



Massachusetts Office of the Attorney General Division of Public Charities

FORM PC

To be filed annually by all non-profit charitable organizations conducting business in the Commonwealth

Report for the Fiscal Period: Beginning 07/01/08 Ending 06/30/09

Check all items attached: Form PC Schedule A1 Schedule A2 Schedule RO AG Schedule B
Probate Account Copy of IRS Return Audited Financial Statements/Review Filing Fee Amended Articles/Bylaws

Attorney General's Acct. No.: 005763 Federal ID Number: 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? Yes No

If yes, Date of Application: _____ OR Date of Determination Letter: 12/01/34

IRS Exemption under 501(c): 3 Check box if No IRS Exemption

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

ORGANIZATION DATA

Name: **MASSACHUSETTS HISTORICAL SOCIETY**

Mailing Address: **1154 BOYLSTON STREET**

City: **BOSTON**

State: **MA**

ZIP: **02215-3695**

Phone: **617-536-1608**

Fax: **617-859-0074**

E-Mail:

Web Site (URL): <http://www.MASSHIST.ORG>

In the section below, please enter the appropriate codes from the corresponding tables found on pages 12 and 13:

Category	Code	Enter up to 2 codes from Table 3 for your organization's main purpose(s)	Code
County (Table 1)	13	Organization Purpose Code 1	26
Type of Organization (Table 2)	1	Organization Purpose Code 2	23

COPY

Please check box if final return prior to dissolution

Payment Received Office Use Only

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?	2. Where was the organization created?
02/10/1791	BOSTON, MA

3. What is the form of the organization?	
Corporation <input checked="" type="checkbox"/>	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")?
 Yes ___ No If yes, please complete the Schedule RO on pages 10 and 11.

5. Summary of Financial Data		Amounts
A	Contributions, gifts, grants, and similar amounts received	\$ 1,595,891.
B	Gross Support and Revenue	\$ 3,193,065.
C	Program services and similar amounts paid out	\$ 3,854,594.
D	Fundraising expenses	\$ 653,684.
E	Management and general expenses	\$ 872,393.
F	Payments to affiliates	\$
G	Total Expenses	\$ 5,380,671.
H	Net assets or fund balances at the end of the year	\$ 64,818,011.

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

	Name	Title	Hours Per Week	Salary & Other Income	Benefit Plans	Other Compensation
1	DENNIS FIORI	PRESIDENT	35	291,840.	38,625.	
2	C. JAMES TAYLOR	EDITOR	35	143,706.	26,340.	
3	PETER N. HOOD	FIN. DIR.	35	125,000.	24,394.	
4	NANCY BAKER	DIR. DEV.	35	124,062.	21,517.	
5	PETER DRUMMEY	LIBRARIAN	35	116,367.	16,649.	

7. Was any compensation provided to any of the individuals listed in 6 above which was not quantified in your response to 6?
 Yes ___ No If yes, please provide explanation _____

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	Amount of Compensation	Type of Service(s)
1	BRAVER PC	50,250.	AUDIT
2	PRIME, BUCHHOLZ, AND ASSOCIATES	50,000.	INVESTMENT ADVISOR
3	RESNICOW SCHROEDER ASSOCIATES, INC.	42,239.	PUBLIC RELATIONS
4	ALLEN ASSOCIATES	21,520.	RESEARCHER/EDITOR
5	ENERACTIVE SOLUTIONS	19,850.	ENERGY CONSULTANT

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

Bank	Address	Phone Number
	53 STATE STREET BOSTON, MA	
CITIZENS BANK	02109	1-800-922-9999

10. What is the organization's accounting method? Cash Accrual Other (specify) _____

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

Street Address	City, State	ZIP

12. Name, address and telephone number of Contact Person:

Name	Street Address	City, State, ZIP	Telephone Number
PETER N. HOOD	1154 BOYLSTON STREET	BOSTON, MA 02215	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, have solicited contributions? Yes No

IF YOU ANSWERED "YES" IN RESPONSE TO QUESTION 13 OR QUESTION 14, YOU MUST COMPLETE SCHEDULES A-1 AND/OR 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 placing an 'X' in the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
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.	<input type="checkbox"/>



16. Names, addresses (street & P.O.) and telephone numbers of other offices/chapters/branches/affiliates (attach list).

STATEMENT 1

17. List the names, titles and addresses (street & P.O.) of officers, directors, trustees, and the principal salaried executives of organization (attach separate sheet).

STATEMENT 2

18. Attach separate sheet listing names and addresses (street & P.O.) for all below:

- Individual(s) responsible for custody of funds
- Individual(s) responsible for distribution of funds
- Individual(s) responsible for fund raising
- Individual(s) responsible for custody of financial records
- Individual(s) authorized to sign checks

STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fund raisers solicited funds in any other state? Yes ___ No X
If "yes", attach list of states where solicitation was conducted, including registering 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.

20. Has this organization or any of its officers, directors, 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 X
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes ___ No X
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes ___ No X
- (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 X

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

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

23. This question involves "Termination of Employment or Change 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 X
- (b) Do you have an agreement with any individual described in Related Party definition, section (a) or (b), containing such an arrangement? Yes ___ No X

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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STATEMENT 3

NAME AREA OF RESPONSIBILITY
 WILLIAM C. CLENDANIEL RESPONSIBLE FOR CUSTODY OF FUNDS
ADDRESS
 1154 BOYLSTON STREET BOSTON, MA 02215

NAME AREA OF RESPONSIBILITY
 WILLIAM C. CLENDANIEL RESPONSIBLE FOR DISTRIBUTION OF FUNDS
ADDRESS
 1154 BOYLSTON STREET BOSTON, MA 02215

NAME AREA OF RESPONSIBILITY
 DENNIS FIORI RESPONSIBLE FOR FUNDRAISING
ADDRESS
 1154 BOYLSTON STREET BOSTON, MA 02215

NAME AREA OF RESPONSIBILITY
 PETER N. HOOD CUSTODY OF FINANCIAL RECORDS
ADDRESS
 1154 BOYLSTON STREET BOSTON, MA 02215

NAME AREA OF RESPONSIBILITY
 PETER DRUMMEY AUTHORIZED TO SIGN CHECKS
ADDRESS
 1154 BOYLSTON STREET BOSTON, MA 02215

NAME AREA OF RESPONSIBILITY
 DENNIS FIORI AUTHORIZED TO SIGN CHECKS
ADDRESS
 1154 BOYLSTON STREET BOSTON, MA 02215

NAME AREA OF RESPONSIBILITY
PETER N. HOOD AUTHORIZED TO SIGN CHECKS

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

NAME AREA OF RESPONSIBILITY
WILLIAM C. CLENDANIEL AUTHORIZED TO SIGN CHECKS

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

NAME AREA OF RESPONSIBILITY
AMALIE KASS AUTHORIZED TO SIGN CHECKS

ADDRESS
1154 BOYLSTON STREET BOSTON, MA 02215

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, has your organization:	Yes	No
(a) Sold or transferred assets to or purchased assets from or exchanged assets with a related party?		X
(b) Leased assets to or leased assets from a related party?		X
(c) Been indebted to a related party?		X
(d) Allowed a related party to be indebted to it?		X
(e) Made or held an investment in a related party?		X
(f) Furnished goods, services, or facilities to a related party?		X
(g) Acquired goods, services, or facilities from a related party who received compensation or other value in return?		X
(h) Paid or became obligated to pay wages, salary or other compensation to a related party?	X	
(i) Transferred income or assets to or for use by a related party?		X
(j) Was the 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?		X
(k) Has the organization invested in any corporate stock in which any officer, director, or trustee owns more than 10% of the outstanding shares?		X
(l) Is any property of the organization held in the name of or commingled with the property of any other person or organization?		X
(m) Did the organization make a grant award or contribution to any organization in which any of its officers, directors or trustees has a relationship?		X

STATEMENT 4

FORM PC

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STATEMENT 4

NAME

DENNIS FIORI

ADDRESS

1154 BOYLSTON STREET BOSTON, MA 02215

NATURE OF TRANSACTION

AMOUNT INVOLVED

PAYROLL

274,615.

PROCEDURE FOLLOWED

BOARD APPROVAL

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.

PRESIDENT

Signature of president or other authorized officer or trustee

Title

Date

BRAVER P.C.

Name of Preparer

25 CHRISTINA STREET
NEWTON, MA 02461

Address

617-969-3300

Phone Number

SOLICITATION ACTIVITIES

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.

A.

B.

C.

Types of solicitation activities in which you expect to engage (check all that apply):			
<input type="checkbox"/>	Mass mailings	<input type="checkbox"/>	Raffle, beano, bingo or gaming event
<input type="checkbox"/>	Door-to-door	<input type="checkbox"/>	Sale of goods other than by telephone
<input type="checkbox"/>	Entertainment event	<input checked="" type="checkbox"/>	Individual mailings
<input type="checkbox"/>	Telemarketing without sale of goods or ads	<input type="checkbox"/>	Corporate solicitations
<input type="checkbox"/>	Telemarketing with sale of goods	<input checked="" type="checkbox"/>	Grant proposals
<input type="checkbox"/>	Telemarketing with sale of ads	<input type="checkbox"/>	Other (explain):
<input type="checkbox"/>	Via the internet	<input type="checkbox"/>	

Identify the method or methods you expect to use for fundraising (check all that apply):			
<input type="checkbox"/>	A. Professional solicitor	<input checked="" type="checkbox"/>	D. Own employees
<input type="checkbox"/>	B. Professional fundraising counsel	<input checked="" type="checkbox"/>	E. Volunteers
<input type="checkbox"/>	C. Commercial co-venturer	<input type="checkbox"/>	

With respect to categories A, B and C, furnish names and addresses:

Name	Address

Identify by name and title the individuals who will have final responsibility for the charity's custody of contributions:

Name	Title
WILLIAM C. CLENDANIEL	TREASURER

Identify by name and title the individuals who will have final responsibility for the charity's distribution of contributions:

Name	Title
WILLIAM C. CLENDANIEL	TREASURER

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 name which appears on page 1.

A.

B.

C.

Types of solicitation activities in which you expect to engage (check all that apply):			
<input type="checkbox"/>	Mass mailings	<input type="checkbox"/>	Raffle, beano, bingo or gaming event
<input type="checkbox"/>	Door-to-door	<input type="checkbox"/>	Sale of goods other than by telephone
<input type="checkbox"/>	Entertainment event	<input checked="" type="checkbox"/>	Individual mailings
<input type="checkbox"/>	Telemarketing without sale of goods or ads	<input type="checkbox"/>	Corporate solicitations
<input type="checkbox"/>	Telemarketing with sale of goods	<input checked="" type="checkbox"/>	Grant proposals
<input type="checkbox"/>	Telemarketing with sale of ads	<input type="checkbox"/>	Other (explain):
<input type="checkbox"/>	Via the internet	<input type="checkbox"/>	

Identify the method or methods you expect to use for fundraising (check all that apply):			
<input type="checkbox"/>	A. Professional solicitor	<input checked="" type="checkbox"/>	D. Own employees
<input type="checkbox"/>	B. Professional fundraising counsel	<input checked="" type="checkbox"/>	E. Volunteers
<input type="checkbox"/>	C. Commercial co-venturer	<input type="checkbox"/>	

With respect to categories A, B and C, furnish names and addresses:

Name	Address

Identify by name and title the individuals who will have final responsibility for the charity's custody of contributions:

Name	Title
WILLIAM C. CLENDANIEL	TREASURER

Identify by name and title the individuals who will have final responsibility for the charity's distribution of contributions:

Name	Title
WILLIAM C. CLENDANIEL	TREASURER

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Certification by Organization - TWO DIFFERENT SIGNATURES ARE REQUIRED

Under penalty of perjury, we declare that the information furnished above, including any attachments, is true and correct to the best of our knowledge.

Signature of President or other authorized officer or trustee	Title	Date
	PRESIDENT	

Signature of President or other authorized officer or trustee	Title	Date

SCHEDULE RO

I. Please read the instructions and definition of "Related Organization" carefully before completing this section.
(If you have more than 5 Related Organizations, please attach a list)

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

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

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

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

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

II. 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 I, above, receiving the highest aggregate compensation (see instructions). Use additional lines below to itemize by compensation source.

Name		Title	
Income Source	Salary & Other Income	Benefits Plan	Other Compensation

Name		Title	
Income Source	Salary & Other Income	Benefits Plan	Other Compensation

Name		Title	
Income Source	Salary & Other Income	Benefits Plan	Other Compensation

Name		Title	
Income Source	Salary & Other Income	Benefits Plan	Other Compensation

Name		Title	
Income Source	Salary & Other Income	Benefits Plan	Other Compensation

III. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? If yes, place an "X" in the box to the right.