. 200,000. 200,000. b Buildings 16,642,744. 6,179,774. 10,462,970. c Leasehold improvements 933,543. 691,204. 242,339. e Other 98,669. 98,669. 98,669. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 11,003,978.									·	•	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 200,000. 200,000. 200,000. b Buildings 16,642,744. 6,179,774. 10,462,970. c Leasehold improvements 933,543. 691,204. 242,339. e Other 98,669. 98,669. 98,669. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 11,003,978.	Par										
basis (investment) basis (other) depreciation 1a Land 200,000. 200,000. b Buildings 16,642,744. 6,179,774. 10,462,970. c Leasehold improvements 933,543. 691,204. 242,339. e Other 98,669. 98,669. 98,669. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 11,003,978.		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990,	Part X, li	ne 10.				
basis (investment) basis (other) depreciation 1a Land 200,000. 200,000. b Buildings 16,642,744. 6,179,774. 10,462,970. c Leasehold improvements 933,543. 691,204. 242,339. e Other 98,669. 98,669. 98,669. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 11,003,978.		Description of property	(a) Cost or ot	her (b) Cost	t or other	(c) Acc	cumulate	d	(d) Boo	k value	e
b Buildings 16,642,744. 6,179,774. 10,462,970. c Leasehold improvements 4 933,543. 691,204. 242,339. e Other 98,669. 98,669. 98,669. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 11,003,978.			• •	• •		• •					
b Buildings 16,642,744. 6,179,774. 10,462,970. c Leasehold improvements 4 933,543. 691,204. 242,339. e Other 98,669. 98,669. 98,669. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 11,003,978.	1a	Land		20	0,000.				20	0,0	00.
c Leasehold improvements d Equipment e Other 98,669. 98,669. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 11,003,978.						6,1	79,77	74. 1			
d Equipment 933,543. 691,204. 242,339. e Other 98,669. 98,669. 98,669. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 11,003,978.						-	-		-	-	
e Other 98,669. 98,669. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 11,003,978.				93	3,543.	6	91,20	04.	24	2,3	39.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						5.	, - 1				
					-			▶ 1			
			,	,	- /				-	-	

Schedule D (Form 990) 2017 MASSACHUSETTS HISTORICAL SOCIET
--

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	On Form 990, Part IV, In Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
	Description		
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) SPLIT-INTEREST AGREEMENTS		249,233.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.) 🕨	249,233.	
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Chec	k here if the text of the footnote has be	en provided in Part XIII 🛛

Schedule D (Form 990) 2017

732053 10-09-17

Sche	dule D (Form 990) 2017 MASSACHUSETTS HISTORICAL	SOCIE	ГҮ	04-	2108374 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements W			
	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	10,794,972.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	7,045,858.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		88,759.		
е	Add lines 2a through 2d			2e	7,134,617.
3	Subtract line 2e from line 1			3	3,660,355.
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	79,999.		
b	Other (Describe in Part XIII.)	4b	89,731.		
с	Add lines 4a and 4b			4c	169,730.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	3,830,085.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat		lith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	6,175,553.
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				
с	Other losses		00 850		
d	Other (Describe in Part XIII.)		88,759.		~~ ~~~
е	Add lines 2a through 2d			2e	88,759.
3	Subtract line 2e from line 1			3	6,086,794.
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		79,999.		
b	Other (Describe in Part XIII.)	4b	89,731.		
С	Add lines 4a and 4b			4c	169,730.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,256,524.
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 UNRESTRICTED NET ASSETS IF PURCHASED WITH
UNRESTRICTED ASSETS AND AS DECREASES IN TEMPORARILY RESTRICTED OR
PERMANENTLY RESTRICTED NET ASSETS 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.

732054 10-09-17

13500510 758159 093-10641800 2017.05050 MASSACHUSETTS HISTORICAL SO 093-0471

30

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 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, 2018, 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:

RECLASS OF FUNDRAISING EXPENSES

80,685.

Schedule D (Form 990) 2017

732055 10-09-17

Schedule D (Form 990) 2017 MASSACHUSETTS HISTORICAL SOCIETY Part XIII Supplemental Information (continued)	04-2108374 Page 5
RECLASS OF RENTAL EXPENSES	8,074.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	88,759.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RECLASS OF PURCHASE & SALE OF COLLECTIONS	89,731.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RECLASS OF FUNDRAISING EXPENSES	80,685.
RECLASS OF RENTAL EXPENSES	8,074.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	88,759.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
RECLASS OF PURCHASE & SALE OF COLLECTIONS	89,731.
	_
	Schedule D (Form 990) 2017
732055 10-09-17 32	,

SCHEDULE G	Supplama	ntal Information Regarding	. Eum	draid	ing or Coming	A ati	vition	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on						2017
Department of the Treasury Internal Revenue Service	C	organization entered more than \$1 ▶ Attach to Form 990 ▶ Go to www.irs.gov/Form990) or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization								dentification number
Part I Fundrais		USETTS HISTORICAL Complete if the organization answe				lino 1	04 - 210	
	complete this par			63 0	in onin 330, r art iv,		7.10111330	
a 🔛 Mail solicitati	•		tion of	non-g	Check all that apply overnment grants nment grants	-		
c Phone solicit d In-person sol	ations	g 🛄 Special						
		or oral agreement with any individua						
	highest paid indiv	art VII) or entity in connection with p viduals or entities (fundraisers) purs organization.			•			o be
(i) Name and address or entity (fund		(ii) Activity	(iii) fund have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained b fundraiser ted in col. (i)	y) to (or retained by)
			Yes	No				
		n is registered or licensed to solicit		. ►	s or has been notified	d it is	exempt fror	n registration
or licensing.								
LHA For Paperwork Re	duction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Forn	n 990 or 990-EZ) 2017

732081 09-13-17

33

Schedule G (Form 990 or 990-EZ) 2017 MASSACHUSETTS HISTORICAL SOCIETY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.000

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 6D. List (events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			COCKTAILS	DINNER WITH	NONE	(add col. (a) through
			WITH CLIO	DOLLEY		col. (c)
Ð			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	191,503.	5,500.		197,003.
	2	Less: Contributions	174,178.	500.		174,678.
	3	Gross income (line 1 minus line 2)	17,325.	5,000.		22,325.
	4	Cash prizes				
ő	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	18,443.			18,443.
rect E>	7	Food and beverages	42,318.	11,042.		53,360.
D	8	Entertainment	8,227.			8,227.
	9	Other direct expenses		655.		655.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	80,685.
		Net income summary. Subtract line 10 from li	-58,360.			
Pa	irt I	J. complete in the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				

ses	2	Cash prizes										
Expen	3	Noncash prizes										_
Direct Expenses	4	Rent/facility costs										
	5	Other direct expenses					_					
	6	Volunteer labor		Yes No	%		Yes No	%	Ves	%		
7 Direct expense summary. Add lines 2 through 5 in column (d)												
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				►								
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 												
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain:												

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 MASSACHUSETTS HISTORICAL SOCIETY 04-	2108374	4 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
h	If "Veg" enter the ensure of gaming region is required by the examination $\mathbf{N}^{(1)}$		
D	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
_	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
10			
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	I is the organization required under state law to make charitable distributions from the gaming proceeds to		
a	retain the state gaming license?	Ves	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	100	
N	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, ¹	10b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	, ,
7320	83 09-13-17 Schedule G (For	m 990 or 00	0-F7) 2017
	35		

Schedule (G (Form 990 or 990-EZ)	MASSACHUSETTS	HISTORICAL	SOCIETY		
Part IV Supplemental Information (continued)						

	Schedule G (Form 990 or 990-EZ
084 04-01-17	36
0510 758159 093-106/180	0 2017.05050 MASSACHUSETTS HISTORICAL SO 093-0471
22270 '2072' 0\2 TOO4TOO	2 TOT' COOL TROUGHOUT TO TROUTCH DO 020411

SCHEDU (Form 990			Gov	rants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭn	ited States		OMB No. 1545-0047
Department of Internal Reve	of the Treasury nue Service			Go to www.ir	Attach to For s.gov/Form990 for		nation.		Open to Public Inspection
Name of t	he organization	MASSACHUS		ORICAL SOCI	ETY				Employer identification number $04 - 2108374$
Part I	General Info	ormation on Grants a	and Assistance						
crite	eria used to aw	ard the grants or assi	stance?					sistance, and the selec	
1	1	the organization's pro		×					
Part II			-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
		t received more than			1		(f) Method of	1	
1 (a) I	Name and add or gove	ress of organization rnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Ente	er total numbe	r of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table	1	I	1	<u> </u>
		r of other organization	-	-					······
		Reduction Act Notice							Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) MASSACHUSETTS HISTORICAL SOCIETY

04-2108374

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FELLOWSHIPS	36	144,113.	0.		

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

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.

sc	HEDULE J	Compensation Information	L	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	/
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		
Depa	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organizatio		Employer i			mber
_		MASSACHUSETTS HISTORICAL SOCIETY	04-2	210837	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	ו 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments X Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as, maid, chauffe	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or			v	
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b	Х	
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			v	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
~						
3		ny, of the following the filing organization used to establish the compensation of the organization of the organization of the organization of the organization of the second base of th				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	lon to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	X Form 990 of o					
		ther organizations X Approval by the board or compensation of	committee			
4	During the year did	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
7	organization or a re					
а	•			4a		x
b		e payment or change-of-control payment?				X
c		ceive payment from, an equity-based compensation arrangement?				X
U		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
-	contingent on the r					
а	•			5a		Х
b	Any related organiz	ation?		5b		Х
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	et earnings of:				
а		-		6a		Х
b	Any related organiz	ation?		6b		Х
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
		nes 5 and 6? If "Yes," describe in Part III		7		Х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forr	n 990) 2017

Schedule J (Form 990) 2017

04-2108374

Page 2

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) WILLIAM TSOULES	(i)	118,305.	0.	0.	4,732.	28,192.	151,229.	0.
VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRENDA LAWSON	(i)	126,645.	0.	0.	5,066.	23,927.	155,638.	0.
VP OF COLLECTION SERVICES	(ii)	0.	0.	0.	0.	0.		0.
(3) DENNIS FIORI	(i)	269,045.	0.	0.	10,762.	18,557.	298,364.	0.
PRESIDENT, PRESIDENT EMERITUS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PETER HOOD	(i)	95,605.	0.	0.	3,824.	2,527.	101,956.	0.
DIRECTOR OF ADMIN. & FIN.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 PROVIDED A SOCIAL CLUB MEMBERSHIP FOR DENNIS FIORI,

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

ORIGINAL OFFER OF EMPLOYMENT.

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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2

Employer identification number

04 - 2108374

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open To Public Inspection

Name of the organization

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

MASSACHUSETTS HISTORICAL SOCIETY

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) Method of de noncash contribu		•	5
1	Art - Works of art				, , , ,				
2		sures							
3		erests							
4		ations							
5		ehold goods							
6		nicles							
7									
8		ty							
9		y traded	X	15	405,580.	AVERAGE NAV	•		
10		/ held stock							
11	Securities - Partne								
12	Securities - Miscel	laneous		4					
13	Qualified conserva	tion contribution -							
	Historic structures								
14	Qualified conserva	tion contribution - Other							
15	Real estate - Resid	lential							
16		mercial							
17	Real estate - Other	r							
18									
19									
20		l supplies							
21									
22									
23		ns							
24		acts							
25)							
26)							
27	Other ()							
28	Other ()							
29		8283 received by the organi							
	for which the orga	nization completed Form 82	00, Part IV, I	Donee Acknowledg	gement 29		1	Yes	No
302	During the year di	d the organization receive b	w contributio	n any property rer	ported in Part I, lines 1 throug	nh 28 that it		165	No
30a					which isn't required to be u				
							30a		х
þ		the arrangement in Part II.	•				000		
31		-	policy that re	equires the review	of any nonstandard contribu	itions?	31	х	
					cit, process, or sell noncash				
	U U	•		•	,,		32a		Х
b	If "Yes," describe								

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2017

732141 09-07-17

13500510 758159 093-10641800 2017.05050 MASSACHUSETTS HISTORICAL SO 093-0471

		MASSACHUSETTS HISTORICAL SOCIETY	04-2108374 _{Pag}
i	is reporting in Part	I Information. Provide the information required by Part I, lines 30b, 32b, t I, column (b), the number of contributions, the number of items received, o dditional information.	and 33, and whether the organization r a combination of both. Also complete
142 09-07-17	,		Schedule M (Form 990) 2

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2017
Open to Public
Inspection
Employer identification number

MASSACHUSETTS HISTORICAL SOCIETY

04-2108374

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AMERICAN HISTORY AND FOR THE IDEAS, VALUES, SUCCESSES, AND FAILURES

THAT BIND US TOGETHER AS A NATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM HIGHLIGHTS AND DESCRIPTION:

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 HOLDING ACCESSIBLE TO ANYONE WITH AN

INTEREST IN THE PEOPLE AND EVENTS THAT SHAPED OUT 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. THESE ARE AMONG

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

THE SOCIETY'S COLLECTIONS, 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 IN OUR COLLECTIONS SIX DAYS A WEEK. 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
 PRODUCED
 AND
 SENT
 TO
 INDIVIDUALS
 WHO

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)
 Schedule O (Form 990 or 990-EZ) (2017)

44

13500510 758159 093-10641800 2017.05050 MASSACHUSETTS HISTORICAL SO 093-0471

Name of the organization

Employer identification number 04 - 2108374

CANNOT VISIT LIBRARY IN PERSON.

EXHIBITIONS - THE SOCIETY'S EXHIBITION CELEBRATE THE PERSPECTIVE AMERICAN HISTORY BRINGS TO OUR OWN TIME AND ILLUSTRATE HOW IT SUSTAINS OUR REPUBLIC AND GUIDES OUR FUTURE. AS ONE OF THE REGION'S MAJOR VENUE FOR HISTORY PRESENTATIONS, THE MHS PRODUCES EXHIBITIONS THAT ARE THEMATIC, TELL STORIES, AND EXPLORE TURNING POINTS IN THE PAST. THE HIGHLIGHT OF THE YEAR WAS THE TURNING POINTS EXHIBITION A PRESENTATION IN AMERICAN HISTORY WHICH EXAMINED FIFTEEN DECISIVE MOMENTS IN AMERICAN HISTORY AS DESCRIBED IN EYEWITNESS ACCOUNTS AND PERSONAL RECORDS OR AS COMMEMORATED BY "DUMB WITNESSES" - ARTIFACTS FOUND IN THE SOCIETY'S ENORMOUS COLLECTIONS. THE SOCIETY ALSO DISPLAYED THE IRISH ATLANTIC EXHIBITION WHICH EXPLORED 175 YEARS OF THE IRISH IN BOSTON FROM THE FOUNDING OF THE CHARITABLE IRISH SOCIETY IN 1737, THROUGH FAMINE RELIEF EFFORTS LED BY CAPTAIN ROBERT BENNET FORBES AT THE HELM OF THE JAMESTOWN, TO A MASS MIGRATION MOVEMENT, DECADES OF COMMUNITY AND INSTITUTIONAL BUILDING, AND A RISE IN POLITICAL POWER.

EDUCATION AND PUBLIC PROGRAMS - CONTINUING TO DEVELOP A VIBRANT SELECTION OF PUBLIC AND EDUCATION PROGRAMS ENABLES THE MHS TO ENHANCE THE UNDERSTANDING OF OUR NATION'S PAST AND ITS CONNECTION TO THE PRESENT, DEMONSTRATING THAT HISTORY IS NOT JUST A SERIES OF EVENTS THAT HAPPENED TO INDIVIDUALS LONG AGO BUT IS INTEGRAL TO THE FABRIC OF OUR DAILY LIVES. WHERE OPINIONS VARY, THE MHS PROVIDES A FORUM FOR DEBATE. PROGRAMMING DESIGNED FOR A GENERAL AUDIENCE ATTRACTED MORE THAN 2,600 ATTENDEES AT 55 PROGRAMS OVER THE COURSE OF THE YEAR. THE SOCIETY OFFERED SCHOLARS AND OTHERS WHO JOINED US FOR ACADEMIC PRESENTATIONS A TOTAL OF 85 PROGRAMS - 23 SEMINARS IN 5 SERIES, 37 BROWN-BAG LUNCHES, 72212 09-07-17 45 13500510 758159 093-10641800 2017.05050 MASSACHUSETTS HISTORICAL SO 093-0471 MASSACHUSETTS HISTORICAL SOCIETY

Page 2

AND A RECEPTION AT THE START OF THE ACADEMIC YEAR TO INTRODUCE THE

SOCIETY TO GRADUATE STUDENTS.

THE MHS ALSO OFFERS AN ENGAGING ARRAY OF PROGRAMS AND RESOURCES TO K-12 TEACHERS AND STUDENTS, INCLUDING WORKSHOPS, FELLOWSHIP OPPORTUNITIES, CURRICULUM RESOURCES, 57 SUCH TEACHER PROGRAMS AND WORKSHOPS TOOK PLACE THIS PAST YEAR. COMMITTED TO USING ITS UNIQUE RESOURCES TO IMPROVE AND SUPPORT THE TEACHING OF AMERICAN HISTORY IN ALL K-12 CLASSROOMS, THE MHS LAUNCHED THE CENTER FOR THE TEACHING OF HISTORY AT THE MASSACHUSETTS HISTORICAL SOCIETY IN JANUARY 2017. THE CENTER PROMOTES HISTORY AND CIVICS EDUCATION AND IS AMONG THE NATION'S PREMIER RESOURCE PROVIDERS FOR EDUCATORS. IT SUPPORTS INNOVATIVE AND BEST PRACTICES IN TEACHING HISTORY THROUGH PROGRAMS, WEB-BASED RESOURCES, FELLOWSHIPS, AND ITS SUPPORT OF NATIONAL HISTORY DAY.

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. VISITORS CAN ENJOY PUBLIC TALKS, TOURS, EXHIBITIONS, SCHOLARLY SEMINARS AND CONFERENCES, AND GAIN ACCESS TO OUR UNPARALLELED COLLECTIONS THROUGH OUR RESEARCH LIBRARY AND OUR WEBSITE. THE MHS OFFERS MORE THAN 30 RESEARCH FELLOWSHIPS IN FOUR ANNUAL COMPETITIONS, AND PROVIDES SUPPORT AND ASSISTANCE TO MORE THAN 600 SCHOLARS EVERY YEAR. THE MHS WELCOMES A WIDE VARIETY OF RESEARCHERS -REPRESENTING 35 COUNTRIES AND ALL 50 STATES - FROM HIGH SCHOOL STUDENTS, TO FAMILY HISTORIANS, TO PROFESSORS AND PULITZER PRIZE-WINNING AUTHORS. THESE RESEARCHERS NETWORK, SHARE THEIR FINDINGS, AND EXCHANGE IDEAS.

732212 09-07-17

Name of the organization

MASSACHUSETTS HISTORICAL SOCIETY

PUBLICATION AND DOCUMENTARY EDITING INCLUDING THE ADAMS PAPERS - THE MHS BEGAN PUBLISHING BOOKS IN 1792 AND IS ONE OF THE OLDEST, CONTINUALLY OPERATING PUBLISHERS IN THE UNITED STATES, AND MAKES AVAILABLE PRINTED BOOKS, ELECTRONIC PUBLICATIONS, A NEWSLETTER, AND SCHOLARLY JOURNAL. THE MHS PUBLICATIONS WORKS THAT PROVIDE INFORMATION ABOUT AND MAKE AVAILABLE THE CONTENT OF SOME OF ITS MOST SIGNIFICANT COLLECTIONS AND THE PEOPLE WHO CREATED THEM. AS PART OF ITS MISSION, THE MHS MAINTAINS ITS OWN PUBLISHING PROGRAM AND HOSTS THE OFFICES OF THE ADAM PAPERS EDITORIAL PROJECT. FOUNDED IN 1954, THE ADAM PAPERS PROJECT PREPARES A COMPREHENSIVE PUBLISHED EDITION OF THE MANUSCRIPTS WRITTEN AND RECEIVED BY THE FAMILY PAPERS MANUSCRIPT COLLECTION AS THE MASSACHUSETTS HISTORICAL SOCIETY FORMS THE NUCLEUS OF THE PROJECT. IN ADDITION, THE EDITORS HAVE GATHERED OVER 27,000 COPIES OF ADAMS ITEMS FROM HUNDREDS OF LIBRARIES, INSTITUTIONS, AND INDIVIDUALS IN THE UNITED STATES AND ABROAD. THE EDITORS DO NO ALTER THE ADAMS' WORDS; RATHER, THEY CONTINUE THE RESEARCH FOR ADAMS DOCUMENTS, SELECT THE MATERIAL TO BE INCLUDED IN THE EDITION, PROVIDE A FAITHFUL TRANSCRIPTION OF THE MANUSCRIPTS, AND SUPPLY ANNOTATION. TO DATE, OVER 50 VOLUMES HAVE BEEN PUBLISHED BY HARVARD UNIVERSITY PRESS AND ARE NOW AVAILABLE ONLINE AS PART OF THE ADAMS PAPERS DIGITAL EDITION. THE PROJECT'S CUT-OFF DATE IS 1889, THE YEAR ABIGAIL BROOKS ADAMS DIED.

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

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

MEMBERSHIP, WHICH DO NOT HAVE VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A:

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

13500510 758159 093-10641800 2017.05050 MASSACHUSETTS HISTORICAL SO 093-0471

Schedule O (Form 990 or 990-EZ) (2017)	Page 2								
Name of the organization Employer identification number									
MASSACHUSETTS HISTORICAL SOCIETY	04-2108374								
THE SOCIETY HAS ELECTED MEMBERS, KNOWN AS FELLOWS, WHO DO	NOT HAVE VOTING								
RIGHTS. IN ADDITION, THE SOCIETY IS GOVERNED BY THE BOARD	OF TRUSTEES WHO								
ARE NOMINATED AND ELECTED BY THE EXISTING GOVERNING BODY.	THE BOARD OF								
TRUSTEES ARE RESPONSIBLE FOR 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 SOCIETY 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.

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. THE DELIBERATIONS AND DECISION OF BOTH THE COMMITTEE AND THE BOARD ARE CONTEMPORANEOUSLY RECORDED IN THE MINUTES.

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 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017) 48 13500510 758159 093-10641800 2017.05050 MASSACHUSETTS HISTORICAL SO 093-0471

Name of the organization MASSACHUSETTS HISTORICAL SOCIETY	Employer identification number $04 - 2108374$
AND DECISIONS OF THE PRESIDENT ARE CONTEMPORANEOUSLY RECO	RDED AS IS THE
APPROVAL OF THE BUDGET BY THE BOARD OF TRUSTEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE SOCIETY'S ANNUAL AUDITED FINANCIAL STATEMENTS, FORM 9	90 AND
MASSACHUSETTS FORM PC ARE AVAILABLE TO THE PUBLIC ON ITS	WEBSITE AT
MASSHIST.ORG. THESE DOCUMENTS ARE ALSO AVAILABLE ON THE M	ASSACHUSETTS
ATTORNEY GENERAL'S WEBSITE AT WWW.CHARITIES.AGO.STATE.MA.	US/CHARITIES/. THE
SOCIETY'S BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAI	LABLE ON THE
SOCIETY'S WEBSITE. THE SOCIETY WILL MAKE PRINTED COPIES A	VAILABLE UPON
WRITTEN REQUEST.	

Schedule O (Form 990 or 990-EZ) (2017)

Page 2

SCH	IEDULE R
/	

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number

04-2108374

Internal Revenue Service

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

Name of the organization

MASSACHUSETTS HISTORICAL SOCIETY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
			þ		

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FOUNDING FATHERS PAPERS, INC 22-2365602	CARRY OUT PURPOSES OF						
C/O PRINCETON UNIVERSITY, 701 CARNEGIE CTR	FOUNDING FATHERS EDITORIAL						
PRINCETON , NJ 08540	PROJECTS	NEW JERSEY	501(C)(3)	LINE 12A, I	N/A		х
NEW ENGLAND REGIONAL FELLOWSHIP CONSORTIUM -							
55-0868208, C/O MASSACHUSETTS HISTORICAL]						
SOCIETY, 1154 BOYLSTON STREET, BOSTON, MA	SEE PART VII	MASSACHUSETTS	501(C)(3)	LINE 7	N/A		Х

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

Schedule R (Form 990) 2017 MASSACHUSETTS HISTORICAL SOCIETY

04-2108374 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	^{l or} Percentag ^{ing} ownershi
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	-										
	-										
	-										
										+	_
	-										
	-										
	_										
	7										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)				400010		Yes	No
								\vdash	<u> </u>
]								
]								

Schedule R (Form 990) 2017 MASSACHUSETTS HISTORICAL SOCIETY

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No		
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					
b Gift, grant, or capital contribution to related organization(s)		Х			
c Gift, grant, or capital contribution from related organization(s)	1c	Х			
d Loans or loan guarantees to or for related organization(s)			2		
e Loans or loan guarantees by related organization(s)					
f Dividends from related organization(s)			2		
g Sale of assets to related organization(s)	1g		2		
h Purchase of assets from related organization(s)	1h		2		
i Exchange of assets with related organization(s)	<u>1i</u>				
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		2		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		2		
Performance of services or membership or fundraising solicitations for related organization(s)	11				
m Performance of services or membership or fundraising solicitations by related organization(s)	1m				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n				
o Sharing of paid employees with related organization(s)					
p Reimbursement paid to related organization(s) for expenses			2		
q Reimbursement paid by related organization(s) for expenses					
r Other transfer of cash or property to related organization(s)			-		
s Other transfer of cash or property from related organization(s)					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
_(6)			
732163 09-11-17	52		Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 MASSACHUSETTS HISTORICAL SOCIETY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs	all s sec.	Share of	Share of	Dispr	opor- late	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs	5.?	total income	end-of-year assets	alloca	tions?	of Schedule K-1	partner?	ownership
		country)	Sections 512-514)	Yes	No	Income	233613	Yes	No	(FUIII 1065)	Yes NC	
				Н	_							
	-											
			5									
	-											
	-			\vdash								<u> </u>
	-											

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEW ENGLAND REGIONAL FELLOWSHIP CONSORTIUM

EIN: 55-0868208

C/O MASSACHUSETTS HISTORICAL SOCIETY, 1154 BOYLSTON STREET

BOSTON, MA 02215

FORM 990, SCH.R, PART II:

THE NEW ENGLAND REGIONAL FELLOWSHIP CONSORTIUM PRIMARY ACTIVITY:

ADMINISTERS SHORT-TERM FELLOWSHIPS FOR ACADEMICS, STUDENTS, AND

INDEPENDENT SCHOLARS TO CONDUCT PRIMARY RESEARCH ON THE COLLECTIONS

HOUSED AT PARTICIPATING CULTURAL INSTITUTIONS IN THE REGION.

732165 09-11-17

Schedule R (Form 990) 2017