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: 07/01/10 to 06/30/11

Attorney General's Account #: 005763

Federal ID #: 04-2108374

When did the organization first engage in charitable work in Massachusetts?

02/10/1791

Has the organization applied for or been granted IRS tax exempt status?

Yes [X] 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?

Yes [X] 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@MASHIST.ORG Website: WWW.MASHIST.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)

   Corporation [X]  Testamentary Trust [☐]
   Unincorporated Association [☐]  Intervivos 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.

   Yes [☐]  No [X]

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>1,748,915</td>
</tr>
<tr>
<td>B. Gross support and revenue</td>
<td>2,853,758</td>
</tr>
<tr>
<td>C. Program services and similar amounts paid out</td>
<td>3,762,890</td>
</tr>
<tr>
<td>D. Fundraising expenses</td>
<td>575,797</td>
</tr>
<tr>
<td>E. Management and general expenses</td>
<td>344,351</td>
</tr>
<tr>
<td>F. Payments to affiliates</td>
<td>0</td>
</tr>
<tr>
<td>G. Total expenses</td>
<td>5,283,038</td>
</tr>
<tr>
<td>H. Net assets or fund balances at the end of the year</td>
<td>80,033,525</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>Hire/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>35.00</td>
<td>249,923,23.</td>
<td>34,656</td>
<td>0</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. JAMES TAYLOR</td>
<td>35.00</td>
<td>154,174</td>
<td>24,507</td>
<td>0</td>
</tr>
<tr>
<td>EDITOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETER N. HOOD</td>
<td>35.00</td>
<td>144,242</td>
<td>13,451</td>
<td>0</td>
</tr>
<tr>
<td>FIN. DIR.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PETER DRUMMENY</td>
<td>35.00</td>
<td>117,820</td>
<td>14,480</td>
<td>0</td>
</tr>
<tr>
<td>LITERARIAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONRAD WRIGHT</td>
<td>35.00</td>
<td>112,521</td>
<td>20,031</td>
<td>0</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 [☐]  No [X]
MASSACHUSETTS HISTORICAL SOCIETY

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>Eneractive Solutions</td>
<td>99,500</td>
<td>ENERGY CONSULTANT</td>
</tr>
<tr>
<td>Shawmut Design and Construction</td>
<td>79,212</td>
<td>CONSTRUCTION MANAGERS</td>
</tr>
<tr>
<td>Allen Associates</td>
<td>71,278</td>
<td>RESEARCHER / EDITOR</td>
</tr>
<tr>
<td>EMCOR Services</td>
<td>68,731</td>
<td>BUILDING SERVICES</td>
</tr>
<tr>
<td>IAM Technology, Inc</td>
<td>67,609</td>
<td>SECURITY CONSULTANT</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?
   X 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?
   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 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 officers/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 fund raisers solicited funds in any other state?
   □ Yes  X 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/are registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.
NAME, ADDRESS, PHONE OF OTHER OFFICES

NAME

PHONE NUMBER

ADDRESS

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

NAME AND ADDRESS

TITLE

FORM 990
ILLIAM COTTER

AREA OF RESPONSIBILITY
RESPONSIBLE FOR CUSTODY OF FUNDS

154 BOYLSTON STREET BOSTON, MA 02215

ILLIAM COTTER

AREA OF RESPONSIBILITY
RESPONSIBLE FOR DISTRIBUTION OF FUNDS

154 BOYLSTON STREET BOSTON, MA 02215

INNIS A. FIORI

AREA OF RESPONSIBILITY
RESPONSIBLE FOR FUNDRAISING

54 BOYLSTON STREET BOSTON, MA 02215

ETER N. HOOD

AREA OF RESPONSIBILITY
CUSTODY OF FINANCIAL RECORDS

54 BOYLSTON STREET BOSTON, MA 02215

ETER DRUMMEY

AREA OF RESPONSIBILITY
AUTHORIZED TO SIGN CHECKS

54 BOYLSTON STREET BOSTON, MA 02215

INNIS A. FIORI

AREA OF RESPONSIBILITY
AUTHORIZED TO SIGN CHECKS

54 BOYLSTON STREET BOSTON, MA 02215
MASSACHUSETTS HISTORICAL SOCIETY

NAME
ETER N. HOOD

ADDRESS
154 BOYLSTON STREET BOSTON, MA 02215

NAME
WILLIAM C. CLENDANIEL

ADDRESS
154 BOYLSTON STREET BOSTON, MA 02215

NAME
WILLIAM COTTER

ADDRESS
154 BOYLSTON STREET BOSTON, MA 02215

AREA OF RESPONSIBILITY
AUTHORIZED TO SIGN CHECKS
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  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. Have any restrictions been removed during the year from donor-restricted funds?
   If yes, please attach an explanation.
   □ Yes  X No

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

   (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing
       such an agreement?
       □ 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 such agreement.
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 reportable).

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.

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

**STATEMENT 4**
AME
ENNIS A. FIORI, PRESIDENT

ADDRESS
154 BOYLSTON STREET BOSTON, MA 02215

NATURE OF TRANSACTION

AMOUNT INVOLVED

PAYROLL & BENEFITS
284,589.

PROCEDURE FOLLOWED

STANDARD APPROVAL
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: [Signature] Date: 5/16/12

Printed Name: [Printed Name]

Title: PRESIDENT

Name of Preparer: BRAVER P.C.

Address: 117 KENDRICK STREET, SUITE 800

City: NEEDHAM State: MA ZIP Code: 02494

Phone Number: 617-969-3300
MASSACHUSETTS HISTORICAL SOCIETY

Schedule A-1
Sollicitation 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
- Door-to-door
- Entertainment event X
- 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 X
- Volunteers X

*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 ____________
MASSACHUSETTS HISTORICAL SOCIETY
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 custody of contributions:

WILLIAM R. COTTER
Name and Title: TREASURER

Address 1154 BOYLSTON STREET
City BOSTON State MA ZIP Code 02215

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
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>Check Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailings</td>
<td>X</td>
</tr>
<tr>
<td>Door-to-door</td>
<td></td>
</tr>
<tr>
<td>Entertainment event</td>
<td>X</td>
</tr>
<tr>
<td>Telemarketing without sale of goods or ads</td>
<td></td>
</tr>
<tr>
<td>Telemarketing with sale of goods</td>
<td>X</td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Check Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional solicitor*</td>
<td>X</td>
</tr>
<tr>
<td>Professional fundraising counsel*</td>
<td>X</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: 

Form PC - Schedule A-2
Page 10 of 14
Rev. 02/2010
MASSACHUSETTS HISTORICAL SOCIETY
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 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

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
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: [Signature]
Print Name: [Print Name]
Title: President
Date: 1/10/12

Signature: [Signature]
Print Name: [Print Name]
Title: Dir. of Finance and Admin
Date: 1/12/12
## 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 ((\star) liabilities)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>FYE</td>
<td>A. Donor restricted funds ((\star) liabilities)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>FYE</td>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>FYE</td>
<td>A. Donor restricted funds ((\star) liabilities)</td>
</tr>
<tr>
<td></td>
<td></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>
<th>Income Source:</th>
<th>Salary and Other Income:</th>
<th>Benefits Plan:</th>
<th>Other Compensation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Income Source:</th>
<th>Salary and Other Income:</th>
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<th>Other Compensation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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  ☒ No