The Commonwealth of Massachusetts
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

Form PC

Report for the Fiscal Period: 07/01/09 to 06/30/10

Attorney General's Account #: 005763

Federal ID #: 04-2108374

When did the organization first engage in charitable work in Massachusetts? 02/10/91

Has the organization applied for or been granted IRS tax exempt status? X Yes □ No

If yes, date of application or date of determination letter: 12/01/34

IRS Exemption under 501(c):

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? X Yes □ No

Organization Data

Name: MASSACHUSETTS HISTORICAL SOCIETY

Mailing Address: 1154 BOYLSTON STREET

City: BOSTON State: MA ZIP: 02215-3695

Phone Number: 617-536-1608 Fax Number: 617-859-0074

Email: INFO@MASSHIST.ORG Website: 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)

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>County (Table 1)</td>
<td>13</td>
<td>Organization Purpose Code 1</td>
<td>26</td>
</tr>
<tr>
<td>Type of Organization (Table 2)</td>
<td>1</td>
<td>Organization Purpose Code 2</td>
<td>23</td>
</tr>
</tbody>
</table>

Please check box if final return prior to dissolution: □
1. On what date was the organization created? 02/10/1791

2. Where was the organization created? BOSTON, MA

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

<table>
<thead>
<tr>
<th>Corporation (X)</th>
<th>Testamentary Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unincorporated Association</td>
<td>Inter Vivos Trust</td>
</tr>
</tbody>
</table>

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.

   [ ] Yes  [X] No

5. Enter your summary of financial data:

<table>
<thead>
<tr>
<th>Financial Data</th>
<th>Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Contributions, gifts, grants, and similar amounts received</td>
<td>5,540,436.</td>
</tr>
<tr>
<td>B. Gross support and revenue</td>
<td>6,598,085.</td>
</tr>
<tr>
<td>C. Program services and similar amounts paid out</td>
<td>3,504,028.</td>
</tr>
<tr>
<td>D. Fundraising expenses</td>
<td>478,508.</td>
</tr>
<tr>
<td>E. Management and general expenses</td>
<td>829,224.</td>
</tr>
<tr>
<td>F. Payments to affiliates</td>
<td></td>
</tr>
<tr>
<td>G. Total expenses</td>
<td>4,811,760.</td>
</tr>
<tr>
<td>H. Net assets or fund balances at the end of the year</td>
<td>71,192,533.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Hrs/ Week</th>
<th>Salary and Other Income</th>
<th>Benefit Plans</th>
<th>Other Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENNIS A. FIORI</td>
<td>35</td>
<td>236,200.</td>
<td>33,462.</td>
<td></td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. JAMES TAYLOR</td>
<td>35</td>
<td>148,702.</td>
<td>23,370.</td>
<td></td>
</tr>
<tr>
<td>EDITOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETER N. HOOD</td>
<td>35</td>
<td>131,611.</td>
<td>17,149.</td>
<td></td>
</tr>
<tr>
<td>FIN. DIR.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETER DRUMMEY</td>
<td>35</td>
<td>115,820.</td>
<td>14,155.</td>
<td></td>
</tr>
<tr>
<td>LIBRARIAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONRAD WRIGHT</td>
<td>35</td>
<td>107,400.</td>
<td>18,866.</td>
<td></td>
</tr>
<tr>
<td>DIR. RESEARCH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

   [ ] Yes  [X] No

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02-25-10

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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).

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Amount of Compensation</th>
<th>Type(s) of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ALLEN ASSOCIATES</td>
<td>76,164</td>
<td>AUTHOR</td>
</tr>
<tr>
<td>2. BRAVER PC</td>
<td>54,312</td>
<td>AUDIT AND TAX</td>
</tr>
<tr>
<td>3. PRIME, BUCHHOLZ &amp; ASSOC.</td>
<td>50,000</td>
<td>INVESTMENT ADVISOR</td>
</tr>
<tr>
<td>4. TELLALIAN ASSOC.</td>
<td>19,274</td>
<td>ARCHITECTS-PLANNER</td>
</tr>
<tr>
<td>5. ROLL BARRESI &amp; ASSOC.</td>
<td>10,760</td>
<td>GRAPHIC DESIGNER</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Bank</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITIZENS BANK</td>
<td>53 STATE STREET BOSTON, MA 02109</td>
<td>1-800-922-9999</td>
</tr>
</tbody>
</table>

10. What is the organization’s accounting method?  
☐ Cash  ☑ Accrual  
☐ Other (specify):

11. If organization’s mailing address is a P.O. Box, list the organization’s full street address:

Address: ________________________________________________________

City: ___________________________ State: _______ ZIP Code: __________

12. Contact Person Name: PETER N. HOOD

Street Address: 1154 BOYLSTON STREET

City: BOSTON  State: MA  ZIP Code: 02215

Phone Number: 617-646-0573
13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?  
   ☒ Yes ☐ 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?  
   ☒ 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 more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid 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.  
   STATEMENT 1

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.  
   STATEMENT 2

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.  
   STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  
   ☐ Yes ☒ No

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.
<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
</tbody>
</table>
NAME

SEE ATTACHED FORM 990

TITLE

ADDRESS
NAME
WILLIAM COTTER

AREA OF RESPONSIBILITY
RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

NAME
WILLIAM COTTER

AREA OF RESPONSIBILITY
RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

NAME
DENNIS A. FIORI

AREA OF RESPONSIBILITY
RESPONSIBLE FOR FUNDRAISING

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

NAME
PETER N. HOOD

AREA OF RESPONSIBILITY
CUSTODY OF FINANCIAL RECORDS

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

NAME
PETER DRUMMEY

AREA OF RESPONSIBILITY
AUTHORIZED TO SIGN CHECKS

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

NAME
DENNIS A. FIORI

AREA OF RESPONSIBILITY
AUTHORIZED TO SIGN CHECKS

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215
<table>
<thead>
<tr>
<th>Name</th>
<th>Area of Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>PETER N. HOOD</td>
<td>AUTHORIZED TO SIGN CHECKS</td>
</tr>
<tr>
<td>WILLIAM C. CLENDANIEL</td>
<td>AUTHORIZED TO SIGN CHECKS</td>
</tr>
<tr>
<td>WILLIAM COTTER</td>
<td>AUTHORIZED TO SIGN CHECKS</td>
</tr>
</tbody>
</table>

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215
20. Has this organization or any of its officers, directors, or employees:
   If yes, please attach an explanation.
   
   (a) Been enjoined or otherwise prohibited by a government agency/court from operating
       or soliciting contributions? □ Yes  ☑ No
   
   (b) Ever been refused registration or had its registration or tax exemption denied, suspended,
       modified or revoked by a governmental agency? □ Yes  ☑ No
   
   (c) Been the subject of a proceeding regarding any solicitation or registration? □ Yes  ☑ 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  ☑ No

21. Have any restrictions been removed during the year from donor-restricted funds?
   If yes, please attach an explanation.
   □ Yes  ☑ No

22. Have donor-restricted funds been loaned to unrestricted funds?
   If yes, please attach an explanation.
   □ Yes  ☑ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related
    Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess
    of four 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 individual described
       in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? □ Yes  ☑ No

   (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing
       such an agreement? □ Yes  ☑ 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.
MASSACHUSETTS HISTORICAL SOCIETY -2108374

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.

| During the year:                                      |  |  
|-------------------------------------------------------|---|---
| A. Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party? | Yes | No |
| B. Has your organization leased assets to or leased assets from a related party? | Yes | No |
| C. Has your organization been indebted to a related party? | Yes | No |
| D. Has your organization allowed a related party to be indebted to it? | Yes | No |
| E. Has your organization made or held an investment in a related party? | Yes | No |
| F. Has your organization furnished goods, services, or facilities to a related party? | Yes | No |
| G. Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return? | Yes | No |
| H. Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party? | Yes | No |
| I. Has your organization transferred income or assets to or for use by a related party? | Yes | No |
| 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 | No |
| 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 | No |
| L. Is any property of the organization held in the name of or commingled with the property of any other person or organization? | Yes | No |
| M. 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 | No |

STATEMENT 4
NAME
DENNIS FIORI

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

NATURE OF TRANSACTION
PAYROLL & BENEFITS

PROCEDURE FOLLOWED
BOARD APPROVAL

AMOUNT INVOLVED
269,662.
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: ________________________________________

Title: PRESIDENT

Name of Preparer: BRAVER P.C.

Address 25 CHRISTINA STREET

City NEWTON State MA ZIP Code 02461

Phone Number 617-969-3300
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
- Door-to-door
- Entertainment event
- Telemarketing without sale of goods or ads
- Telemarketing with sale of goods
- Telemarketing with sale of ads

Other (specify): ____________________________________________________________________

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

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

* 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 __________
Identify the individuals who will have final responsibility for the charity's custody of contributions:

**WILLIAM R. COTTER**

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 distribution of contributions:

**WILLIAM R. COTTER**

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 

City  State  ZIP Code
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):

<table>
<thead>
<tr>
<th>Activity</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass Mailing</td>
<td>Via the Internet</td>
</tr>
<tr>
<td>Door-to-door</td>
<td>Raffle, bean, bingo or gaming event</td>
</tr>
<tr>
<td>Entertainment event</td>
<td>Sale of goods other than by telephone</td>
</tr>
<tr>
<td>Telemarketing without sale of goods or ads</td>
<td>Individual Mailings</td>
</tr>
<tr>
<td>Telemarketing with sale of goods</td>
<td>Corporate solicitations</td>
</tr>
<tr>
<td>Telemarketing with sale of ads</td>
<td>Grant Proposals</td>
</tr>
</tbody>
</table>

Other (specify): ____________________________

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

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional solicitor*</td>
<td>Own employees</td>
</tr>
<tr>
<td>Professional fundraising counsel*</td>
<td>Volunteers</td>
</tr>
<tr>
<td>Commercial co-venturer*</td>
<td></td>
</tr>
</tbody>
</table>

* 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 __________
Identify the individuals who will have final responsibility for the charity’s custody of contributions:

WILLIAM R. COTTER
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 distribution of contributions:

WILLIAM R. COTTER
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 ______________
Certification by Organization

Two different signatures required. 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: ____________

Print Name: __________________________________________

Title: PRESIDENT

Signature: ___________________________________________ Date: ____________

Print Name: __________________________________________

Title: DIR. OF FINANCE AND ADMIN
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.)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Primary purpose or activity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FYE</td>
<td>A. Donor restricted funds ((_) liabilities)</td>
</tr>
<tr>
<td>FYE</td>
<td>A. Donor restricted funds ((_) liabilities)</td>
</tr>
<tr>
<td>FYE</td>
<td>A. Donor restricted funds ((_) liabilities)</td>
</tr>
<tr>
<td>FYE</td>
<td>A. Donor restricted funds ((_) liabilities)</td>
</tr>
</tbody>
</table>
2. 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, above, receiving the highest aggregate compensation (see instructions). Use additional lines below to itemize by compensation source.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Source:</td>
<td>Salary and Other Income:</td>
</tr>
<tr>
<td>Name:</td>
<td>Title:</td>
</tr>
<tr>
<td>Income Source:</td>
<td>Salary and Other Income:</td>
</tr>
<tr>
<td>Name:</td>
<td>Title:</td>
</tr>
<tr>
<td>Income Source:</td>
<td>Salary and Other Income:</td>
</tr>
<tr>
<td>Name:</td>
<td>Title:</td>
</tr>
<tr>
<td>Income Source:</td>
<td>Salary and Other Income:</td>
</tr>
</tbody>
</table>

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?  
   □ Yes  X No