MASSACHUSETTS HISTORICAL SOCIETY 1154 BOYLSTON STREET BOSTON, MA 02215

> NON-PROFIT ORG/PUBLIC CHARITIES DIV OFFICE OF THE ATTORNEY GENERAL ONE ASHBURTON PLACE BOSTON, MA 02108

(617) 727-2200, ext. 2101

THE COMMONWEALTH OF MASSACHUSETTS **OFFICE OF THE ATTORNEY GENERAL** NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION **ONE ASHBURTON PLACE BOSTON, MASSACHUSETTS 02108** www.mass.gov/ago/charities

Form PC Check all items attached Report for the Fiscal Period: 07/01/18 to 06/30/19 (if applicable) Filing Fee or Printout of X Electronic Payment Attorney General's Account #: 005763 Confirmation Federal ID #: 04-2108374 __ X Copy of IRS Return X Audited Financial Statements/Review Electronic Payment Confirmation #: ____ Amended Articles/ By-Laws When did the organization first engage in X Schedule A-1 01/01/1974 charitable work in Massachusetts? X Schedule A-2 X Schedule RO Has the organization applied for or been granted X Yes No Schedule VCO IRS tax exempt status? Probate Account 12/01/1934 If yes, date of application **OR** date of determination letter: 3 IRS Exemption under 501(c): If exempt under 501(c), are contributions to the organization X Yes No tax deductible as charitable contributions? **Organization Data** Name: MASSACHUSETTS HISTORICAL SOCIETY Mailing Address: 1154 BOYLSTON STREET ______ State: MA ______ ZIP: 02215 City: BOSTON Phone Number: 617-536-1608 Fax Number: Website: WWW.MASSHIST.ORG Email: INFO@MASSHIST.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	13	Organization Purpose Code 1	26
Type of Organization (Table 2)	1	Organization Purpose Code 2	23
Please check box if final return prior to dissolution:			
		Office Use Only: Payment Rece	eived
Form PC Rev. 11/2016 ³⁷⁸⁰⁰¹ 4-01-18	Page	1 of 15	
		3	
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All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 01/01/1974

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

Corporation	X	Testamentary Trust	
Unincorporated Association		Inter Vivos Trust	

Other (please describe): _

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.

5. Enter your summary of financial data:

	Financial Data	Amounts
А.	Contributions, gifts, grants, and similar amounts received	2,830,902.
В.	Gross support and revenue	3,120,307.
C.	Program services and similar amounts paid out	4,705,986.
D.	Fundraising expenses	537,230.
E.	Management and general expenses	2,022,359.
F.	Payments to affiliates	0.
G.	Total expenses	7,265,575.
Н.	Net assets or fund balances at the end of the year	100,868,434.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
	CATHERINE ALLGOR				
1.	PRESIDENT	35.00	261,003.	10,440.	16,523.
	BRENDA LAWSON				
2.	VP OF COLLECTION SERVICES	35.00	132,425.	5,297.	19,978.
	WILLIAM TSOULES				
3.	VP & CFO	35.00	128,389.	5,136.	23,128.
	PETER DRUMMEY				
4.	LIBRARIAN	35.00	129,173.	2,600.	9,321.
	SARA MARTIN				
5.	EDITOR IN CHIEF	35.00	110,094.	5,297.	19,978.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet).

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8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	COMTEC SOLUTIONS, LLC	92,509.	IT SERVICES
			CATERING AND
2.	FAIRMONT COPLEY PLAZA	86,751.	VENUE RENTAL
			INVESTMENT
3.	COLONIAL CONSULTING, LLC	80,000.	CONSULTANTS
			ART STORAGE AND
4.	HARVARD DEPOSITORY	43,502.	RETRIEVAL
5.	CLIFTONLARSONALLEN LLP	41,223.	CPA FIRM

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number) :

Bank	Address		Phone Number
FIRST REPUBLIC BANK	160 FEDERAL STREET, 02116		888-408-2088
	02110		000 400 2000
WASHINGTON SAVINGS BANK	100 BROADWAY RD, DRA	CUT, MD 01826	978-275-6000
10. What is the organization's accounting method?	Cash X Accrual		
	Other (specify):		
11. If organization's mailing address is a P.O. Box, lis	t the organization's full street address:		
Address:			
City:		State: ZIF	? Code:
12. Contact Person Name: WILL TSOULES			
Street Address: 1154 BOYLSTON ST	REET		
City: BOSTON		State: MA ZIF	• Code: 02215

Phone Number: 617-646-0511

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	solicited on its behalf?	X Yes	No No
14.	At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?	X Yes	No
	If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.		
15.	If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.		
	a religious organization		
	an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from	n	
	more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpa	aid	
	volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)		
16.	Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates	i.	
17.	Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried ex	kecutives	
	of organization. STATEMENT 1		
18.	Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual	ividual(s)	
	responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records. STATEMENT 2		

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

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13. During the fiscal year reported here, did your organization solicit contributions or have funds

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

X Yes No

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FORM PC	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT	1
NAME AND ADDRES	S			Т	ITLE		
CATHERINE ALLGO 1154 BOYLSTON S BOSTON, MA 022	STREET			P	RESIDENT		
WILLIAM TSOULES 1154 BOYLSTON S BOSTON, MA 022	STREET			V	P &CFO		
PAUL W. SANDMAN 1154 BOYLSTON S BOSTON, MA 022	STREET			CI	HAIR		
BENJAMIN C. ADA 1154 BOYLSTON S BOSTON, MA 022	STREET			V	ICE CHAIR		
OLIVER F. AMES 1154 BOYLSTON S BOSTON, MA 022				V	ICE CHAIR		
JUDITH BRYANT W 1154 BOYLSTON S BOSTON, MA 022	STREET			SI	ECRETARY		
ANTHONY H. LENE 1154 BOYLSTON S BOSTON, MA 022	STREET			T	REASURER		
ANNE CRAIGE MCN 1154 BOYLSTON S BOSTON, MA 022	STREET			T	RUSTEE		
EDWARD B. BALDI 1154 BOYLSTON S BOSTON, MA 022	STREET			T	RUSTEE		
BYRON RUSHING 1154 BOYLSTON S BOSTON, MA 022				T	RUSTEE		
CLAIRE NEE NELS 1154 BOYLSTON S BOSTON, MA 022	STREET			T	RUSTEE		

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EDWARD L. WIDMER 1154 BOYLSTON STREET BOSTON, MA 02215	TRUSTEE
FREDERICK G. PFANNENSTIEHL 1154 BOYLSTON STREET BOSTON, MA 02215	TRUSTEE
G. MARSHALL MORIARTY 1154 BOYLSTON STREET BOSTON, MA 02215	TRUSTEE
G. NATHANIEL JEPPSON 1154 BOYLSTON STREET BOSTON, MA 02215	TRUSTEE
JOHN O'LEARY 1154 BOYLSTON STREET BOSTON, MA 02215	TRUSTEE
LEVIN H. CAMPBELL JR. 1154 BOYLSTON STREET BOSTON, MA 02215	TRUSTEE
R. NEWCOMB STILLWELL 1154 BOYLSTON STREET BOSTON, MA 02215	TRUSTEE
ROBERT G. RIPLEY JR. 1154 BOYLSTON STREET BOSTON, MA 02215	TRUSTEE
WILLIAM N. THORNDIKE 1154 BOYLSTON STREET BOSTON, MA 02215	TRUSTEE
PROF NANCY COTT 1154 BOYLSTON STREET BOSTON, MA 02215	TRUSTEE
PROF ANNETTE GORDON-REED 1154 BOYLSTON STREET BOSTON, MA 02215	TRUSTEE
RENE F. JONES 1154 BOYLSTON STREET BOSTON, MA 02215	TRUSTEE

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LISA B. NURME 1154 BOYLSTON STREET BOSTON, MA 02215

JAMES W SEGAL 1154 BOYLSTON STREET BOSTON, MA 02215

TRUSTEE

TRUSTEE

MICHAEL SHEA 1154 BOYLSTON STREET BOSTON, MA 02215

TRUSTEE

ORM PC	PAGE 4, LINE 18	STATEMENT 2
IAME AND ADDRESS	AREA OF RESPONSIBILIT	ГҮ
AUL W. SANDMAN 154 BOYLSTON STREET BOSTON, MA 02215	RESPONSIBLE FOR CUSTO	DDY OF FUNDS
AUL W. SANDMAN 154 BOYLSTON STREET SOSTON, MA 02215	RESPONSIBLE FOR DISTR	RIBUTION OF FUNDS
ATHERINE ALLGOR 154 BOYLSTON STREET SOSTON, MA 02215	RESPONSIBLE FOR FUND	RAISING
ILL TSOULES 154 BOYLSTON STREET SOSTON, MA 02215	CUSTODY OF FINANCIAL	RECORDS
AUL W. SANDMAN 154 BOYLSTON STREET SOSTON, MA 02215	AUTHORIZED TO SIGN CH	IECKS
NTHONY LENESS 154 BOYLSTON STREET SOSTON, MA 02215	AUTHORIZED TO SIGN CH	IECKS
ATHERINE ALLGOR 154 BOYLSTON STREET SOSTON, MA 02215	AUTHORIZED TO SIGN CH	IECKS
ILL TSOULES 154 BOYLSTON STREET SOSTON, MA 02215	AUTHORIZED TO SIGN CH	IECKS
ETER DRUMMEY 154 BOYLSTON STREET SOSTON, MA 02215	AUTHORIZED TO SIGN CH	IECKS
RENDA LAWSON 154 BOYLSTON STREET SOSTON, MA 02215	AUTHORIZED TO SIGN CH	IECKS

		MASSACHUSETTS HISTORICAL SOCIETY (04-2108374	
20.	Has	this organization or any of its officers, directors, or employees:		
	If ye	s, please attach an explanation.		
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?	Yes	X No
21.		e any restrictions been removed during the year from donor-restricted funds? s, please attach an explanation.	Yes	X No
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.	Yes	X No
23.	Part	question involves "Termination of Employment or Changes of Control Compensatory Arrangen es" (see instructions and definition sections). Report only if payments made or promised to any ur months salary or \$100,000, whichever dollar amount is less.		
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to any i in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 o		X No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections (a such an agreement?	a) or (b), containing Yes	X No

If you answered **Yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

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24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

C. Has your organization been indebted to a related party? Yes Yes D. Has your organization allowed a related party to be indebted to it? Yes Yes E. Has your organization made or held an investment in a related party? Yes Yes F. Has your organization furnished goods, services, or facilities to a related party? Yes Yes G. Has your organization acquired goods, services, or facilities from a related party? Yes Yes H. Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party? Yes Yes H. Has your organization transferred income or assets to or for use by a related party? Yes Yes J. Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation? Yes Yes K. Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares? Yes Yes L. Is any property of the organization held in the name of or commingled with the property of any other person Yes Yes	I	During the year:		
related party? X Yes B. Has your organization leased assets to or leased assets from a related party? Yes C. Has your organization been indebted to a related party? Yes D. Has your organization allowed a related party to be indebted to it? Yes E. Has your organization made or held an investment in a related party? Yes F. Has your organization furnished goods, services, or facilities to a related party? Yes G. Has your organization acquired goods, services, or facilities from a related party? Yes H. Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party? Yes H. Has your organization a party to any transaction in which any of its officers, directors, or trustee has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation? Yes J. Was your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares? Yes L. Is any property of the organization held in the name of or commingled with the property of any other person Yes				
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C. Has your organization been indebted to a related party? Yes Yes D. Has your organization allowed a related party to be indebted to it? Yes Yes E. Has your organization made or held an investment in a related party? Yes Yes F. Has your organization furnished goods, services, or facilities to a related party? Yes Yes G. Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return? Yes Yes H. Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party? Yes Yes I. Has your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation? Yes Yes K. Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares? Yes Yes L. Is any property of the organization held in the name of or commingled with the property of any other person Yes Yes	r	related party?	X Yes	No No
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K. Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares? L. Is any property of the organization held in the name of or commingled with the property of any other person			Yes	X No
more than 10% of the outstanding shares? Yes L. Is any property of the organization held in the name of or commingled with the property of any other person Image: Common state of the organization held in the name of or commingled with the property of any other person				
L. Is any property of the organization held in the name of or commingled with the property of any other person	. I	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns		
	r	nore than 10% of the outstanding shares?	Yes	X No
	.			
				X No
M. Did your organization make a grant award or contribution to any other organization in which any of this organization's	I. I	Did your organization make a grant award or contribution to any other organization in which any of this organization's		
		officers, directors or trustees has a relationship?	Yes	X No

STATEMENT 3

12

2018.06000 MASSACHUSETTS HISTORICAL 093-1062

FOUNDING FATHERS, INC. 701 CARNEGIE CENTER, STE 348 PRINCETON, NJ 08540	
NATURE OF TRANSACTION	AMOUNT IN
CONTRIBUTION RECEIVED	200
PROCEDURE FOLLOWED	
BOARD APPROVAL	
NAME AND ADDRESS	
NEW ENGLAND REGIONAL FELLOWSHIP CON. 1154 BOYLSTON STREET BOSTON, MA 02215	
NATURE OF TRANSACTION	AMOUNT IN
CONTRIBUTION PAID	Ę
PROCEDURE FOLLOWED	

PAGE 6, LINE 24

BOARD APPROVAL

NAME AND ADDRESS

FORM PC

Ρ

Ν

STATEMENT 3

NVOLVED

0,000.

NVOLVED

5,000.

Signature Required				
Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.				
Signature:	Date:			
Printed Name: CATHERINE ALLGOR				
Title: PRESIDENT				
Name of Preparer: CLIFTONLARSONALLEN LLP Address 300 CROWN COLONY DRIVE, SUITE 310				
City QUINCY	State MA ZIP Code 02169			
Phone Number 617-984-8100				

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing		Via the Internet	X
Door-to-door		Raffle, beano, bingo or gaming event	
Entertainment event	X	Sale of goods other than by telephone	
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	X
Other (specify):			

Other (specify): _

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	Own employees	X
Professional fundraising counsel*	Volunteers	X
Commercial co-venturer*		

* Provide applicable names and addresses:

Professional Solicitor Name:			
Address			
City	State	ZIP Code	
Professional Fundraising Counsel Name:			
Address			
City		ZIP Code	
Commercial Co-Venturer Name:			
Address			
City	State	ZIP Code	

15

04-2108374

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custod ANTHONY H. LENESS		
Name and Title: TREASURER		
Address 1154 BOYLSTON STREET		
City BOSTON	State MA	ZIP Code 02215
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code
Identify the individuals who will have final responsibility for the charity's distribu ANTHONY H. LENESS	ution of contributions:	
Name and Title: TREASURER		
Address 1154 BOYLSTON STREET		
City BOSTON	State MA	ZIP Code 02215
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code

04-2108374

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing		Via the Internet	X
Door-to-door		Raffle, beano, bingo or gaming event	
Entertainment event	X	Sale of goods other than by telephone	
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	X

Other (specify):

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	Own employees X
Professional fundraising counsel*	Volunteers X
Commercial co-venturer*	

* Provide applicable names and addresses:

Professional Solicitor Name:		
Address		
City	State	ZIP Code
Professional Fundraising Counsel Name:		
Address		
City	State	ZIP Code
Commercial Co-Venturer Name:		
Address		
City	State	ZIP Code

17

04-2108374

Schedule A-2 ctd. Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the ch ANTHONY H. LENESS	narity's custody of contributions:	
Name and Title: TREASURER		
Address 1154 BOYLSTON STREET		
City BOSTON	State MA	ZIP Code 02215
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code
Identify the individuals who will have final responsibility for the ch	narity's distribution of contributions:	
ANTHONY H. LENESS Name and Title: TREASURER		
Address 1154 BOYLSTON STREET		
City BOSTON	State MA	ZIP Code 02215
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Address		
City		ZIP Code

Certification by Organization

Two <u>different signatures required</u>. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:	Date:
Printed Name: CATHERINE ALLGOR	
Title: PRESIDENT	
Signature:	Date:
Printed Name: ANTHONY LENESS	
Title: TREASURER	

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (*If you have more than five Related Organizations, please attach a list.*)

FOUNDING FA	THERS PAPERS,	Primary purpose or activity:	FOUNDING FATHER PROJECTS	S EDITORIAL
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (·) liabilities	D. Total net assets (A+B+C)
12/31/19	0.	0.	0.	

NEW ENGLAND Name: FELLOWSHIP	REGIONAL CONSORTIUM	Primary purpose or activity:	CONSORTIUM FELL	OWSHIPS
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (·) liabilities	D. Total net assets (A+B+C)
05/31/19	0.	0.	285,662.	285,662.

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds	B. 3rd party restricted funds	C. Unrestricted funds	D. Total net assets
	(·) liabilities	(·) liabilities	(·) liabilities	(A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds	B. 3rd party restricted funds	C. Unrestricted funds	D. Total net assets
	(·) liabilities	(·) liabilities	(·) liabilities	(A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds	B. 3rd party restricted funds	C. Unrestricted funds	D. Total net assets
	(·) liabilities	(·) liabilities	(·) liabilities	(A+B+C)

20

08570713 131839 093-10641800

Schedule RO ctd.

 List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name: CATHERINE ALLGOR		Title: PRESIDENT	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
MASSACHUSETTS HISTORICAL SOCIETY	261,003.	10,440.	16,523.

Name: BRENDA LAWSON	-	Title: VP OF	COLLECTION SE	RVICES
Income Source:	Salary and Other Income:	Benefits Plan:		Other Compensation:
MASSACHUSETTS HISTORICAL SOCIETY	132,425.		5,297	19,978.

Name: WILLIAM TSOULES		Title: VP & CFO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
MASSACHUSETTS HISTORICAL SOCIETY	128,389.	5,13	23,128.

Name: PETER DRUMMEY		Title: LIBRARIAN	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
MASSACHUSETTS HISTORICAL SOCIETY	129,173.	2,600.	9,321.

Name: SARA MARTIN		Title: EDITOR IN CHIEF	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
MASSACHUSETTS HISTORICAL SOCIETY	110,094.	4,404.	20,457.

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?

Form PC - Schedule RO 878014 04-01-18

21

08570713 131839 093-10641800

2018.06000 MASSACHUSETTS HISTORICAL 093-1062

Devine, Jennifer

From:	Devine, Jennifer
Sent:	Friday, November 15, 2019 3:13 PM
То:	CharitiesExtensions@state.ma.us
Subject:	Re: Massachusetts Historical Society, AG# 005763, FEIN 04-2108374

Dear Sir or Madam:

We are requesting an extension of time to file the Form PC for the organization named above as the review of their records is not yet complete at this time.

A request for an extension of time to file Form 990 has been filed with the Internal Revenue Service.

Sincerely,

Jennifer Devine



Jennifer Devine Service Processing Coordinator, Tax

Direct 617-984-8186 | Main 617-984-8100 x18186 | Fax 617-984-8150 CLA (CliftonLarsonAllen LLP) | 300 Crown Colony Drive, Suite 310, Quincy, MA 02169

jennifer.devine@CLAconnect.com CLAconnect.com

Create Opportunities

Wealth Advisory Outsourcing Audit, Tax, and Consulting



Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

Send me your files with secure file transfer.

Morton, Kristine

From:	Morton, Kristine
Sent:	Friday, February 7, 2020 9:53 AM
То:	CharitiesExtensions@state.ma.us
Subject:	Massachusetts Historical Society, AG# 005763, FEIN 04-2108374

An additional extension of time until 5/15/20 is requested in order to file Form PC, Annual Report for tax year ended 6/30/19. Additional time is needed to prepare a complete and accurate return.

Thank you.



Kristine Morton Service Processing Coordinator, Tax

Direct 508-441-3240 Main 508-441-3300 Fax 508-441-3250 CLA (CliftonLarsonAllen LLP) 700 Pleasant Street, Suite 490, New Bedford, MA 02740 kristine.morton@CLAconnect.com CLAconnect.com

Create Opportunities

Wealth Advisory Outsourcing Audit, Tax, and Consulting



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Send me your files with secure file transfer.

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.



A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019								
В	Ch ap	eck if plicable:	C Name of organization		D Employer identifie	cation number		
		Address change	MASSACHUSETTS HISTORICAL SOCIETY					
		Name change	Doing business as		04-2	108374		
		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
		Final return/	1154 BOYLSTON STREET		617-	536-1608		
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,465,853.		
		Amended return	BOSTON, MA 02215		H(a) Is this a group re			
		Applica- tion pending	F Name and address of principal officer: CATHERINE ALLGOR		for subordinates			
			SAME AS C ABOVE		H(b) Are all subordinates in			
			pt status: $X = 501(c)(3) = 501(c) () \leq (insert no.) = 4947(a)(1) c$	or 527	1	list. (see instructions)		
			► WWW.MASSHIST.ORG ganization: X Corporation Trust Association Other ►	L Voor	H(c) Group exemption	n number 🕨 I State of legal domicile: MA		
						State of legal dofficile.		
_	T		iefly describe the organization's mission or most significant activities: $\ensuremath{ ext{THE}}$ $\ensuremath{ ext{N}}$	MHS IS	A CENTER OF	LEARNING		
ģ	3		EDICATED TO A DEEPER UNDERSTANDING OF TH					
Activities & Governance	3		neck this box 🕨 🔲 if the organization discontinued its operations or dispos					
ar of the second s					3	22		
Ğ	5	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)		4	21		
a a	2	5 To	tal number of individuals employed in calendar year 2018 (Part V, line 2a)		5	70		
vitie		6 To	tal number of volunteers (estimate if necessary)		6	295		
ú†04	2		tal unrelated business revenue from Part VIII, column (C), line 12			-136,137.		
_	1	b Ne	et unrelated business taxable income from Form 990-T, line 38	<u> </u>		-245,108.		
					Prior Year	Current Year		
٩			ontributions and grants (Part VIII, line 1h)		3,605,652.	2,830,902.		
Revenue			ogram service revenue (Part VIII, line 2g)		210,681. 550,747.	<u>155,392.</u> 3,529,982.		
a B			vestment income (Part VIII, column (A), lines 3, 4, and 7d)		-11,666.	28,210.		
			tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,355,414.	6,544,486.		
	+		ants and similar amounts paid (Part IX, column (A), lines 1-3)		144,113.	150,125.		
			enefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
u			laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,017,193.	4,352,336.		
Fxnenses			ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
le contraction de la contracti			tal fundraising expenses (Part IX, column (D), line 25)	30.				
ú	וֹנ	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,095,218.	2,763,114.		
			tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,256,524.	7,265,575.		
	\downarrow	19 Re	evenue less expenses. Subtract line 18 from line 12		-1,901,110.	-721,089.		
s or	lces			Be	ginning of Current Year	End of Year		
ssets	<u> 3alai</u>		tal assets (Part X, line 16)		98,619,321.	103,104,558.		
et A	ā		tal liabilities (Part X, line 26)		2,336,559.	2,236,124.		
	<u> </u>		et assets or fund balances. Subtract line 21 from line 20		96,282,762.	100,868,434.		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Date CATHERINE ALLGOR, PRESIDENT Type or print name and title									
		eparer's signature	Date Check PTIN	-						
Paid	MICHAELA J. CROMAR, CPA MI	CHAELA J. CROMAR,	self-employed POOE	395728						
Preparer	Firm's name CLIFTONLARSONALLEN		Firm's EIN ► 41-07	46749						
Use Only	Firm's address 🔈 300 CROWN COLONY D	RIVE, SUITE 310								
	QUINCY, MA 02169		Phone no. 617 – 984 –	8100						
May the IF	X Y	/es 🗌 No								
832001 12-3	1-18 LHA For Paperwork Reduction Act Notice, s	see the separate instructions.	Fo	rm 990 (2018)						

22

	990 (2018) MASSACHUSETTS HISTORICAL SOCIETY 04-2108374 Pag t III Statement of Program Service Accomplishments
r ai	
1	Briefly describe the organization's mission: THE MASSACHUSETTS HISTORICAL SOCIETY IS A CENTER OF RESEARCH AND
	LEARNING DEDICATED TO A DEEPER UNDERSTANDING OF THE AMERICAN
	EXPERIENCE. THROUGH ITS COLLECTIONS, SCHOLARLY PURSUITS, AND PUBLIC
	PROGRAMS, THE SOCIETY SEEKS TO NURTURE A GREATER APPRECIATION FOR
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	AS THE NATIONS' FIRST HISTORICAL SOCIETY, THE MASSACHUSETTS HISTORICAL
	SOCIETY (MHS) STRIVES 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. ITS COLLECTIONS ARE
	ACCESSIBLE TO ANYONE WITH AN INTEREST IN AMERICAN HISTORY. BEYOND
	RESEARCH, THE MHS OFFERS MANY WAYS FOR THE PUBLIC TO ENJOY ITS
	COLLECTIONS INCLUDING ENGAGING PROGRAMS, THROUGH-PROVOKING EXHIBITIONS,
	PUBLICATIONS, SEMINARS, AND TEACHER WORKSHOPS.
	PLEASE SEE SCH.O FOR ADDITIONAL PROGRAM HIGHLIGHTS & DESCRIPTIONS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
чо	(Code) (Expenses a including grants of a) (nevenue a)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,705,986.
	Form 990 (20
32002	SEE SCHEDULE O FOR CONTINUATION(S)

Form	ggn	(2018)	

Part IV Checklist of Required Schedules

MASSACHUSETTS HISTORICAL SOCIETY

			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		<u> </u>
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		_X_
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		<u> </u>
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		77	
	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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		- 11	
D D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	Λ	<u> </u>
19		10		х
20-	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		- 23
р 21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- '	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
832003			990	(2018)

Form **990** (2018)

$08570713\ 131839\ 093-10641800$

Form	990	(2018)
FUIII	330	(2010)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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			
	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			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I.	29	Х	
29 30		29	- 23	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20	х	
	contributions? If "Yes," complete Schedule M	30	л	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0		v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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		37	
	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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 74			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990 (2018)	MASSACHUSETTS			
Part V Statements	Regarding Other IRS F	ilings and Tax Co	ompliance	(continued)

			Yes	No
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 70			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
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 O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5</u> a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		~
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7		70	х	
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
U	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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?	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:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.			
ŭ	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			
c	Enter the amount of reserves on hand			
	Did the superior time sector and the factor is the standard standard the terror of	14a		х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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Form 990	(2018)
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MASSACHUSETTS HISTORICAL SOCIETY

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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. X

	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			
	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	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 relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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 appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	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 Revenue Code.)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
-	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MA, CA, ID, OK, OR	م به این		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	oniy)	avallar	sie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain in Schedule O)	fin	ial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanc	iai	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records WILLIAM TSOULES - 617-536-1608			
	1154 BOYLSTON STREET, BOSTON, MA 02215			
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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.

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

(A)	(B)	<u> </u>	mea		C)		louit	(D)	(E)	(F)
				بر Pos	ر ition					
Name and Title	Average hours per		not cl	heck	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week		, unles cer an					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(organization
	organizations	trust	al tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) CATHERINE ALLGOR	35.00									
PRESIDENT		x		х				261,003.	0.	26,963.
(2) PAUL W. SANDMAN	3.00									
CHAIR		Х		х				0.	0.	0.
(3) BENJAMIN C. ADAMS	3.00									
VICE CHAIR		x		х				0.	0.	0.
(4) OLIVER F. AMES	3.00									
VICE CHAIR		Х		х				0.	0.	0.
(5) JUDITH BRYANT WITTENBERG	3.00									
SECRETARY		X		Х				0.	0.	0.
(6) ANTHONY H. LENESS	3.00									
TREASURER		Х		Х				0.	0.	0.
(7) ANNE CRAIGE MCNAY	3.00									
TRUSTEE		Х						0.	0.	0.
(8) EDWARD B. BALDINI	3.00									
TRUSTEE		Х						0.	0.	0.
(9) BYRON RUSHING	3.00									
TRUSTEE		Х						0.	0.	0.
(10) CLAIRE NEE NELSON	3.00									
TRUSTEE		Х						0.	0.	0.
(11) EDWARD L. WIDMER	3.00									
TRUSTEE		Х						0.	0.	0.
(12) FREDERICK G. PFANNENSTIEHL	3.00									
TRUSTEE		Х						0.	0.	0.
(13) G. MARSHALL MORIARTY	3.00									
TRUSTEE		Х						0.	0.	0.
(14) G. NATHANIEL JEPPSON	3.00									
TRUSTEE		Х						0.	0.	0.
(15) JOHN O'LEARY	3.00									
TRUSTEE		Х						0.	0.	0.
(16) LEVIN H. CAMPBELL JR.	3.00									
TRUSTEE		Х						0.	0.	0.
(17) R. NEWCOMB STILLWELL	3.00									
TRUSTEE		Х						0.	0.	0.
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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	Position (do not check more than one				one	Reportable	Reportable	Estimate	ed	
	hours per box, unless person is both an					is both	h an	compensation	compensation	amount		
		week (list any					Janus		- from	from related	other	
		hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensa from th	
		related	e or d	stee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organizat	
		organizations	Individual trustee or director	nstitutional trustee		/ee	mper				and relat	
		below	idual	ution	5	mplo	est co	er			organizati	ons
		line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			-	
(18) ROB	SERT G. RIPLEY JR.	3.00										
TRUSTEE			Х						0.	0	•	0.
	LIAM N. THORNDIKE	3.00										-
TRUSTEE			Х						0.	0	•	0.
	OF NANCY COTT	3.00								0		~
TRUSTEE		2.00	Х				<u> </u>		0.	0	•	0.
	F ANNETTE GORDON-REED	3.00	37							0		0
TRUSTEE		2 00	Х				-		0.	0	•	0.
(22) REN TRUSTEE	E F. JONES	3.00	х						0.	0		^
	A B. NURME	3.00	Λ				+	-	0.	0	•	0.
TRUSTEE	A B. NORME	5.00	х						0.	0		0.
	ES W SEGAL	3.00	Δ				\vdash		0.	0	<u>,</u>	0.
TRUSTEE		5.00	х						0.	0		Ο.
	HAEL SHEA	3.00					\vdash			0		<u> </u>
TRUSTEE			х						0.	0		0.
(26) WIL	LIAM TSOULES	35.00					\vdash			•		
VP &CFO					х				128,389.	0	. 28,2	64.
1b Sub-	-total	•							389,392.	0		
	al from continuation sheets to Part V								371,892.	0	62,0	57.
	al (add lines 1b and 1c)								761,284.	0	117,2	84.
	I number of individuals (including but r							no re	eceived more than \$100,	000 of reportable		
com	pensation from the organization											5
											Yes	No
3 Did t	the organization list any former officer	, director, or tru	istee	e, ke	y en	nplo	oyee,	, or l	highest compensated en	nployee on		
line ⁻	1a? If "Yes," complete Schedule J for s	uch individual									3	X
	any individual listed on line 1a, is the su											
and	related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	ə J f	for such individual		4 X	
	any person listed on line 1a receive or a	•				-			ed organization or individ	lual for services		
	lered to the organization? If "Yes." con	nplete Schedule	e J fo	or si	ıch į	bers	on				5	X
	3. Independent Contractors									100.000 -1	-11 6	
	plete this table for your five highest co	•	•								ation from	
the c	organization. Report compensation for	the calendar ye	ear e	enair	ig w	ith C	or wi	tnin		ear.	(0)	
	(A) Name and business	address	NC	ONE	7				(B) Description of s	ervices	(C) Compensatio	n
			110		-				•			
	I number of independent contractors (i	-	ot lin	nitec	to d	thos	se lis	sted	above) who received mo	ore than		
	0,000 of compensation from the organi		T > 7	T73	<u>m -</u>)	<u>ر</u>	TT			- 000	
S.	EE PART VII, SECTION	N A CONT	τN	UΑ	Τ.Τ	ON	S	нE	ETS		Form 990 (2018)

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Form 990 (2018)

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	HUSETTS HI								04-210	8374
		nplo	yee			lighe	est (Compensated Employe		
(A) Name and title	(B) Average hours per	(C) Position (check all that apply)					ly)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) BRENDA LAWSON	35.00					x		122 625	0.	25 275
VP OF COLLECTION SERVICES (28) PETER DRUMMEY	35.00					<u> </u>		132,625.	0.	25,275.
LIBRARIAN	55.00					x		129,173.	0.	11,921.
(29) SARA MARTIN EDITOR IN CHIEF	35.00	-				x		110,094.	0.	24,861.
		-								
		-								
Total to Part VII, Section A, line 1c								371,892.		62,057.

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4 Income from investment of tax-exempt bond proceeds 26,822. 26,822. 5 Royatties 0) Real (i) Personal 6 a Gross rents 8,074. - c Rental income or (loss) -1,406. -1,406. 7 a Gross anount from sales of (loss) -1,406. -1,406. 7 a Gross anount from sales of (loss) 0) Securities (i) Other a data sexpenses 62,947. 3,424,179. 3,424,179. 8 a Gross income from fundraising events (not including \$21,81. of contributions reported on line to). See Part IV, line 18 a 49,800. b Less: direct expenses b 3,3424,179. -33,546. 9 Gross income from gaming activities. See Part IV, line 19 a -33,546. b Less: direct expenses b -33,546. 10 a Gross from gaming activities. See Part IV, line 19 a -33,546. a dialowances a -33,546. -33,546. b Exercises Code -33,546. -33,546. a H income or (loss) from gaming activities. See Part IV, line 19 - - <t< th=""><th>Form</th><th>990</th><th>0 (2</th><th>2018) MASSA</th><th>CHUSETTS</th><th>HISTORIC</th><th>CAL SOCIETY</th><th>ζ</th><th>04-2108</th><th>374 Page 9</th></t<>	Form	990	0 (2	2018) MASSA	CHUSETTS	HISTORIC	CAL SOCIETY	ζ	04-2108	374 Page 9
Image: space of the s	Par	t V	/	Statement of Reven	lue					
Total revenue Total revenue Restatut of construction Understand of the second to t	-			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
Bornelstrip dusit 10 0 Fundating events 12 231, 221, 322, 14 4 Related organizations 14 236, 230, 90, 14 5 Related organizations, gfin, grants, and similar anounts not include abore 1707, 342, 707, 342, 707, 342, 707, 342, 707, 342, 707, 342, 707, 342, 707, 342, 707, 342, 707, 342, 707, 342, 707, 343, 707, 344, 707, 344, 707, 344, 707, 345, 707, 70, 70, 70, 70, 70, 70, 70, 70, 7							· · /	Related or exempt function	Unrelated business	Revenuè excluded from tax under
Bornelstrip dusit 10 0 Fundating events 12 231, 221, 322, 14 4 Related organizations 14 236, 230, 90, 14 5 Related organizations, gfin, grants, and similar anounts not include abore 1707, 342, 707, 342, 707, 342, 707, 342, 707, 342, 707, 342, 707, 342, 707, 342, 707, 342, 707, 342, 707, 342, 707, 343, 707, 344, 707, 344, 707, 344, 707, 345, 707, 70, 70, 70, 70, 70, 70, 70, 70, 7	ts t	1	а	Federated campaigns	1a					
Busines Code Busines Code 2 a SEMINARS, CONFERENCES, WORKBOPS 519100 63,445, 63,445, 0 b EXBERSHIP & PELLOW DUES 519100 55,070, 55,070, 0 c SLAD IG ROOM REVENUE 519100 31,611, 31,611, 0 d SLAL OF PTBLICHTONS 511120 5,266, 0 f All other program service revenue 0 105,003, 0 -136,137, 241,940, 0 g Total, Add lines 2a 21 105,003, 0 -136,137, 241,940, 0 0 g Total, Add lines 2a 21 0 0 -136,137, 241,940, 0 g Total, Add lines 2a 21, 0 0,074, 0 0 -136,137, 241,940, 0 g Grass rents 0,074, 0 0 -1,406, 0 -1,406, 0 g Grass rents 0,074, 0 0 -1,406, 0 -1,406, 0 g Grass rents 0,029,947, 0 0 0 -1,406, 0 -1,406, 0 g Grass income from fundraising events (not including \$ 29,947, 0 0 0,424,173, 0 3,424,173, 0 3,424,173, 0 g Grass income from fundraising events 0 -33,546, 0 -33,546, 0 -33,546, 0 -33,546, 0 -33,546, 0	iran Dun									
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c Net income or (loss) from fundraising events -33,546. -33,546. 9 a Gross income from gaming activities. See Part IV, line 19 a a b Less: direct expenses b b c Net income or (loss) from gaming activities b c 10 a Gross sales of inventory, less returns and allowances a c b Less: cost of goods sold b c c Net income or (loss) from sales of inventory b c Miscellaneous Revenue Business Code 36,340. 36,340. b	Re			-		49 800				
c Net income or (loss) from fundraising events -33,546. -33,546. 9 a Gross income from gaming activities. See Part IV, line 19 a a b Less: direct expenses b b c Net income or (loss) from gaming activities b c 10 a Gross sales of inventory, less returns and allowances a c b Less: cost of goods sold b c c Net income or (loss) from sales of inventory b c Miscellaneous Revenue Business Code 36,340. 36,340. b	her		h			· · · ·				
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a d lowances a b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 36,340. a d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	g						-33 546			-33 546
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities and allowances a and allowances a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME b 900099 36,340. 36,340. c Image: Common seles of inventory d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions							55,510.			55,540.
b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME b 900099 36,340. 36,340. c Image: Color of Col		IJ	a							
c Net income or (loss) from gaming activities			h							
10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory > Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 b										
and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 36,340. b					-					
b Less: cost of goods sold b		10	a							
c Net income or (loss) from sales of inventory Image: Code structure Miscellaneous Revenue Business Code 11 a 0THER INCOME 900099 36,340. 36,340. b			h							
Miscellaneous Revenue Business Code 36,340. 11 a OTHER INCOME 900099 36,340. 36,340. b										
11 a OTHER INCOME 900099 36,340. 36,340. b	ŀ		U							
b	-	44	_		e					36 340
c		11					50,5±0.			
d All other revenue										
e Total. Add lines 11a-11d ▶ 36,340. 12 Total revenue. See instructions ▶ 6,544,486. 155,392. -136,137. 3,694,329.										
12 Total revenue. See instructions 6,544,486. 155,392136,137. 3,694,329.							36 340			
		10	e					155 392	-136 137	3 694 329
	832000		31			····· 🕨	,,,,	,•==•	,,	Form 990 (2018)

MASSACHUSETTS HISTORICAL SOCIETY Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
10, 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	5,000.	5,000.		
0	Grants and other assistance to domestic	5,000•	5,000.		
2		145,125.	145,125.		
~	individuals. See Part IV, line 22	145,125.	145,125.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	451 000		220 010	100 005
	trustees, and key employees	451,883.		329,018.	122,865
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,204,873.	2,567,973.	411,008.	225,892
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	101,012.	77,324.	21,282.	<u>2,406</u> 15,406
9	Other employee benefits	343,446.	254,370.	73,670.	
0	Payroll taxes	251,122.	166,220.	70,162.	14,740
1	Fees for services (non-employees):				
а	Management				
b	Legal	2,938.		2,938.	
с	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	859,694.		859,694.	
g	Other. (If line 11g amount exceeds 10% of line 25,	-		_	
•	column (A) amount, list line 11g expenses on Sch 0.)	57,264.	31,622.	22,561.	3,081
12	Advertising and promotion	-	-	_	-
13	Office expenses	68,124.	34,288.	17,743.	16,093
14	Information technology	128,341.	75,609.	20,483.	32,249
15	Royalties				
16	Occupancy	377,999.	305,097.	52,523.	20,379
17	Travel	5,361.	3,548.	1,499.	314
8	Payments of travel or entertainment expenses	•,••=•			
5	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	11,698.	11,698.		
20		46,835.	,0,0.	46,835.	
20 21	Payments to affiliates	10,000.		10,000	
21 22	Depreciation, depletion, and amortization	447,134.	397,949.	31,300.	17,885
		65,383.	51,308.	10,141.	3,934
3	Other expenses. Itemize expenses not covered	00,000.	51,500.		5,554
4	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.) OUTREACH	246,069.	212,263.	33,806.	
	PROGRAM EXPENSES	248,089.	244,961.	55,000.	
b		85,248.	15,495.	17,675.	52,078
с	CULTIVATION EXPENSES			L/,0/J.	54,0/8
d	PURCH. & SALE OF COLLEC	70,889.	70,889.		0 000
	All other expenses	45,176.	35,247.	21.	9,908
5	Total functional expenses. Add lines 1 through 24e	7,265,575.	4,705,986.	2,022,359.	537,230
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

32

832010 12-31-18

08570713 131839 093-10641800

Form 990 (2018)

08570713 131839 093-10641800

34

Total liabilities and net assets/fund balances

Form 990 (2018)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

Form 990 (2018)

MASSACHUSETTS	HISTORICAL	SOCIETY

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

(A) (B) Beginning of year End of year 347,624. 238,136. 1 1 Cash - non-interest-bearing 2,918,959. 2,856,008. 2 Savings and temporary cash investments 2 1,112,546. 987,397. Pledges and grants receivable, net 3 3 24,498. 169,698. Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 8 8 Inventories for sale or use 141,089. 126,591. 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 18,022,962. b Less: accumulated depreciation 10b 7,318,112. 11,003,978. 10,704,850. 10c 82,595,066. 87,613,214. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 475,561. 408,664. 15 Other assets. See Part IV, line 11 15 98,619,321. 103,104,558. **Total assets.** Add lines 1 through 15 (must equal line 34) 16 16 360,639. 17 387,912. 17 Accounts payable and accrued expenses 18 18 Grants payable 465,452. 452,479. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 1,261,235. 1,173,891. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 249,233. 221,842. 25 Schedule D 2,236,124. 2,336,559. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 and complete lines 27 through 29, and lines 33 and 34. 38,424,365. 39,795,195. 27 27 Unrestricted net assets 41,485,954. 44,011,602. 28 28 Temporarily restricted net assets 16,372,443. 17,061,637. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 96,282,762. 100,868,434. Total net assets or fund balances 33 33 103,104,558. 98,619,321. 34

	1990 (2018) MASSACHUSETTS HISTORICAL SOCIETY	04-2	2108374	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	6,54		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,26	-	
3	Revenue less expenses. Subtract line 2 from line 1	3	-72		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,28		
5	Net unrealized gains (losses) on investments	5	5,30	6,7	<u>61.</u>
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	100,86	8,4	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			\square
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	0	- [Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	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 Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			_	000	(0010)

Form **990** (2018)

SCHE	DUL	.E A
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Department of the Treasury Internal Revenue Service

(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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Nam	e of t	he organization						Employer	identification number
				HISTORICAL SO					4-2108374
Par	tl	Reason for Public (Charity Status (/	All organizations must co	mplete th	is part.) Se	ee instructions	S.	
The c	organi	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i i	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from c	contributio	ns, membersl	hip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	-						Check the box in
		lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga	-	-	•	-			
		the supported organization			majority o	of the direc	ctors or truste	es of the su	upporting
		organization. You must c							
b		Type II. A supporting org	-				-		-
		control or management o			ime perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus							
С		Type III functionally inte						lly integrate	ed with,
		its supported organization		•			-		
d		Type III non-functionally		• •				-	
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness								
		requirement (see instructi		•					
е	e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.								
	- .			, , , , , , , , , , , , , , , , , , , ,	0 0	ation.			
		er the number of supported o	•	-1					
<u> </u>		vide the following information i) Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your governi Yes	ing document?	support (see in	-	support (see instructions)
		-		above (see instructions))	165				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 35

Total

Schedule A (Form 990 or 990-EZ) 2018 MASSACHUSETTS HISTORICAL SOCIETY Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)

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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2507894.	2751581.	2677607.	3605652.	2830902.	14373636.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2507894.	2751581.	2677607.	3605652.	2830902.	14373636.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						371,154.	
6	Public support. Subtract line 5 from line 4.						14002482.	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	2507894.	2751581.	2677607.	3605652.	2830902.	14373636.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	422,428.	41,732.	45,691.	67,949.	139,293.	717,093.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	16,552.	11,363.	21,797.	12,237.	36,340.	98,289.	
11	Total support. Add lines 7 through 10						15189018.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	995,312.	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)		
	organization, check this box and stop	bhere			-			
Se	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	92.19 %	
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	88.65 %	
	33 1/3% support test - 2018. If the o					ore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X	
k	33 1/3% support test - 2017. If the o	organization did no	t check a box on l					
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
1 7a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o					
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization	-	▶□	
t	0 10% -facts-and-circumstances test	-		• • • •				
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	Э	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization		
18	Private foundation. If the organization	n did not check a	box on line 13, <u>16</u> a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s >	
					Sche	edule A (Form 990	or 990-EZ) 2018	

832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 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		1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		_	_	_	_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	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						
	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 fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	nization,
	check this box and stop here						
Sec	tion C. Computation of Public						
15	Public support percentage for 2018 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20)18 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from		'			18	%
	33 1/3% support tests - 2018. If the					33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2017. If the						%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
83202	3 10-11-18				Sch	edule A (Form	990 or 990-EZ) 2018
			37	7			

37 2018.06000 MASSACHUSETTS HISTORICAL 093-1062

Schedule A (Form 990 or 990-EZ) 2018 MASSACHUSETTS HISTORICAL SOCIETY

<u>1ETY 04-21</u>

04-2108374 Page 4

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, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 MASSACHUSETTS HISTORICAL SOCIETY Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h				
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000			Y.	
			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 year (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		
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		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	0-EZ)	2018

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Schedule A (Form 990 or 990-EZ) 2018

2018.06000 MASSACHUSETTS HISTORICAL 093-1062

Sche	dule A (Form 990 or 990-EZ) 2018 MASSACHUSETTS HISTORICA	L SOCI	LETY	04-2108374 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	Nov. 20, 1970 (explain	in Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must cc	mplete Sec	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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	3		
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
5 Income tax imposed in prior year
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

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

4 5

6

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 MASSACHUSETTS HISTORICAL SOCIETY

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ) 2018 MASSAC	HUSETTS	HISTORICAL	SOCIETY	04-2108374 Page 8
Part VI	Supplemental Information. Pro Part IV, Section A, lines 1, 2, 3b, 3c, 4b line 1; Part IV, Section D, lines 2 and 3;	ovide the expla , 4c, 5a, 6, 9a, Part IV, Sectio	nations required by Pa 9b, 9c, 11a, 11b, and n E, lines 1c, 2a, 2b, 3	rt II, line 10; Part II, liı 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, a 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, (See instructions.)	Section E, line	es 2, 5, and 6. Also cor	nplete this part for an	y additional information.
832028 10-11-1	В		42		Schedule A (Form 990 or 990-EZ) 2018

Department of the Treasury

Internal Revenue Service

90)

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 th	e organization
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MASSACHUSETTS HISTORICAL SOCIETY

Employer identification number 04 - 2108374

Par	t I Organizations Maintaining Donor Advise		or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	d funds	
	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	dvisors in writing that grant funds can be u	sed only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring	
				Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art 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	ducation)	rically importa	nt land area
	Protection of natural habitat	Preservation of a certif	ied historic str	ucture
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of		
	day of the tax year.		н	eld at the End of the Tax Year
	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
•	listed in the National Register			·
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization du	iring the tax
	year ▶	annant is lasatad 🔊		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,			
0		narioning of violations, and enforcing conse	I valion easem	ents during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservativ	n essements	during the year
•	S		on casements	during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(i)	
-	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizat	-		
	conservation easements.		C	C C
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar <i>I</i>	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	nt and balance	e sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherand	ce of public se	rvice, provide, in Part XIII,
	the text of the footnote to its financial statements that descril	pes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance sh	eet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of publ	ic service, prov	vide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treater		gain, provide	
	the following amounts required to be reported under SFAS 1		• •	
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			a ha dula D (Farma 000) 00.10
	For Paperwork Reduction Act Notice, see the Instructions	5 TOR FORM 990.	S	chedule D (Form 990) 2018
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Par	t III Organizations Maintaining C	ollections of Art	, Hist	orical Tre	asures, o	r Other S	Similar	r Asse t	t s _{(contir}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, checł	any of the f	ollowing that	are a sigr	nificant u	se of its	collection	items	;
	(check all that apply):										
а	X Public exhibition	d	X	Loan or exc	hange progra	ams					
b	X Scholarly research	е		Other							
с	X Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how th	ney further th	e organizatio	n's exemp	ot purpos	se in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, hi	storical treas	ures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	intained as part of th	ie orgai	nization's col	lection?				Yes	X	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the	e organizatio	n answered '	'Yes" on F	orm 990	, Part IV	, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for	contributions	s or other ass	sets not in	cluded				_
	on Form 990, Part X?							C	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing t	able:							
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line :	21, for	escrow or cu	stodial acco	unt liability	/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete in	f the organization and	swered	"Yes" on Fo	rm 990, Part	IV, line 10					
		(a) Current year		Prior year	(c) Two year			ears back			
1a	Beginning of year balance	82,595,066.	78	,940,757.	69,284			36,781			401.
b	Contributions	689,193.		63,700.	149	9,544.		28,329		484,	236.
С	Net investment earnings, gains, and losses	7,871,247.	7	,045,858.	13,937	7,204.	-2,6	45,956	. 2,	,925,	719.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	3,471,403.		,367,439.		0,056.		93,867			045.
f	Administrative expenses	70,889.		,087,810.),422.		40,800	-		530.
g	End of year balance	87,613,214.	82	,595,066.	78,940),757.	69,2	84,487	. 75,	,936,	781.
2	Provide the estimated percentage of the curr		(line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment	32.69	_%								
	Permanent endowment 19.47	%									
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organization	tion tha	t are held ar	id administer	ed for the	organiza	ation	r		
	by:									Yes	No
	(i) unrelated organizations								. 3a(i)		x
											x
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on S	chedule R?					3 b		
4	Describe in Part XIII the intended uses of the	ŭ	vment 1	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part I\	/, line 11a. S	ee Form 990	, Part X, lii	ne 10.				
	Description of property	(a) Cost or of		• • •	or other	• •	cumulate		(d) Bool	k valu	е
		basis (investm	ient)	basis	· ,	depr	eciation				
1a	Land				0,000.						00.
b	Buildings			16,68	4,428.	6,5	76,00	52 . [10,108	8,3	66.
с	Leasehold improvements										
d	Equipment				9,453.	7	42,0	50.			03.
-	Other				9,081.					9,0	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	K. colur	nn (<u>B), line 1</u> ()c.)				10,704		
								Schedu	le D (Form	n 990)	2018

Schedule D (F	orm 990) 2018	MASSACHUSETTS	HISTORICAL	SOCIETY
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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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, line 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, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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	221,842.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	221,842.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

	edule D (Form 990) 2018 MASSACHUSETTS HISTORICAL S			2108374 Page 4				
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	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	11,012,085.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	5,306,761.					
b	Donated services and use of facilities	. 2b						
с	Recoveries of prior year grants	. 2c						
d			91,420.					
е	Add lines 2a through 2d			2e	5,398,181.			
3	Subtract line 2e from line 1			3	5,613,904.			
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	859,693.					
b	Other (Describe in Part XIII.)	4b	70,889.					
				4c	930,582.			
с	Add lines 4a and 4b							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	6,544,486.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem				6,544,486. n.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ients Wi			n.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ients Wi	th Expenses per		6,544,486. n. 6,426,413.			
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ients Wi	th Expenses per	Retur	n.			
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ients Wi	th Expenses per	Retur	n.			
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per	Retur	n.			
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b	th Expenses per	Retur	n.			
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	th Expenses per	Retur	n.			
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per	Retur	n. 6,426,413. 91,420.			
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per	1	n. 6,426,413.			
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per	1 2e	n. 6,426,413. 91,420.			
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	th Expenses per	1 1 2e 3	n. 6,426,413. 91,420.			
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	th Expenses per 1	Letur	n. 6,426,413. 91,420. 6,334,993.			
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	th Expenses per 91,420. 859,693. 70,889.	Retur	n. 6,426,413. 91,420. 6,334,993. 930,582.			
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per 91,420. 859,693. 70,889.	Retur	n. 6,426,413. 91,420. 6,334,993.			

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

PART III, LINE 1A:

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

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Schedule D (Form 990) 2018 MASSACHUSETTS HISTORICAL SOCIETY 04-2108374 Page 5 Part XIII Supplemental Information (continued)

PART III, LINE 4:

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

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

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

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

CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR

CONDITION ARE PERFORMED CONTINUALLY.

PART V, LINE 4:

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

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

AVAILABLE FOR DISTRIBUTION, EXCEPT BY THE EXPRESS APPROPRIATION ACTION OF Schedule D (Form 990) 2018

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THE BOARD OF TRUSTEES.

PART X, LINE 2:

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

THE SOCIETY EVALUATES ALL SIGNIFICANT TAX POSITIONS. AS OF JUNE 30, 2019, 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 EXPENSES83,346.RECLASS OF RENTAL EXPENSES8,074.TOTAL TO SCHEDULE D, PART XI, LINE 2D91,420.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF PURCHASE & SALE OF COLLECTIONS

70,889.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 MASSACHUSETTS HISTORICAL SOCIETY Part XIII Supplemental Information (continued)	04-2108374 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RECLASS OF FUNDRAISING EXPENSES	83,346.
RECLASS OF RENTAL EXPENSE	8,074.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	91,420.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
RECLASS OF PURCHASE & SALE OF COLLECTIONS	70,889.
822055 10.20.18	Schedule D (Form 990) 2018
832055 10-29-18 49	

08570713 131839 093-10641800

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities					ities	OMB No. 1545-0047		
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2018	
Department of the Treasury Attach to Form 990 or Form 990-EZ.							Open to Public	
Internal Revenue Service	Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection
						Employer ide	ntification number 374	
	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 Indicate whether the a Mail solicitat b Internet and c Phone solicited d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pur- viduals or entities (fundraisers) pursue	tion of tion of fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	tees,	Yes	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z	Sche	dule G (Form 9	90 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 MASSACHUSETTS HISTORICAL SOCIETY 04-2108374 Page 2

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-F7 lines 1 and 6h. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 MAKING HISTORY GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	– col. (c))
anue						
Revenue	1	Gross receipts	341,621.			341,621.
	2	Less: Contributions	291,821.			291,821.
	3	Gross income (line 1 minus line 2)	49,800.			49,800.
	4	Cash prizes				
s	5	Noncash prizes				
(pense	6	Rent/facility costs	11,400.			11,400.
Direct Expenses	7	Food and beverages	62,719.			62,719.
ē	8	Entertainment	320.			320.
	9	Other direct expenses				8,907.
	10	Direct expense summary. Add lines 4 through			>	83,346.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		►	-33,546.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Form	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))
Be	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	j.
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	5			<u></u>		1
9	Ent	er the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a				
		No," explain:				
02		re any of the organization's gaming licenses re	wakad suspended or to	rminated during the tax	voor	Yes No
		Yes," explain:			yəai :	
		-03-18			Schedule G (Fo	orm 990 or 990-EZ) 2018

		2108374	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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 No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year s TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		06 106
Га	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	π III, lines 9,	90, 100,
8320	33 10-03-18 Schedule G (Forr	n 990 or 990)-EZ) 2018
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	(Form 990 or 990-EZ)	MASSACHUSETTS	HISTORICAL	SOCIETY
Part IV	Supplemental Inform	mation _(continued)		

Schedule G (Form 990 or 990-EZ)

832084 04-01-18

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organizatio	nd Individua	ls in the Ŭni	ted States		омв No. 1545-0047
Department of the Treasury Internal Revenue Service		·		Attach to For s.gov/Form990 for	m 990.			Open to Public Inspection
Name of the organiza		ETTS HIST	ORICAL SOCI					Employer identification number $04 - 2108374$
Part I General	Information on Grants a	nd Assistance						
criteria used to	nization maintain records t award the grants or assis rt IV the organization's pro	stance?	-			-		
	and Other Assistance to					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
	that received more than S	-						· · · ·
• •	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total nun	nber of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				
	nber of other organization							
LHA For Paperwo	rk Reduction Act Notice	see the Instruction	ons for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) 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	37	145,125.	0.	N/A	N/A

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	Compensatior	n Information	1	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trust			20	10)
-	-	Compensated	I Employees		20	١Ŏ)
Dene	terrant of the Treesury	Complete if the organization answered Attach to F			Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for inst			Inspe		
Nan	e of the organizatio			Employer ide			nber
		MASSACHUSETTS HISTORICA	AL SOCIETY	04-21	.0837	4	
Pa	rt I Question	Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the foll	lowing to or for a person listed on Form	990,			
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant info	rmation regarding these items.				
	First-class or o		ousing allowance or residence for perso				
	Travel for com		ayments for business use of personal res				
			ealth or social club dues or initiation fees				
	Discretionary	pending account	ersonal services (such as maid, chauffeu	r, chef)			
b	•	on line 1a are checked, did the organization follow a v				v	
•		rovision of all of the expenses described above? If "N	/ / / /////////////////////////////////		. <u>1b</u>	Х	
2		require substantiation prior to reimbursing or allowin				х	
	trustees, and office	s, including the CEO/Executive Director, regarding the	he items checked on line 1a?		. 2	~	<u> </u>
2	la dia ata udaia la lifa.						
3		y, of the following the filing organization used to esta ctor. Check all that apply. Do not check any boxes fo					
		tion of the CEO/Executive Director, but explain in Pa	, 0	birito			
	X Compensation		ritten employment contract				
	·		ompensation survey or study				
	X Form 990 of o	·	pproval by the board or compensation of	ommittee			
			pproval by the board of compensation of	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, li	ine 1a with respect to the filing				
•	organization or a re						
а	-				4a		x
b		eive payment from, a supplemental nonqualified reti					X
с		eive payment from, an equity-based compensation a					Х
		es 4a-c, list the persons and provide the applicable a					
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must c	complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the orga	nization pay or accrue any compensatio	n			
	contingent on the r	evenues of:					
а	The organization?				5a		X
b	Any related organiz	ation?			5b		x
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the orga	nization pay or accrue any compensatio	n			
	contingent on the r						
					<u>6a</u>		X
b		ation?			6b		X
_		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organ			-		v
•		es 5 and 6? If "Yes," describe in Part III			7		X
8		eported on Form 990, Part VII, paid or accrued pursu					v
~		otion described in Regulations section 53.4958-4(a)(3			. 8		X
9		d the organization also follow the rebuttable presump					
	Regulations section				9		0010
LHA	For Paperwork R	duction Act Notice, see the Instructions for Form	990.	Schedul	e J (Forn	n 990)	2018

832111 10-26-18

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) CATHERINE ALLGOR	(i)	244,481.	0.	16,522.	10,440.	16,523.	287,966.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WILLIAM TSOULES	(i)	105,103.	158.	23,128.	5,136.	23,128.	156,653.	0.
VP &CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRENDA LAWSON	(i)	110,275.	2,372.	19,978.	5,297.	19,978.	157,900.	0.
VP OF COLLECTION SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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Schedule J (Form 990) 2018

Part III Supplemental Information

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

PART I, LINE 1A:

THE ORGANIZATION PROVIDES A SOCIAL CLUB MEMBERSHIP FOR CATHERINE ALLGOR,

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

ORIGINAL OFFER OF EMPLOYMENT.

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2018

Open to Public

Inspection

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.

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

Employer identification number 04 - 2108374

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	MASSACHUSETTS	HISTORICAL	SOCIETY
Part I	Types of Property		

			1		1			_
		(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	etermining	ints	
1	Art - Works of art							_
2	Art - Historical treasures							-
3	Art - Fractional interests							-
4	Books and publications							-
5	Clothing and household goods							-
6	Cars and other vehicles							-
7								-
	Boats and planes Intellectual property							-
8	• • • • • • • • • • • • • • • • • • • •	x	9	707 3/2	AVERAGE NAV			-
9	Securities - Publicly traded			101,542.	AVBILAGE NAV			-
10	Securities - Closely held stock							-
11	Securities - Partnership, LLC, or							
40	trust interests							-
12	Securities - Miscellaneous							_
13	Qualified conservation contribution -							
	Historic structures							_
14	Qualified conservation contribution - Other							_
15	Real estate - Residential							_
16	Real estate - Commercial							_
17	Real estate - Other							_
18	Collectibles							_
19	Food inventory							_
20	Drugs and medical supplies							_
21	Taxidermy							_
22	Historical artifacts							_
23	Scientific specimens							_
24	Archeological artifacts							_
25	Other ()							_
26	Other ► ()							_
27	Other ► ()							_
28	Other ()							_
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions			_	
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowledg	gement 29			0	_
						Ye	s No	_
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be u	sed for			
	exempt purposes for the entire holding period?	?				30a	X	_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review o	of any nonstandard contribu	tions?	31 X		
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a	X	_
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is che	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule M	I (Form 9	90) 201	8

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS REPRESENT THE NUMBER OF UNIQUE CONTRIBUTORS OF

PUBLICLY TRADED SECURITIES.

Schedule M (Form 990) 2018

832142 10-18-18

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.



04-2108374

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

MASSACHUSETTS HISTORICAL SOCIETY

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 OUR COUNTRY. PAUL

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

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

ELBRIDGE GERRY'S ANNOTATED COPY OF THE CONSTITUTION-THESE ARE AMONG THE

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

SOCIETY'S COLLECTIONS-THE LETTERS, DIARIES, AND OTHER PERSONAL PAPERS

OF INDIVIDUALS AND FAMILIES, AS WELL AS THEIR BOOKS, PHOTOGRAPHS, MAPS,

NEWSPAPERS, ARTIFACTS, AND WORKS OF ART-HAVE BECOME ESSENTIAL PRIMARY

SOURCES FOR THE STUDY AND UNDERSTANDING OF AMERICAN HISTORY. THE

LIBRARY IS FREE AND OPEN TO RESEARCHERS OF ALL AGES AND LEVELS OF

INTEREST 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) (2018)

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 10-10-18
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	Page
Name of the organization MASSACHUSETTS HISTORICAL SOCIETY	Employer identification number
CANNOT VISIT LIBRARY IN PERSON.	
EXHIBITIONS - THE SOCIETY'S EXHIBITIONS CELEBRATE THE	PERSPECTIVE
AMERICAN HISTORY BRINGS TO OUR OWN TIME AND ILLUSTRATE	HOW IT SUSTAINS
OUR REPUBLIC AND GUIDES OUR FUTURE. AS ONE OF THE REGI	ON'S MAJOR VENUE
FOR HISTORY PRESENTATIONS, THE MHS PRODUCED TWO EXHIBI	TIONS THAT WERE
THEMATIC, TOLD STORIES, AND EXPLORED HOW BOSTON DESIGN	OF THE PAST IS
REFLECTED IN CULTURE TODAY. VIRTUALLY FORGOTTEN FOR T	WO-HUNDRED YEARS,
THE BRILLIANCE OF ISAAC VOSE AND HIS FURNITURE WERE RE	VEALED IN
ENTREPRENEURSHIP & CLASSICAL DESIGN IN BOSTON'S SOUTH	END. THE
EXHIBITION SHOWCASED A NUMBER OF PIECES BY THE WORKSHO	P OF ISAAC VOSE
THROUGH THE VISION OF GUEST CURATORS AND AUTHORS ROBER	T MUSSEY AND
CLARK PEARCE. THE EXHIBITION AND ACCOMPANYING BOOK, WH	ICH HAS SINCE WON
MAJOR AWARDS, HELPED TO RESTORE VOSE FROM RELATIVE OBS	CURITY TO HIS
RIGHTFUL POSITION AS ONE OF BOSTON'S MOST IMPORTANT CR.	AFTSMEN. IN
FASHIONING THE NEW ENGLAND FAMILY, VISITORS EXPLORED T	HE WAYS IN WHICH
THE MULTIPLE MEANINGS OF FASHION AND FASHIONABLE GOODS	ARE REFLECTED IN
PATTERNS OF CONSUMPTION AND REFASHIONING, RECYCLING, A	ND RETAINING
FAVORITE FAMILY PIECES. THE EXHIBITION FEATURED EXAMPL	ES OF CLOTHING,
FABRIC, ACCOUTREMENTS, AND ASSOCIATED MANUSCRIPTS. MAN	Y OF THE ITEMS
FEATURED HAD NEVER BEEN EXHIBITED FOR THE PUBLIC OR SE	EN IN LIVING
MEMORY.	
EDUCATION AND PUBLIC PROGRAMS - CONTINUING TO DEVELOP	A VIBRANT
SELECTION OF PUBLIC AND EDUCATIONAL PROGRAMS ENABLES T	HE MHS TO HELP
ENHANCE THE UNDERSTANDING OF OUR NATION'S PAST AND ITS	CONNECTION TO
THE PRESENT. WHERE OPINIONS VARY, THE MHS PROVIDES A F	ORUM FOR DEBATE.
PROGRAMMING DESIGNED FOR A GENERAL AUDIENCE ATTRACTED	MORE THAN 3,700
ATTENDEES AT 64 PROGRAMS OVER THE COURSE OF THE YEAR.	THE SOCIETY
	PRESENTATIONS A

Page **2**

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization MASSACHUSETTS HISTORICAL SOCIETY	Page 2 Employer identification number 04-2108374			
TOTAL OF 73 PROGRAMS-34 SEMINARS IN 7 SERIES, 38 BROWN-BAG	LUNCH			
PROGRAMS, 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 RESC	OURCES TO K-12			
TEACHERS AND STUDENTS INCLUDING WORKSHOPS, FELLOWSHIP OP	PORTUNITIES,			
AND CURRICULUM RESOURCES. THIS PAST YEAR, 57 SUCH TEACHER	PROGRAMS AND			
WORKSHOPS TOOK PLACE. COMMITTED TO USING ITS UNIQUE RESOUR	CES TO			
IMPROVE AND SUPPORT THE TEACHING OF AMERICAN HISTORY IN AL	ь к-12			
CLASSROOMS, THE CENTER FOR THE TEACHING OF HISTORY AT THE	MASSACHUSETTS			
HISTORICAL SOCIETY PROMOTES HISTORY AND CIVICS EDUCATION A	ND IS AMONG			
THE NATION'S PREMIER RESOURCES PROVIDING FOR EDUCATORS. IT	SUPPORTS			
INNOVATIVE AND BEST PRACTICES IN TEACHING HISTORY THROUGH	PROGRAMS ,			
WEB-BASED RESOURCES, FELLOWSHIPS, AND ITS SUPPORT OF NATIO	NAL HISTORY			
DAY.				
RESEARCH - THE SOCIETY STRIVES TO FOSTER A RESEARCH COMMUN	IITY THAT			
ACTIVELY PROMOTES THE STUDY OF THE HISTORY OF MASSACHUSETT	'S AND THE			
NATION. WE OFFER AN EXCEPTIONAL RANGE OF RESOURCES FOR MAK	ING 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 A	NNUAL			
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-FR	OM HIGH			
SCHOOL STUDENTS, TO FAMILY HISTORIANS, TO PROFESSORS AND P	PULITZER			
PRIZE-WINNING AUTHORS. THESE RESEARCHERS NETWORK, SHARE TH	EIR FINDINGS,			
AND EXCHANGE IDEAS.				
PUBLICATION AND DOCUMENTARY EDITING INCLUDING THE ADAMS PA	\PERS - dule O (Form 990 or 990-EZ) (2018)			
63	aale O (i orini 390 or 990-EZ) (2016)			

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization MASSACHUSETTS HISTORICAL SOCIETY	Employer identification number $04 - 2108374$
THE MHS BEGAN PUBLISHING BOOKS IN 1792 AND IS ONE OF THE O	LDEST,
CONTINUOUSLY OPERATING PUBLISHERS IN THE UNITED STATES, AN	D MAKES
AVAILABLE PRINTED BOOKS, ELECTRONIC PUBLICATIONS, A NEWSLE	TTER, AND
SCHOLARLY JOURNAL. THE MHS PUBLISHES PRINT AND ELECTRONIC	WORKS THAT
PROVIDE INFORMATION ABOUT AND MAKE AVAILABLE THE CONTENT O	F SOME OF ITS
MOST SIGNIFICANT COLLECTIONS AND THE PEOPLE WHO CREATED TH	EM. AS PART
OF ITS MISSION, THE MHS MAINTAINS ITS OWN PUBLISHING PROGR	AM AND HOSTS
THE OFFICES OF THE ADAM PAPERS EDITORIAL PROJECT. FOUNDED	IN 1954, THE
ADAM PAPERS PROJECT PREPARES A COMPREHENSIVE EDITION, IN P	RINT AND
DIGITAL FORMATS, OF THE MANUSCRIPTS WRITTEN AND RECEIVED B	Y THREE
GENERATION OF THE ADAMS FAMILY OF BRAINTREE AND QUINCY, MA	SSACHUSETTS.
THE ADAMS FAMILY PAPERS MANUSCRIPT COLLECTION AT THE MASSA	CHUSETTS
HISTORICAL SOCIETY FORMS THE NUCLEUS OF THE PROJECT, ALTHO	UGH THE
EDITORS HAVE GATHERED MORE THAN 27,000 COPIES OF ADDITIONA	L ADAMS
WRITINGS FROM HUNDREDS OF LIBRARIES, INSTITUTIONS, AND IND	IVIDUALS IN
THE UNITED STATES AND ABROAD. TO DATE, NEARLY 60 PRINT VOL	UMES HAVE
BEEN PUBLISHED BY HARVARD UNIVERSITY PRESS, MOST OF WHICH	ARE AVAILABLE
ONLINE AS PART OF THE ADAMS PAPERS DIGITAL EDITION.	

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:

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

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

ELECTED. PER THE BYLAWS THE FELLOWS ELECT THE BOARD. THE BOARD OF TRUSTEES

ARE RESPONSIBLE FOR ALMOST ALL GOVERNANCE DECISIONS.

832212 10-10-18

2018.06000 MASSACHUSETTS HISTORICAL 093-1062

MASSACHUSETTS HISTORICAL SOCIETY

Employer identification number 04 - 2108374

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO MEETINGS HELD BY COMMITTEES OUTSIDE OF THE GOVERNING BODY.

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 15: EACH YEAR THE CHAIR OF THE BOARD OF TRUSTEES APPOINTS A COMPENSATION COMMITTEE MADE UP OF TRUSTEES TO REVIEW THE PERFORMANCE OF THE PRESIDENT/CEO AND COMPARABLE COMPENSATION DATA AND TO MAKE A RECOMMENDATION TO THE BOARD, WHICH THEN MAKES THE FINAL DECISION ON HIS/HER COMPENSATION. THE DELIBERATIONS AND DECISION OF BOTH THE COMMITTEE AND THE BOARD ARE CONTEMPORANEOUSLY RECORDED IN THE MINUTES. THE LAST YEAR THIS PROCESS WAS

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PERFORMED WAS IN 2019.

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization MASSACHUSETTS HISTORICAL SOCIETY	Employer identification number $04 - 2108374$
EACH YEAR THE PRESIDENT, AS CEO, REVIEWS THE PERFORMANCE OF	F THE KEY
EMPLOYEES AND COMPARABLE COMPENSATION DATA AND REPORTS HIS	HER DECISION TO
THE BOARD OF TRUSTEES, WHICH ARE INCORPORATED INTO THE ANN	UAL BUDGET OF THE
ORGANIZATION WHICH IS APPROVED BY THE BOARD OF TRUSTEES. T	HE DELIBERATIONS
AND DECISIONS OF THE PRESIDENT ARE CONTEMPORANEOUSLY RECORD	DED AS IS THE
APPROVAL OF THE BUDGET BY THE BOARD OF TRUSTEES. THE LAST	YEAR THIS PROCESS
WAS PERFORMED WAS IN 2019.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE SOCIETY'S ANNUAL AUDITED FINANCIAL STATEMENTS, FORM 99	0 AND
MASSACHUSETTS FORM PC ARE AVAILABLE TO THE PUBLIC ON ITS W	EBSITE AT
MASSHIST.ORG. THESE DOCUMENTS ARE ALSO AVAILABLE ON THE MAS	SSACHUSETTS
ATTORNEY GENERAL'S WEBSITE AT WWW.CHARITIES.AGO.STATE.MA.U	S/CHARITIES/. THE
SOCIETY'S BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAIL	ABLE ON THE
SOCIETY'S WEBSITE. THE SOCIETY WILL MAKE PRINTED COPIES AV	AILABLE UPON
WRITTEN REQUEST.	

FORM 990, PART 1, LINE 10 - THE INVESTMENT INCOME NUMBER WAS ADJUSTED IN THE CURRENT YEAR TO REFLECT THE COMPARABLE AMOUNT OF INCOME TO THE CURRENT YEAR.

832212 10-10-18

SCH	EDULE R
	1

(Form 990)

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

2018 Open to Public Inspection

Employer identification number 04 - 2108374

Department of the Treasury 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

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		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	1						
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) 2018

Schedule R (Form 990) 2018 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)	((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		ortionate ations?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	{											
	4											

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	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No

Schedule R (Form 990) 2018 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.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2018 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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2018

Schedule R	(Form 990)) 2018	MASSACHUSETTS	HISTORICAL	SOCIETY	
Part VII	Supple	mental Inforr	nation.			

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

PRIMARY ACTIVITY: SEE PART VII

DIRECT CONTROLLING ENTITY: N/A

Schedule R (Form 990) 2018

832165 10-02-18

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Entor filor's identifying number

Department of the Treasury Internal Revenue Service

► F	ilo a	sonarato	application	for each	roturn

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enterine	er sidentiliyi	ng number
Type or	Name of exempt organization or other filer, see instructions.			Employe	Employer identification number (EIN)	
print					04-2108374	
File by the	the					
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Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			01
Applicat	on	Return	Application			Return
Is For Code Is For				Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990)-T (trust other than above)	06	Form 8870			12
box ► 1 I re the ►	is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year or X tax year beginning JUL 1, 2018 he tax year entered in line 1 is for less than 12 months, c Change in accounting period	and atta MA anization's , an	Ach a list with the names and EINs on the second structure of the second struc	f all memb	pers the extern npt organizat	
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instruction:	If you are going to make an electronic funds withdrawal ns.	(direct de	Dit) with this form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8	868 (Rev. 1-2019)

MASSACHUSETTS HISTORICAL SOCIETY, INC.

FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2019 (WITH SUMMARIZED COMPARATIVE INFORMATION FOR YEAR ENDED JUNE 30, 2018)



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WEALTH ADVISORY

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AUDIT, TAX, AND CONSULTING

MASSACHUSETTS HISTORICAL SOCIETY, INC. TABLE OF CONTENTS YEAR ENDED JUNE 30, 2019 (WITH SUMMARIZED COMPARATIVE INFORMATION FOR YEAR ENDED JUNE 30, 2018)

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INDEPENDENT AUDITORS' REPORT

Board of Trustees Massachusetts Historical Society, Inc. Boston, Massachusetts

We have audited the accompanying financial statements of Massachusetts Historical Society, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2019, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Massachusetts Historical Society, Inc. as of June 30, 2019, and the changes in net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Effect of Adopting New Accounting Standard

As described in Note 2, the Organization adopted the Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2016-04, *Not-For-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities.* Accordingly, the accounting change has been retrospectively applied to prior periods presented as if the policy had always been used. Our opinion is not modified with respect to that matter.

Report on Summarized Comparative Information

We have previously audited Massachusetts Historical Society, Inc.'s financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated January 31, 2019. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Clifton Larson Allen LLP

CliftonLarsonAllen LLP

Boston, Massachusetts January 29, 2020

MASSACHUSETTS HISTORICAL SOCIETY, INC. STATEMENT OF FINANCIAL POSITION JUNE 30, 2019 (WITH COMPARATIVE TOTALS FOR JUNE 30, 2018)

		2019		
	Without Donor	With Donor		2018
	Restrictions	Restrictions	Total	Total
ASSETS				
CURRENT ASSETS				
Cash and Cash Equivalents	\$ 38,736	\$ 199,400	\$ 238,136	\$ 347,624
Other Investments	2,125,622	730,386	2,856,008	2,918,958
Accounts and Grants Receivable, Net	169,699	672,963	842,662	845,284
Pledges Receivable, Net	5,717	48,526	54,243	117,158
Prepaid Expenses	126,591	-	126,591	141,089
Total Current Assets	2,466,365	1,651,275	4,117,640	4,370,113
NONCURRENT ASSETS				
Grants Receivable - Noncurrent, Net	-	260,190	260,190	174,603
Endowment Investments	28,638,262	58,974,952	87,613,214	82,595,066
Split-Interest Agreements	-	408,664	408,664	475,561
Property and Equipment, Net	10,704,850	-	10,704,850	11,003,978
Total Noncurrent Assets	39,343,112	59,643,806	98,986,918	94,249,208
Total Assets	\$ 41,809,477	\$ 61,295,081	\$ 103,104,558	\$ 98,619,321
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
Accounts Payable and Accrued Expenses	\$ 387,912	\$-	\$ 387,912	\$ 360,639
Deferred Dues Revenue	91,387	-	91,387	97,692
Long-Term Debt - Current Portion	88,868	-	88,868	91,883
Total Current Liabilities	568,167	-	568,167	550,214
NONCURRENT LIABILITIES				
Split-Interest Agreements	-	221,842	221,842	249,233
Deferred Lease Revenue	361,092	-	361,092	367,760
Long-Term Debt, Net	1,085,023	-	1,085,023	1,169,352
Total Noncurrent Liabilities	1,446,115	221,842	1,667,957	1,786,345
Total Liabilities	2,014,282	221,842	2,236,124	2,336,559
NET ASSETS				
Without Donor Restrictions:				
Undesignated	32,958,534	-	32,958,534	30,062,464
Trustee Designated	6,836,661		6,836,661	8,394,798
Total Without Donor Restrictions	39,795,195	-	39,795,195	38,457,262
With Donor Restrictions				
Perpetual in Nature	-	17,061,637	17,061,637	16,339,546
Purpose and Time Restrictions		44,011,602	44,011,602	41,485,954
Total With Donor Restrictions	-	61,073,239	61,073,239	57,825,500
Total Net Assets	39,795,195	61,073,239	100,868,434	96,282,762
Total Liabilities and Net Assets	\$ 41,809,477	\$ 61,295,081	\$ 103,104,558	\$ 98,619,321

See accompanying Notes to Financial Statements.

MASSACHUSETTS HISTORICAL SOCIETY, INC. STATEMENT OF ACTIVITIES YEAR ENDED JUNE 30, 2019 (WITH COMPARATIVE TOTALS FOR YEAR ENDED JUNE 30, 2018)

	Without Donor	With Donor		2018
	Restrictions	Restrictions	Total	Total
OPERATING REVENUE AND SUPPORT				
Gifts	\$ 988,016	\$ 906,652	\$ 1,894,668	\$ 2,096,245
Bequest	-	151,414	151,414	326,604
Grants	395,500	97,500	493,000	1,008,126
Endowment Support for Operations	3,358,448	-	3,358,448	3,284,869
Seminars, Conferences, Workshops,				
and Other Events	405,066	-	405,066	259,966
Members and Fellows Dues	55,070	-	55,070	106,718
Royalties, Reproductions, and Rights	58,432	-	58,432	70,654
Sales of Publications	5,266	-	5,266	6,210
Miscellaneous Income	43,008	-	43,008	18,904
Investment Income from				
Other Investments	105,803	-	105,803	25,418
Net Assets Released from Restrictions	3,228,267	(3,228,267)	-	-
Total Operating Revenue and Support	8,642,876	(2,072,701)	6,570,175	7,203,714
OPERATING EXPENSES				
Programs	4,643,229	-	4,643,229	4,503,849
Management and General	1,184,572	-	1,184,572	1,186,032
Fundraising	598,612	-	598,612	485,672
Total Operating Expenses	6,426,413	-	6,426,413	6,175,553
CHANGE IN NET ASSETS FROM OPERATIONS	2,216,463	(2,072,701)	143,762	1,028,161
NONOPERATING ACTIVITIES				
Endowment Activity:				
Investment Income (Loss), Net of Fees	31,203	63,856	95,059	(200,341)
Endowment Support for Investment Expenses	112,955	-	112,955	-
Purchase of Collections	(70,889)	-	(70,889)	(90,381)
Proceeds from Sale of Collections	-	-	-	650
Realized and Unrealized Gain on				
on Investments	2,552,501	5,223,687	7,776,188	7,166,199
Endowment Draw for Operations	(3,358,448)	-	(3,358,448)	(3,284,869)
Endowment Draw for Investment Expenses	(112,955)	-	(112,955)	-
Total Nonoperating Changes	(845,633)	5,287,543	4,441,910	3,591,258
CHANGE IN NET ASSETS	1,370,830	3,214,842	4,585,672	4,619,419
Net Assets - Beginning of Year	38,424,365	57,858,397	96,282,762	91,663,343
NET ASSETS - END OF YEAR	\$ 39,795,195	\$ 61,073,239	\$ 100,868,434	\$ 96,282,762

See accompanying Notes to Financial Statements.

MASSACHUSETTS HISTORICAL SOCIETY, INC. STATEMENT OF CASH FLOWS YEAR ENDED JUNE 30, 2019 (WITH COMPARATIVE TOTALS FOR YEAR ENDED JUNE 30, 2018)

	2019	2018
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	\$ 4,585,672	\$ 4,619,419
Adjustments to Reconcile Change in Net Assets to Net Cash		
Used by Operating Activities:		
Depreciation	447,134	434,985
Amortization of Finance Costs	4,539	4,539
Grants Received for Capital Projects	-	30,000
Gifts and Grants Received for Endowment	(689,193)	(63,050)
Purchase of Collections	-	90,381
Proceeds from Sale of Collections	-	(650)
Investment (Income) Loss, Net of Management Fees, Reinvested	(95,059)	200,340
Increase in Fair Value of Investments	(7,776,188)	(7,166,199)
(Increase) Decrease in:		
Accounts and Grants Receivable	(82,966)	(104,447)
Pledges Receivable	62,915	(66,766)
Split-Interest Agreements	66,897	11,003
Prepaid Expenses	14,498	14,225
Increase (Decrease) in:		
Accounts Payable and Accrued Expenses	27,272	(104,946)
Liability for Split-Interest Agreements	(27,391)	(14,376)
Deferred Revenue	(12,973)	(438)
Net Cash Used by Operating Activities	(3,474,843)	(2,115,980)
CASH FLOWS FROM INVESTING ACTIVITIES		
Capital Expenditures	(148,006)	(186,830)
Gifts and Grants Invested	689,193	63,050
Purchase of Collections	-	(90,381)
Proceeds from Sale of Collections	-	650
Investment Sales	4,254,126	4,252,246
Investment Purchases	(1,338,075)	(1,655,895)
Net Cash Provided by Investing Activities	3,457,238	2,382,840
CASH FLOWS FROM FINANCING ACTIVITIES		
Debt Principal Payments	(91,883)	(88,863)
Grants Received for Capital Projects	-	(30,000)
Net Cash Used by Financing Activities	(91,883)	(118,863)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(109,488)	147,997
Cash and Cash Equivalents - Beginning of Year	347,624	199,627
CASH AND CASH EQUIVALENTS - END OF YEAR	\$ 238,136	\$ 347,624

MASSACHUSETTS HISTORICAL SOCIETY, INC. STATEMENT OF CASH FLOWS (CONTINUED) YEAR ENDED JUNE 30, 2019 (WITH COMPARATIVE TOTALS FOR YEAR ENDED JUNE 30, 2018)

	 2019	 2018
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION Bank Loan Interest Paid	\$ 46,835	\$ 49,860
SUPPLEMENTAL DISCLOSURE OF NONCASH INVESTING ACTIVITY Additions to Property and Equipment for Capital Projects in Process Included in Accounts Payable and Accrued Expenses	\$ 102,385	\$ 56,696

NOTE 1 ORGANIZATION

The Massachusetts Historical Society, Inc. (the Society) was founded in 1791 as an independent research library and center of learning that collects, preserves, makes accessible, and communicates manuscripts and other materials in order to promote the study of history of Massachusetts and the nation.

The Society provides the following programs:

Collections Storage, Services, and Library

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 Society makes its holdings accessible to anyone with an interest in the people and events that shaped our country.

Education, Exhibitions, and Events

The Society's exhibitions celebrate the perspective American history brings to our own time and illustrate how it sustains our republic and guides our future. As one of the region's major venues for history presentations, the Society produces exhibitions that are thematic, tell stories, and explore turning points in history.

Continuing to develop a vibrant selection of public and education programs enables the Society 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.

The Society also offers an engaging array of programs and resources to teachers and students, including workshops, fellowship opportunities, and curriculum resources. Committed to using its unique resources to improve and support the teaching of American history in kindergarten through Grade 12 classrooms, the Society launched the center for the teaching of history in January 2017 to promote history and civics education and is among the nation's premier resource providers for educators.

Publications and Research

The Society strives to foster a research community that actively promotes the study of the history of Massachusetts and the nation. The Society offers an exceptional range of resources for making and sharing historical discoveries. Visitors can enjoy public talks, tours, exhibitions, scholarly seminars and conferences, and can gain access to unparalleled collections through a research library and website.

The Society began publishing books in 1792 and is one of the oldest continually operating publishers in the United States. Through this program, the Society makes available printed books, electronic publications, newsletters, and a scholarly journal.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Presentation

The accompanying financial statements are presented using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). The Society is required under GAAP to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions, and net assets with donor restrictions

<u>Net Assets without Donor Restrictions</u> – Net assets without donor restrictions represent those assets which the Society may use at its discretion.

<u>Net Assets with Donor Restrictions</u> – Net assets subject to grantor/donor imposed stipulations that may or will be met by actions of the Society and/or the passage of time. This also includes contributions which require by donor restriction that the corpus be invested in perpetuity and only the income be made available for operations in accordance with donor restrictions.

Comparative Financial Information

The accompanying financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America (GAAP). Accordingly, such information should be read in conjunction with the audited financial statements for the year ended June 30, 2018, from which the summarized information was derived.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities, and reported amounts of revenues and expenses. Actual results could differ from those estimates.

Cash and Cash Equivalents

For purposes of the statements of cash flows, the Society considers all highly liquid investments without restrictions with an initial maturity of three months or less to be cash equivalents.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounts, Grants, and Pledges Receivable

Accounts, grants, and pledges receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. As of June 30, 2019 and 2018, management considers all amounts to be fully collectible. Accordingly, an allowance for doubtful accounts has not been established.

Pledges receivable are unconditional promises to give that are recognized as revenue in the period received. Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promises become unconditional. Pledges and grants receivable that are expected to be collected within one year are recorded at their realizable value. Pledges and grants receivable that are expected to be collected to be collected in future years are recorded at the present value of estimated future cash flows. The discount on these amounts is computed using an appropriate discount rate commensurate with the risks involved. Amortization of the discount is included in gifts and grant revenue.

Investments

The Society carries its investments in Split-Interest Agreements, other investments, and endowment funds in the statement of financial position at their fair values as further described in Note 12.

Unrealized gains and losses on endowment and other investments are included in the change in net assets in the accompanying statement of activities. The investment income, realized and unrealized gains and losses, and investment expenses are included in the increase (decrease) in net assets from non-operating activities unless the income or loss is restricted by donor or law.

Investment Pools

The Society maintains separate master investment accounts for its split-interest agreements, endowment funds, and its other investments. Investment income, investment expenses, and realized and unrealized gains and losses from investments in the master investment accounts are allocated to the individual endowment funds and other investment funds based on the relationship of the fair value of each fund to the total fair value of the master investment accounts, as adjusted for additions to or deductions from those accounts during the year.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Recognition of Donor Restrictions

Donor-restricted revenue and support is reported as an increase in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Property and Equipment

All acquisitions of property and equipment in excess of \$2,000 and all expenditures for repairs, maintenance, renewals, and betterments that materially prolong the useful lives of assets are capitalized. Property and equipment are carried at cost or, if donated, at the approximate fair value at the date of donation. Depreciation is computed using the straight-line method over the estimated useful lives of the property.

Building and Building Renovations	10 to 50 Years
Furniture and Technology Equipment	3 to 25 Years

Long-lived assets to be held and used are reviewed for impairment whenever events or changes in circumstances indicated the related carrying amount may not be recoverable. When required, impairment losses on assets to be held and used are recognized based on the excess of the asset's carrying amount over the fair value of the asset. Long-lived assed to be disposed of are reported at the lower of carrying amount or fair value less cost to sell.

Deferred Revenue

The Society leases a building it owns to an unrelated nonprofit organization for a period of 75 years, expiring August 18, 2074. The entire lease payment was received at the inception of the lease and is being amortized ratably over the lease term. The Society also defers recognition of membership dues until the revenue is earned.

Collections

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 continuously.

The collections, which were acquired through purchases and donor contributions since the Society's inception, are not recognized as assets on the statements of financial position. Purchases of collections are recorded as a reduction in the appropriate class of net assets in the statement of activities. Proceeds from sales of collections are reflected in the statements of activities based on the absence or existence and nature of donor-imposed restrictions.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Financing Costs

Financing costs associated with obtaining financing are capitalized and amortized over the term of the loan using the straight-line method, which approximates the effective interest method. Deferred financing costs are reported net against long-term debt (Note 9).

Income Taxes

The Society is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code (IRC). 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)(l)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2).

The Society evaluates all significant tax positions. As of June 30, 2019, 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.

Total Return Spending Policy

The Society utilizes a total return policy with respect to its use of endowment assets. The trustees set an annual spending amount from endowment assets for support of operations computed on a trailing 12-quarter quarterly average market value basis and approve a specific spending percentage for operations each fiscal year as part of approving the Society's annual operating budget. Investment fees and expenses are paid directly from investments. The spending percentage for operations for both of the years ended June 30, 2019 and 2018 was 4.5%. In June 2019, the trustees approved a spending percentage of 4.5% for fiscal year 2020.

Expense Allocation

The operating costs of providing various programs and other activities have been summarized on a functional basis in the statement of activities. The Society reports certain categories of expenses that are attributable to one or more program or supporting functions. Expenses are directly coded to programs or supporting functions whenever possible. Expenses that are attributable to multiple programs or supporting functions are allocated on a reasonable basis that is consistently applied. Those expenses include occupancy, information technology, and certain office expenses, which are allocated based on estimates of time and effort related to the programs and supporting services. Depreciation is allocated based on square footage related to the programs and supporting services.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Donor-Restricted Endowment Assets

The Commonwealth of Massachusetts adopted the Uniform Prudent, Management of Institutional Funds Act (UPMIFA) effective June 30, 2009. The Society's policies as to the classification and appropriation of donor restricted endowment funds are described below and are consistent with the requirements of UPMIFA.

The Society classifies as net assets with donor restrictions (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor's gift instructions at the time the accumulation is added to the fund.

The Society considers the following factors in making a determination to appropriate or accumulate donor restricted endowment funds:

- (1) The duration and preservation of the fund
- (2) The mission of the Society and purpose of the donor-restricted endowment funds
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Society
- (7) The investment policies of the Society

Strategies Employed for Achieving Objectives

To satisfy its long-term rate of return objectives, the Society relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Society targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its longterm, return objectives within prudent risk constraints.

Return Objectives and Risk Parameters

The Society has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs and operations supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Society must hold in perpetuity or for a donor-specified period, and board of trustee-designated funds.

In connection with the annual budgeting process, the investment committee, after reviewing the conditions of the financial markets and consultation with investment advisors, concluded that the Society's estimates of the returns on endowment assets should provide for an expected long-term total net real (inflation-adjusted) rate of return of approximately 4.6% or more annually while assuming a moderate level of investment risk.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Spending Policy and How the Investment Objectives Relate to Spending Policy

The Society has a policy of appropriating .for distribution each year a spending percentage of invested assets computed on a trailing 12-quarter quarterly average of its endowment asset market values. In establishing this policy, the Society considered the long-term expected returns on its endowment assets. Accordingly, over the long-term, the Society expects the spending policy to allow its endowment to grow at a rate in excess of inflation. This is consistent with the Society's objective to maintain the purchasing power of the endowment assets.

The cumulative net unspent appreciation on investments with donor restrictions is accounted for as net assets with donor restrictions and together with unspent appreciation on unrestricted endowment funds is not available for distribution, except by the express appropriation action of the board of trustees of the Society.

Change in Accounting Principles

The Society has adopted the accounting guidance in Financial Accounting Standards Board FASB) Accounting Standards Update (ASU) 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities, which changes presentation and disclosure requirements for nonprofit entities to provide more relevant information about their resources (and the changes in those resources) to donors, granters, creditors, and other users. These include qualitative and quantitative requirements in the following areas: net asset classes, investment return, expenses, and liquidity. The effect of adopting the new standard resulted in a reclassification of net assets without donor restrictions to net assets with donor restrictions of \$33,000 during the year ended June 30, 2018 as a result of the change in required reporting for underwater endowment funds.

New Accounting Pronouncements

In May 2014, FASB issued amended guidance to clarify the principles for recognizing revenue from contracts with customers. The guidance requires an entity to recognize revenue to depict the transfer of goods or services to customers in an amount that reflects the consideration to which an entity expects to be entitled in exchange for those goods or services. The guidance also requires expanded disclosures relating to the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. Additionally, qualitative and quantitative disclosures are required regarding customer contracts, significant judgments and changes in judgments, and assets recognized from the costs to obtain or fulfill a contract. The guidance will initially be applied retrospectively using one of two methods. The standard will be effective for the Society for the year ended June 30, 2020. Management is evaluating the impact of the amended revenue recognition guidance on the Society's financial statements.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

New Accounting Pronouncements (Continued)

In June 2018, FASB issued an ASU to clarify and improve accounting guidance for contributions received and made. The ASU provides guidance on distinguishing between contributions and exchange transactions. If a contribution is unconditional, the entity must determine whether it is donor restricted for limited purpose or timing. These contributions should be recognized immediately and classified as net assets with or without donor restrictions.

If a contribution is conditional and assets are received in advance, the entity should record a liability and not recognize revenue until conditions are met. Guidance is further provided regarding reciprocal and nonreciprocal transactions. If both parties receive similar value, the transaction is considered reciprocal. For nonreciprocal transactions, an entity must determine the conditions needed to be met. The guidance will initially be applied retrospectively using one of two methods. The standard will be effective for the Society for the year ended June 30, 2020. Management is evaluating the impact of the amended revenue recognition guidance on the Society's financial statements.

Subsequent Events

In preparing these financial statements, the Society has evaluated events and transactions for potential recognition or disclosure through January 29, 2020, the date the financial statements were available to be issued.

NOTE 3 ACCOUNTS AND GRANTS RECEIVABLE

Accounts and grants receivable at June 30 consist of the following:

	2019		2019 2018	
Accounts Receivable	\$	169,699	\$	24,498
Grants Receivable:				
Federal Agencies		734,368		786,604
Other Grants Receivable		202,000		212,000
Total Grants Receivable		936,368		998,604
Less: Discount to Net Present Value		(3,215)		(3,215)
Grants Receivable, Net		933,153		995,389
Accounts and Grants Receivable, Net	\$	1,102,852	\$	1,019,887
Current Portion	\$	842,662	\$	848,499
Due After One Year		263,405		174,603
Less: Discount to Net Present Value		(3,215)		(3,215)
Due After One Year, Net		260,190		171,388
Accounts and Grants Receivable, Net	\$	1,102,852	\$	1,019,887

NOTE 4 PLEDGES RECEIVABLE

Pledges receivable at June 30 consist of the following:

	 2019		2018
Amounts Due in Less than One Year	\$ 55,493	\$	118,408
Allowance for Doubtful Accounts	 (1,250)		(1,250)
Pledges Receivable, Net	\$ 54,243	\$	117,158

NOTE 5 SPLIT-INTEREST AGREEMENTS

The Society administers various agreements through charitable remainder trusts and annuities. These agreements provide for the payment of distributions to the grantor or other designated beneficiaries over the terms of the agreement. At the end of the term, the remaining assets are available for the Society's use. The portion of the agreements attributable to the present value of the future benefits to be received by the Society is recorded in the statements of activities as gift revenue with donor restrictions in the period the agreement is established. No gifts were received in 2019 or 2018. Investment assets held under these agreements are managed by an investment advisor and held in a brokerage account. They are carried at their fair value in the Society's statements of financial position. The fair value of these investments is based on unadjusted quoted prices in active markets that are accessible at June 30, 2019 and 2018 for identical securities without donor restrictions and are classified as Level 1 in the fair value information in Note 12. On an annual basis, the Society revalues the present value liability for future distributions to the designated beneficiaries based on updated actuarial assumptions. The present value of the estimated future liability for payments to grantors at June 30, 2019 and 2018 is calculated using discount rates ranging from 1.2% to 6.2% and applicable mortality tables.

NOTE 6 ENDOWMENT INVESTMENTS

Endowment investment funds are carried at their aggregate fair value and consist of the following as of June 30:

	2019	2018
Cash and Cash Equivalents	\$ 697,209	\$ 673,456
Global Equities	19,911,793	22,557,426
Global Fixed Income	5,326,936	6,067,626
Hedge Funds	2,551,037	1,640,250
Limited Partnerships	59,126,239	51,656,308
Total Endowment Investments Funds	\$ 87,613,214	\$ 82,595,066

NOTE 6 ENDOWMENT INVESTMENTS (CONTINUED)

The Society, under the direction of its investment committee and in consultation with its investment advisors, has selected several independent investment fund managers to manage specific allocations of its endowment investment funds in accordance with an investment policy approved by the trustees of the Society. The investment fund managers' report monthly transactions and month-end fair values based on the Society's net asset value in the respective funds.

Changes in endowment net assets consisted of the following as of June 30:

	Without Donor	With Donor	
	Restrictions	Restrictions	Total
Balance - June 30, 2017	\$ 25,396,275	\$ 53,544,482	\$78,940,757
New Gifts and Proceeds from Sales of Collections	650	-	650
Investment Income, Net of Investment Fees	(64,239)	(136,101)	(200,340)
Realized and Unrealized Gain	2,297,954	4,868,245	7,166,199
Direct Expenditures	(90,381)	-	(90,381)
Spending Allowed (Draw for Operations and Expenses)	(1,003,090)	(2,281,779)	(3,284,869)
Interfund Transfers	642,967	(642,967)	-
Additions (New Gifts)		63,050	63,050
Balance - June 30, 2018	27,180,136	55,414,930	82,595,066
Change in Accounting Principle			
Reclassification	32,897	(32,897)	-
Balance - June 30, 2018	27,213,033	55,382,033	82,595,066
Investment Income, Net of Investment Fees	31,203	63,856	95,059
Realized and Unrealized Gain	2,552,501	5,223,687	7,776,188
Direct Expenditures	(70,889)	-	(70,889)
Spending Allowed (Draw for Operations and Expenses)	(1,087,586)	(2,383,817)	(3,471,403)
Additions (New Gifts)		689,193	689,193
Balance - June 30, 2019	\$ 28,638,262	\$ 58,974,952	\$87,613,214

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Society to retain as a fund of perpetual nature. Deficiencies of this nature are reported in net assets with donor restriction. There were no deficiencies of this nature as of June 30, 2019. As of June 30, 2018, the original value of the funds totaled \$4,245,602 and the market value was \$4,213,602, resulting in a deficiency of approximately \$33,000 due to unfavorable market conditions. The total return spending policy described in Note 2 permits the Society's calculation to include underwater endowment funds, unless otherwise precluded by donor intent or regulations.

NOTE 6 ENDOWMENT INVESTMENTS (CONTINUED)

The following schedule summarizes the components of investment return for the years ended June 30:

	 2019		2018
Interest and Dividends	\$ 887,470	9	554,880
Realized and Unrealized Gains	7,166,199		13,303,606
Investment Fees	(1,087,810)		(1,020,422)
Total	\$ 6,965,859	9	5 12,838,064

The above investment fees include custodial fees and investment advisory fees charged by the Society's investment managers. Fees for both years also include investment advisory services of \$187,882 and \$79,999 for the years ended June 30, 2019 and 2018, respectively, paid to the Society's investment advisor.

NOTE 7 OTHER INVESTMENTS

Other investments are composed of the following as of June 30:

	2019	2018
Cash, Cash Equivalents, and Corporate Bonds	\$ 2,856,008	\$ 2,918,959

These investments are managed by an investment advisor and held in a brokerage account. They are carried at their fair value in the Society's statements of financial position. The fair value of these investments is based on unadjusted quoted prices in active markets that are accessible at June 30, 2019 and 2018 for identical unrestricted securities and are classified as Level 1 in the fair value information in Note 12.

Other investments at their aggregate fair value classified by restrictions and purpose of each fund are composed of the following as of June 30:

	2019			2018		
Funds-Designated by Trustees, Not in Perpetuity:						
Capital Acquisitions Fund	\$	1,250,470	\$	979,894		
President's Discretionary Fund		16,412		118,054		
Operating Funds Reserve		858,740		665,330		
Liquidity Reserve		-		140,081		
Total		2,125,622		1,903,359		
Donor Restricted Funds Invested in Perpetuity:						
Gifts and Grants		730,386		1,015,600		
Total	\$	2,856,008	\$	2,918,959		

Investment return includes interest in the amount of \$105,803 and \$25,418 for the years ended June 30, 2019 and June 30, 2018, respectively.

NOTE 8 PROPERTY AND EQUIPMENT

Property and equipment consist of the following major classifications as June 30:

	2	2019	 2018
Land	\$	200,000	\$ 200,000
Buildings and Building Renovations	16	6,684,428	16,642,744
Furniture and Technology Equipment		979,453	933,543
Capital Projects in Process		159,081	 98,669
Total Property and Equipment	18	3,022,962	17,874,956
Less: Accumulated Depreciation	(7	7,318,112 <u>)</u>	 (6,870,978)
Property and Equipment, Net	\$ 10	0,704,850	\$ 11,003,978

Depreciation expense for the years ended June 30, 2019 and 2018 amounted to \$447,134 and \$434,985, respectively.

As of June 30, 2019 and 2018, the building under lease was fully depreciated. However, land for the leased building is not depreciated and has a net book value of \$175,000 and is included in property and equipment at June 30, 2019 and 2018.

NOTE 9 LONG-TERM DEBT, NET

Long-term debt consists of the following at June 30:

	 2019	 2018
Balance Due Under Long-Term Debt		
Agreement Described Below	\$ 1,219,285	\$ 1,311,168
Less Current Portion	(88,868)	(91,883)
Less: Unamortized Deferred Finance Costs	 (45,394)	 (49,933)
Total Long-Term Debt, Net	\$ 1,085,023	\$ 1,169,352

Amortization of financing costs of \$4,539 is included in long-term debt interest and fees in the schedule of functional expenses for the years ended June 30, 2019 and 2018.

On April 1, 2015, the Society entered into long-term debt agreements with the Massachusetts Development Finance Agency, First Republic Lending Corp, and First Republic Bank pursuant to which the Massachusetts Development Finance Agency loaned to the Society the proceeds of the sale of a \$1,500,000, 3.3%, tax exempt revenue note designated the Massachusetts Historical Society Issue, Series 2015 to First Republic Lending Corp. Proceeds from the note were used to finance two major projects; the restoration of the balustrade and roofs of its facilities on Boylston Street and the installation of enhanced audio visual systems and equipment in three public rooms.

NOTE 9 LONG-TERM DEBT, NET (CONTINUED)

Under the terms of the loan agreements the Society drew down \$1,500,000 to fund the project costs. The loan is for a 15-year term with interest, fixed at 3.3%, paid monthly on the outstanding amount. Commencing on May 9, 2016 and on each monthly payment date thereafter, equal payments of principal and interest will be payable in an amount necessary to fully amortize the then outstanding principal amount of the note and interest by the maturity dale April 9, 2030. Up to 20% of the outstanding balance of the loan may be prepaid without premium from internal sources in any fiscal year and the entire loan may be prepaid without premium after the fifth year.

Maturities of the long-term debt are as follows for the years ending June 30:

<u>Year Ending June 30,</u>	 Amount
2020	\$ 88,868
2021	98,229
2022	101,566
2023	105,017
2024	108,516
Thereafter	717,089

The long-term debt is collateralized by gross receipts, accounts receivable, equipment, inventory and general intangibles, and any insurance proceeds thereof. Collateral excludes all collections, all investment securities, and property and the real property of the Society located on Boylston Street, Boston, Massachusetts. The Society has also made a negative pledge that it will not encumber in any manner or dispose this real property except in accordance with the terms of the loan. In addition, the agreements contain certain covenants that, among other things, require the Society to maintain specified levels of (a) unrestricted liquidity and (b) total endowment assets each to be tested on June 30 and December 31 for the term of the agreement.

NOTE 10 PENSION PLANS

The Society has a defined contribution retirement plan for its employees administered by TIAA (formally the Teachers Insurance and Annuity Association of America). The Society made matching contributions of \$116,820 and \$110,376 for the years ended June 30, 2019 and 2018, respectively.

Since April 1, 2006, the Society has sponsored a deferred compensation plan for certain eligible employees under IRS code 457(b). All contributions to the plan are made by employees and there are no contributions made by the Society.

NOTE 11 CONCENTRATIONS OF CREDIT RISK

Financial instruments that potentially subject the Society to concentrations of credit risk consist principally of cash balances in its operating bank accounts; accounts receivable, grants receivable, and pledges receivable, and other investments. The Society's cash balances at its commercial bank are insured by the Federal Deposit Insurance Corporation up to \$250,000. At June 30, 2019, no amounts were in excess of those limits. Credit risk in accounts receivable, grants receivable, and pledges receivable are limited due to the large number of contributors comprising the Society's contributor base and their dispersion across different industries, government sectors, and geographic areas. Other investments are invested in cash, money market funds, and short duration U.S. treasuries and highly rated corporate bonds.

NOTE 12 FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) *Topic 820, Fair Value Measurements and Disclosures,* provides a framework for reporting fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). Except for investments reported at net asset value or its equivalent (NAV) as a practical expedient to estimate fair value, the Organization uses a three-tiered hierarchy to categorize those assets carried a fair value based on the valuation methodologies employed. The hierarchy is described as follows:

Level 1 – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 – Other significant observable inputs (including quoted prices in markets that are not considered to be active or similar financial instruments for which all significant inputs are observable, either directly or indirectly);

Level 3 – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable;

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The inputs used in valuing securities are not necessarily an indication of the risk or liquidity associated with investing in the respective financial instruments.

NOTE 12 FAIR VALUE MEASUREMENTS (CONTINUED)

Short-term investments including cash and cash equivalents, corporate bonds and global equities are classified as Level 1 of the fair value hierarchy because their fair values are based on quoted prices for identical securities. The remaining investments of the Society are considered alternative investments and do not have readily determinable fair values. Investments that do not have readily determinable fair values are valued using the investments net asset value as the practical expedient. The Society summarizes alternative investments by significant investment category consisting of (1) global equities, (2) global fixed income, (3) hedge funds, and (4) limited partnerships.

The disclosure criteria described above is used by the Society to present the following information about the fair values of its investments in the statements of financial position classified according to the method for determining such fair values for the years ended June 30 are as follows:

		Fair Value Measurements at Report Date Using									
			Qu	loted Prices	Sign	ificant					
			1	for Active	Ot	her	Significant		Investments		
			Ν	larkets for	Obse	ervable	Unobs	servable	Measured at		
			lde	ntical Assets	Inp	outs	Inp	outs	Net Asset		
		Total		(Level 1)	(Lev	/el 2)	(Le	vel 3)	Value		
Other Investments:											
Cash, Cash Equivalents,											
and Corporate Bonds	\$	2,856,008	\$	2,856,008							
Endowment Investments:											
Cash and Cash											
Equivalents -											
Endowment	\$	697,208	\$	697,208	\$	-	\$	-	\$-		
Global Equities		19,911,793		1,563,994		-		-	18,347,799		
Global Fixed Income		5,326,936		-		-		-	5,326,936		
Hedge Funds		2,551,038		-		-		-	2,551,038		
Limited Partnerships		59,126,239		-		-		-	59,126,239		
Total	\$	87,613,214	\$	2,261,202	\$	-	\$	-	\$ 85,352,012		
Split-Interest Agreements:											
Cash, Cash Equivalents	\$	27,037	\$	27,037							
Global Equities		221,471		221,471							
Global Fixed Income		160,156		160,156							
Total	\$	408,664	\$	408,664							

NOTE 12 FAIR VALUE MEASUREMENTS (CONTINUED)

			Qu	uoted Prices	Signi	ficant				
			1	for Active	Ot	her	Sign	ificant	Investments	
			N	larkets for	Obse	rvable	Unobs	ervable	Measured at	
			Ide	ntical Assets	Inp	outs	Inp	outs	Net Asset	
		Total		(Level 1)	(Lev	/el 2)	(Lev	/el 3)	Value	
Other Investments:										
Cash, Cash Equivalents,										
and Corporate Bonds	\$	2,918,958	\$	2,918,958						
Endowment Investments:										
Cash and Cash										
Equivalents -										
Endowment	\$	673,456	\$	673,456	\$	-	\$	-	\$-	
Global Equities		22,557,426		1,988,264		-		-	20,569,162	
Global Fixed Income		6,067,626		-		-		-	6,067,626	
Hedge Funds		1,640,250		-		-		-	1,640,250	
Limited Partnerships		51,656,308		-		-		-	51,656,308	
Total	\$	82,595,066	\$	2,661,720	\$	-	\$	-	\$ 79,933,346	
Split-Interest Agreements:										
Cash, Cash Equivalents	\$	25,315	\$	25,315						
Global Equities		255,856		255,856						
Global Fixed Income		194,390		194,390						
Total	\$	475,561	\$	475,561						

NOTE 12 FAIR VALUE MEASUREMENTS (CONTINUED)

The following presents the Society's liquidity for investments measured at net asset value as of June 30, 2019:

	Net Asset					S	emi-Annual	Over	Days
Investments Measured at NAV:	Value		Daily	Monthly	 Quarterly		to Annual	 1 Year	Notice
Global Equities	\$ 18,347,799) \$	-	\$ 8,305,614	\$ 1,947,614	\$	4,976,473	\$ 3,118,098	1 - 180 Days
Global Fixed Income	5,326,936	6	915,219	4,411,717	-		-	-	1 - 5 Days
Hedge Funds	2,551,038	3	-	-	-		-	2,551,037	60 Days
Limited Partnerships 1 and 2	59,126,239)	-	 3,335,922	 -		-	 55,790,317	90 Days - 360 Days
Total	\$ 85,352,012	2 \$	915,219	\$ 16,053,253	\$ 1,947,614	\$	4,976,473	\$ 61,459,452	

1 - \$2,881,642 subject to a 5 year lock up

2 - \$3,307,061 subject to a 3 year rolling lock up

Unfunded commitments for limited partnership amounted to \$895,000 as of June 30, 2019.

NOTE 12 FAIR VALUE MEASUREMENTS (CONTINUED)

During the years ended June 30, 2018, the Society transferred Level 2 and 3 assets in the amount of \$17,427,920 and \$61,512,837, respectively, to investments that are measured at net asset value. The transfers were made as of the beginning of each year.

NOTE 13 NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions consisted of the following at June 30:

	20	19	20	18
	Net Assets	Net Assets	Net Assets	Net Assets
	Not Invested	Invested	Not Invested	Invested
	In Perpetuity	In Perpetuity	In Perpetuity	In Perpetuity
General Support	\$ 28,961,058	\$ 9,810,514	\$ 27,514,973	\$ 9,810,513
Library Operations	9,648,554	2,929,266	9,024,533	2,929,266
Publications	4,483,968	1,588,345	4,182,702	1,588,345
Special Purposes	918,022	2,733,512	763,746	2,044,319
Total	\$ 44,011,602	\$ 17,061,637	\$ 41,485,954	\$ 16,372,443

NOTE 14 AVAILABLE RESOURCES AND LIQUIDITY

The Society regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. The Society has various sources of liquidity at its disposal, including cash and cash equivalents, equities and fixed income securities.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Society considers all expenditures related to its ongoing activities, as well as the conduct of services undertaken to support those activities to be general expenditures.

NOTE 14 AVAILABLE RESOURCES AND LIQUIDITY (CONTINUED)

In addition to financial assets available to meet general expenditures over the next 12 months, the Society operates a balanced budget and anticipates collecting sufficient revenue to cover general expenditures not covered by donor-restricted resources.

As of June 30, 2019 and 2018, the following tables show the total liquid financial assets held by the Society and the amounts of those financial assets that could readily be made available within one year of the balance sheet date to meet general expenditures:

	2019	2018
Financial Assets:		
Cash and Cash Equivalents	\$ 238,136	\$ 347,624
Accounts Receivable, Net	842,662	845,284
Gifts Receivable, Net	54,243	117,158
Investments Convertible to Cash in the Next 12 Months	 26,153,761	 29,461,077
Total	\$ 27,288,802	\$ 30,771,143
Financial Assets Available To Meet General		
Expenditures Over the Next 12 Months:		
Cash and Cash Equivalents	\$ 38,736	\$ 148,224
Accounts Receivables	169,699	24,498
Current Portion of Gifts Receivable, Net	5,717	110,408
Appropriated Earnings from Endowment	 3,358,448	 3,284,869
Total	\$ 3,572,600	\$ 3,567,999

Per the spending policy described in Note 2, the spending percentage for operations for both of the years ended June 30, 2019 and 2018 was 4.5%.

NOTE 15 FUNCTIONAL EXPENSES

Expenses are classified on a functional basis as follows for the years ended June 30:

	2019								
		Program S	Services		Supporting	Services			
	Collections								
	Storage,		Education,	Total					
	Services,	Publications	Exhibitions,	Program	General and				
	and Library	and Research	and Events	Services	Administrative	Fundraising	Total	Total	
Salaries, Payroll Taxes, and Benefits	\$ 1,546,320	\$ 1,066,078	\$ 486,096	\$ 3,098,494	\$ 918,906	\$ 384,201	\$ 4,401,601	\$ 4,023,932	
Occupancy Costs	166,700	119,608	37,100	323,408	63,919	24,800	412,127	431,837	
Depreciation	298,462	47,754	51,733	397,949	31,300	17,885	447,134	434,985	
Grant Funded Program Expenses:									
Research Fellows and Projects	-	151,188	-	151,188	-	-	151,188	127,563	
Education and Public Programs	-	-	175,207	175,207	-	-	175,207	129,175	
Collections Processing	63,690	-	-	63,690	-	-	63,690	48,555	
Exhibits	-	-	212,263	212,263	-	-	212,263	259,168	
Offsite Storage	39,333	-	-	39,333	-	-	39,333	73,409	
Printing	-	20,749	-	20,749	-	9,907	30,656	33,182	
Long-Term Debt Interest and Fees	-	-	-	-	46,835	-	46,835	49,860	
Advertising and Public Relations	-	-	-	-	33,806	-	33,806	30,884	
Audit and Tax	-	-	-	-	-	-	-	46,000	
Legal	-	-	-	-	2,938	-	2,938	2,030	
Computer Supplies, Software, and Support	42,070	25,569	7,969	75,608	20,482	32,249	128,339	106,483	
Seminars and Conferences	-	11,699	-	11,699	-	-	11,699	4,837	
Conservation	13,075	-	-	13,075	-	-	13,075	9,875	
Consulting and Outside Services	2,562	-	-	2,562	10,294	504	13,360	5,452	
Cultivation, Meetings, and Events	-	-	-	-	38,340	112,970	151,310	192,065	
Sponsorship Expense	-	5,000	13,967	18,967	-	-	18,967	105,296	
Office Supplies and Expenses	15,883	11,403	4,241	31,527	4,954	8,113	44,594	28,101	
Postage	463	4,636	935	6,034	1,066	7,983	15,083	18,036	
Dues and Subscriptions	200	1,151	125	1,476	11,732		13,208	14,827	
Total Expenses	\$ 2,188,758	\$ 1,464,835	\$ 989,636	\$ 4,643,229	\$ 1,184,572	\$ 598,612	\$ 6,426,413	\$ 6,175,553	

