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

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/11 to 06/30/12

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

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

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes

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: WWW.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: 

Office Use Only: Payment Received

11140510 756251 07821
2011.05080 MASSACHUSETTS HISTORICAL SF 07821_1
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
   - 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.
   - 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>2,361,492</td>
</tr>
<tr>
<td>B. Gross support and revenue</td>
<td>3,218,989</td>
</tr>
<tr>
<td>C. Program services and similar amounts paid out</td>
<td>3,896,619</td>
</tr>
<tr>
<td>D. Fundraising expenses</td>
<td>542,011</td>
</tr>
<tr>
<td>E. Management and general expenses</td>
<td>1,033,009</td>
</tr>
<tr>
<td>F. Payments to affiliates</td>
<td>0</td>
</tr>
<tr>
<td>G. Total expenses</td>
<td>5,471,639</td>
</tr>
<tr>
<td>H. Net assets or fund balances at the end of the year</td>
<td>74,566,366</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>35.00</td>
<td>249,923</td>
<td>38,751</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>28,128</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>13,383</td>
<td>0.</td>
</tr>
<tr>
<td>FIN. DIR.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREnda LAWSON</td>
<td>35.00</td>
<td>111,392</td>
<td>23,677</td>
<td>0.</td>
</tr>
<tr>
<td>DIR. COLLECTION SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONRAD WRIGHT</td>
<td>35.00</td>
<td>112,521</td>
<td>23,516</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 8? If yes, please provide explanation (attach separate sheet).
   - Yes [X] No
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>ALLEN ASSOCIATES</td>
<td>74,440</td>
<td>RESEARCHER/WRITER</td>
</tr>
<tr>
<td>BRAVER PC</td>
<td>49,000</td>
<td>AUDIT AND TAX</td>
</tr>
<tr>
<td>PRIME, BUCHHOLZ &amp; ASSOC.</td>
<td>50,000</td>
<td>INVESTMENT Advisors</td>
</tr>
<tr>
<td>TELLALIAN ASSOC.</td>
<td>61,936</td>
<td>ARCHITECTS/PLANNER</td>
</tr>
<tr>
<td>IAM TECHNOLOGY, INC</td>
<td>50,539</td>
<td>SECURITY Consultants</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 [x]  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 [x]  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 [x]

   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.
NAME
NONE
ADDRESS

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

NAME AND ADDRESS
SEE ATTACHED FORM 990

TITLE
NAME
WILLIAM COTTER

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

NAME
WILLIAM COTTER

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

NAME
DENNIS A. FIORI

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

NAME
PETER N. HOOD

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

NAME
PETER DRUMMEEY

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

NAME
DENNIS A. FIORI

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215
<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>AREA OF RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PETER N. HOOD</td>
<td>1154 BOYLSTON STREET BOSTON, MA 02215</td>
<td>AUTHORIZED TO SIGN CHECKS</td>
</tr>
<tr>
<td>WILLIAM C. CLENDANIEL</td>
<td>1154 BOYLSTON STREET BOSTON, MA 02215</td>
<td>AUTHORIZED TO SIGN CHECKS</td>
</tr>
<tr>
<td>WILLIAM COTTER</td>
<td>1154 BOYLSTON STREET BOSTON, MA 02215</td>
<td>AUTHORIZED TO SIGN CHECKS</td>
</tr>
</tbody>
</table>
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.
This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relatives, 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.

<table>
<thead>
<tr>
<th>During the year:</th>
<th></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</td>
<td>☒ No</td>
</tr>
<tr>
<td>B. Has your organization leased assets to or leased assets from a related party?</td>
<td>☒ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>C. Has your organization been indebted to a related party?</td>
<td>☒ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>D. Has your organization allowed a related party to be indebted to it?</td>
<td>☒ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>E. Has your organization made or held an investment in a related party?</td>
<td>☒ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>F. Has your organization furnished goods, services, or facilities to a related party?</td>
<td>☒ Yes</td>
<td>☒ 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</td>
<td>☒ 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</td>
<td>☒ No</td>
</tr>
<tr>
<td>I. Has your organization transferred income or assets to or for use by a related party?</td>
<td>☒ Yes</td>
<td>☒ 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</td>
<td>☒ 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</td>
<td>☒ 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</td>
<td>☒ 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</td>
<td>☒ No</td>
</tr>
</tbody>
</table>

**STATIONMENT 4**
NAME
DENNIS FIORI, PRESIDENT

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

NATURE OF TRANSACTION
PAYROLL & BENEFITS

PROCEDURE FOLLOWED
BOARD APPROVAL

AMOUNT INVOLVED
288,675.
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: DENNIS A. FIORI

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
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

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):

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

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
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: DENNIS A. FIORI

Title: PRESIDENT

Signature: ___________________________ Date: ______________

Print Name: PETER N. HOOD

Title: DIR. OF FINANCE AND ADMIN
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>

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11140510 756251 07821
2011.05080 MASSACHUSETTS HISTORICAL SO 07821_1
Schedule RO ctd.

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></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
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</thead>
<tbody>
<tr>
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<thead>
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<th>Name:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Income Source:</td>
<td>Salary and Other Income:</td>
</tr>
<tr>
<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 [X] No