For	m 990-1		anization but			ax Return	1  -	OMB No. 1545-0687		
		For calendar year 2016 or other tax				D 31 201	7	2016		
			t Form 990-T and its instru				· / = =	ZU IO		
	artment of the Treasury nal Revenue Service	Do not enter SSN num	2	Open to Public Inspection for 01(c)(3) Organizations Only						
A [	Check box if address changed	Name of organization	ation is a 50 i(c)(5)	D Emplo (Emplo	yer identification number byees' trust, see ctions.)					
B	Exempt under section	Print SOMERVILLE		0200	4-6079655					
	501(c)(3)	or Number, street, and ro		E Unrela	ted business activity codes					
Ē	408(e) 220(e)	ONE WESTWO	OD ROAD				(See in	structions.)		
H	408A  530(a) 529(a)	City or town, state or p								
C B	ack value of all accets									
al	end of year 1 386 667	F Group exemption number (S	See instructions.)		F04(-) Invest	104(5) 44		Otherstones		
H D	escribe the organization	G Check organization type  's primary unrelated business a	ectivity NONE		501(c) trust	401(a) trust		Other trust		
11.67	ocorine the organization	the corporation a subsidiary in a	ICHAITA TAOTATA		diary controlled group?	<b>&gt;</b> [	Yes	s X No		
		nd identifying number of the pa		in auuai	diary controlled group?			S LALINU		
		DYAN R. BLE			Teleph	one number > 6	17-6	566-9810		
		Trade or Business I			(A) Income	(B) Expenses		(C) Net		
1 a	Gross receipts or sale	S				, , , , , , , , , , , , , , , , , , ,				
b	Less returns and allow	vances	c Balance	1c						
2	Cost of goods sold (S	chedule A, line 7)	WATER AND A STREET	2						
3	Gross profit. Subtract	11		3						
4 a	Capital gain net incom	e (attach Schedule D)		4a						
b	Net gain (loss) (Form	4797, Part II, line 17) (attach Fo	orm 4797)	4b						
C	Capital loss deduction	Capital loss deduction for trusts 4c								
5	Income (loss) from pa	rtnerships and S corporations (	attach statement)	5						
6	Rent income (Schedul									
7	Unrelated debt-finance	ed income (Schedule E)		7						
8		alties, and rents from controlled	-	8						
9	Investment income of	a section 501(c)(7), (9), or (17	) organization (Schedule G)	9						
10	Exploited exempt activ	vity income (Schedule I)		10						
11	Advertising income (S	chedule J)	000000000000000000000000000000000000000	11						
12	Other income (See ins	tructions; attach schedule)	(**************************************	12						
13	Total. Combine lines	3 through 12		13	0.					
Pa		ns Not Taken Elsewh ontributions, deductions mu								
14				a with t	Tie differated busines	s income.j	44			
14 15		cers, directors, and trustees (So					14			
16	Papaire and maintant	NAME OF THE OWNER O		*********	********************	+++++++++++++++++++++++++++++++++++++++	15 16			
17	Rad dehts	ance	***************************************			*****************	17			
18	Interest (attach scher	dule)		(*******)(*)	500011000000000000000000000000000000000		18			
19	Taxes and licenses		***************************************				19			
20	Charitable contribution	ons (See instructions for limitati	on rules)		**********************	***************************************	20			
21	Depreciation (attach I	Form 4562)			21					
22		imed on Schedule A and elsewh					22b			
23	D 1 11						23			
24		etion ributions to deferred compensation plans								
25	Employee benefit pro	grams		25						
26	Excess exempt expen	ses (Schedule I)	26							
27	Excess readership co		27							
28	Other deductions (att		28							
29	Total deductions. Ad	Other deductions (attach schedule)  Fotal deductions. Add lines 14 through 28								
30	Unrelated business ta	**********************	30	0.						
31	Net operating loss de	duction (limited to the amount o	on line 30)	******		******************	31			
32	Unrelated business ta	**********	32	0.						
33	Specific deduction (G		33	1,000.						
34		axable income. Subtract line 3	3 from line 32. If line 33 is (	greater t	han line 32, enter the sn	naller of zero or		525		
	line 32						3/	0		

Form 990-	Γ (2016	SOMERVILLE HISTORI	CAL SOCIETY			04-60	79655	_	Page 2
Part I	II .	Tax Computation							
35	Orga	nizations Taxable as Corporations. See instr	uctions for tax computation	n.					
	Cont	rolled group members (sections 1561 and 156	63) check here 🕨 🔲 S	See instructions	and:				
a	Enter	your share of the \$50,000, \$25,000, and \$9,9	925,000 taxable income bra	ackets (in that or	rder):				
				3) \$		J			
b	Enter	organization's share of: (1) Additional 5% tax	x (not more than \$11,750)	\$					
	(2) A	additional 3% tax (not more than \$100,000)	***************	[\$					
C	Incor	ne tax on the amount on line 34					35c		0.
36		ts Taxable at Trust Rates. See instructions for							
		Tax rate schedule or Schedule D (Fo	rm 1041)		***********		36		
37	Prox	y tax. See instructions		viita 100 i Koriitee 1			37		
38	Alteri	native minimum tax					38		
39	Tax	on Non-Compliant Facility Income. See instru	uctions		APRITANTAL AND A		39		
40	Total	. Add lines 37, 38 and 39 to line 35c or 36, wt	hichever applies				40		0.
		Tax and Payments							
41a	Forei	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)		41a				
b			011000111111101111111111111111111111111						
С	Gene	ral business credit. Attach Form 3800		*************	41c				
d		t for prior year minimum tax (attach Form 880							
е		credits. Add lines 41a through 41d					41e		
42		ract line 41e from line 40					42		0.
43	Other	taxes. Check if from: Form 4255	Form 8611 Form 86	697 Form	8866	Other (attach schedule)	43		
44	Total	tax. Add lines 42 and 43					44		0.
45 a	Paym	nents: A 2015 overpayment credited to 2016			45a				
		estimated tax payments							
		eposited with Form 8868							
d	Forei	gn organizations: Tax paid or withheld at sour	ce (see instructions)		45d				
		up withholding (see instructions)							
		t for small employer health insurance premiur							
		credits and payments: Form 4136 Of	ther	Total	► 45a				
46		payments. Add lines 45a through 45g					46		
47	Estim	nated tax penalty (see instructions). Check if Fo	orm 2220 is attached				47		
48		ue. If line 46 is less than the total of lines 44 a					48		0.
49		payment. If line 46 is larger than the total of lin					49		0.
50		the amount of line 49 you want: Credited to 2		2,102		Refunded >	50		
Part \		Statements Regarding Certain		ner Informa	ation (see				
51	At an	y time during the 2016 calendar year, did the	organization have an intere	st in or a signatu	ure or other	authority		Yes	No
		a financial account (bank, securities, or other)	-						
		N Form 114, Report of Foreign Bank and Fina	* -	-	-				
	here		arout risosumor ir respons	or 1110 1141110 01 11	rororgr				Х
52		g the tax year, did the organization receive a d	tistribution from or was it t	the graptor of o	r transferor	to a foreign trust?		_	X
0L		S, see instructions for other forms the organization		ino grantor on o		to, a foreign tract.			
53		the amount of tax-exempt interest received or		ar 🕨 \$					
00	Ur	der penalties of periury. I declare that I have examined	d this return, including accompa	nving schedules ar	nd statements	s, and to the best of my kno	wledge and belie	of, it is true,	
Sign	co	rrect, and complete. Declaration of preparer (other than	n taxpayer) is based on all inform	mation of which pre	eparer has an	y knowledge.			
Here			T .	PRESII	TIMT		May the IRS discu ne preparer show		with
		Signature of officer	Date	Title	or Make William		structions)?	14.1	No
	-100	Print/Type preparer's name	Preparer's signature	12.191.72	Date		if PTIN	. 30	
_		Frintrype preparer 5 liatile	i ichaici o oldiiatnic		Daie	self- employed			
Paid		Thomas Pilleri				3611- GITIPIOYEU		99308	
Prepa	101	Firm's name ▶ PILLERI ROMA	NO, P.C.			Firm's EIN ▶		14528	
Use C	nly		MODE AVENUE	CIITTE	29	I IIIII a LIIV	20 9	1 <del>1</del> 2 2 0	_

Form **990-T** (2016)

Phone no. (781) 350-4833

Firm's address ▶ MEDFORD, MA 02155

ZERO GOVERNORS AVENUE, SUITE 29

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation > N/A					
1 Inventory at beginning of year			6 Inventory at end of year			6		
2 Purchases			ine 6					
3 Cost of labor			from line 5. Enter here					
4a Additional section 263A costs	36		line 2		7			
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)			property produced or a					
5 Total. Add lines 1 through 4b	. 5		the organization?					
Schedule C - Rent Income (	From Real	Property and	d Personal Property	Lease	ed With Real Pro	perty)		
(see instructions)								
Description of property								
(1)								
(2)								
(3)								
_(4)								
		ed or accrued	- 410166185		3(a) Deductions directl	v connected w	ith the income i	in
(a) From personal property (if the perconnection personal property is more 10% but not more than 50%)		of rent for p	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	age	columns 2(a) a	nd 2(b) (attach	schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(a) and 2(b). Er (A)			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2. Gross income from		<ol> <li>Deductions directly cor to debt-finan</li> </ol>	nnected with o	r allocable	
1. Description of debt-fina	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	( <b>b</b> ) (at	Other deduction tach schedule)	S
(1)								
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		llocable deduct n 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
1			70.		nter here and on page 1, lart I, line 7, column (A).		ere and on pag line 7, column (	
Totalo					0			0.
Totals	ludad in eelu					•		0.
Total dividends-received deductions inc	iudea in columi	10	.,,		*******			0 .

Commence of the controlling   Commence of the control of the controlling   Commence of the control of the con				Exempt	Controlled O	rganizatio	ons	-				
29   33   44   57   Tabade in rooms   8, Net unrelated from re (rest)   9, Yetal of specified payments   10, Part of column 6 that is included   11. Deductions directly set to rest of specified payments   10, Part of column 6 that is included   11. Deductions directly set to rest of specified payments   10, Part of column 6 that is included   11. Deductions directly set to rest of specified payments   10, Part of column 6 that is included   11. Deductions directly set to rest of specified payments   10, Part of column 6 that is included   11. Deductions directly set to rest of specified payments   12. Deductions   12. Deductions   13. Deductions   13. Deductions   14. Deductions   14. Deductions   15. Deducti	1. Name of controlled organizat	ident	identification		Net unrelated income (loss) (see instructions)				included in the controlling		Deductions directly connected with income in column 5	
29 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1)											
3) 4) 5) 5) 6) 6) 6) 7) Takedel income  8) Net unrelated imports (loss) (see instructions)  1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1												
Add columns 8 and 10.  Fine here and on page 1, Part 1, line 9, column (b)  1)  2)  3)  4)  Add columns 9 and 10.  Enter here and on page 1, Part 1, line 9, column (b)  1)  2)  3)  4)  1)  Add columns 9 and 10.  Enter here and on page 1, Part 1, line 9, column (b)  1)  2)  4)  Add columns 9 and 10.  Enter here and on page 1, Part 1, line 9, column (b)  1)  2)  3)  4)  1)  Checkule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions  (see instructions)  4. Set saides  (gittach schedule)  2. Amount of income  2. Amount of income  3. Deductions  4. Set saides  (gittach schedule)  4. Set saides  (gittach schedule)  4. Set saides  (gittach schedule)  5. Total  (gittach schedule)  4. Set saides  (gittach schedule)  5. Total  (gittach schedule)  6. Figure here  6. Figure here  7. Excess  6. Figure here  8. Reported by the schedule  8. Nation of page 1, Part 1, line 9, column (b)  10.  11. Description of income  12. Oross  13. Set saides  13. Set saides  14. Set saides  15. Total  16. Set saides  17. Excess  18. Set saides  18. Set saides  19. Total of spocified payments  19. Total of spocified payments  19. Set saides  10. Set s												
9. Total of speadfield payments 7. Taxable income 8. Net urrelated income (oss) 9. Total of speadfield payments made a symments 10, Part of column 6 that is included in the controlling organization's grows income 11. Description of income Add columns 8 and 10. Enter here and on page 1, Part I, line 8, column (A)  12. Amount of income 11. Description of income 12. Amount of income 13. Description of income 14. Set enables 15. Total and spead or payments and a spead or payments 16. Description of income 17. Exception of income 18. Net related to a spead file 19. Set in the controlling organization's grows income 19. Add columns 8 and 10. Enter here and on page 1, Part I, line 8, column (A) 19. Set in the controlling organization's grows income 19. Add columns 8 and 10. Enter here and on page 1, Part I, line 8, column (A) 19. Set in the controlling of income 19. Add columns 9 and 10. Enter here and on page 1, Part I, line 8, column (A) 19. Set in the controlling of income 19. Column (A) 19. Set in the controlling of income 19. Add columns 9 and 10. Enter here and on page 1, Part I, line 8, column (A) 19. Set in the controlling of income 19. Column (A) 19. Set in the controlling of income 19. Column (A) 19. Set in the controlling of income 19. Column (A) 19. Set in the controlling of income 19. Column (A) 19. Set in the controlling of income 19. Column (A) 19. Set in the controlling of income 19. Set in the controlling of income 19. Set in the controlling of income 20. S												
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Add columns 5 and 10. Enter here and on page 1, Part 1, line 6, column (A).  1. Description of income  2. Amount of income  3. Chaduston of income  2. Amount of income  3. Chaduston of income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  2. Amount of income  3. Chaduston schedule)  4. Set-earldes (ettach achedule)  5. Total organization organ	1)											
Add columns 6 and 10. Enter here and on page 1, Part 1, time 6, column (A).  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions directly connected effects between the page in the first here and on page 1, Part 1, time 8, column (A).  2. Amount of income  3. Deductions directly connected effects between the page in the first here and on page 1, Part 1, time 8, column (A).  2. Amount of income  3. Deductions directly connected effects between the page in the first here and on page 1, Part 1, time 8, column (A).  2. Amount of income  2. Amount of income  3. Deductions directly connected effects between the page 1, Part 1, time 8, column (A).  2. Oross  3. Exponses directly connected with production business income from trade or business income	2)											
Add columns 8 and 10. Enter here and on page 1, Part 1, line 8, column (9).  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions directly connected (attach schedule) (attach schedule)  3. Deductions directly connected (attach schedule) (attach schedule)  4. Set-aalded (attach schedule) (attach schedule)  5. Total directly connected (attach schedule)  4. Set-aalded (attach schedule)  5. Total schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  4. Net noome (see)  7. Excess unrelated business unrelated business unrelated business and on page 1, page 1, production of exploited activity  1. Description of exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  4. Net noome (see)  6. Expenses altributable to column 5  7. Excess of the output 7.  1. Description of exploited Exempt Activity Income, Other Than Advertising Income  1. Description of exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  4. Net income (see)  6. Expenses altributable to column 5  7. Excess income  1. Description of exploited Exempt Activity Income, Other Than Advertising and compute cols, 5  1. Description of exploited Exempt Activity Income, Other Than Advertising and compute cols, 5  2. Gross income  3. Directly connected (attach schedule)  6. Expenses altributable to column 5  8. Expenses altributable to column 5  9. International Colum	3)											
Chedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income 2. Amount of income diatach schedule) (etalen exhedule) (etalen e												
Chedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  2. Amount of income  3. Deductions directly connected (ettach schedule) (stach sche							Enter here and	d on page	e 1, Part I, A)	Enter h	d columns 6 and 11, ere and on page 1, Part I, line 8, column (B),	
(see instructions)  1. Description of income 2. Amount of income directly connected (attach schedule) 3. Desturations directly connected (attach schedule) 4. Set-asides (attach schedule) 5. Total (attach schedule) 4. Set-asides (attach schedule) 4. Set-asides (attach schedule) 5. Total (attach schedule) 6. Set instructions 6. Set instructions 6. Set instructions 7. Excess income 8. Set instructions 9. Set instructions 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2. Gross income brain activity that is not unrelated trade or business (column 2 minus column 3), If a gain, compute column 2 minus column 3, If a gain, compute column 3 is not unrelated business income 1) 1) 2) 3) 4) 5. Gross income from activity that is not unrelated business income 1 business (column 2 minus column 3), If a gain, compute column 3 is not unrelated business income 1 business (column 2 minus column 3), If a gain, compute column 3 is not unrelated business income 2 business income 2 business income 3 business income 3 business income 4 business income 2 business income 3 business income 4 business income 5 business income 6 business income 6 business income 7 business income 8 business income 9 business inc	otals				**********	▶			0.		(	
1) Description of income  2. Amount of income  2. Amount of income  3. Description of income districtly connected (attach schedule)  4. Set-asides (etach schedule)  5. Total schedule  6. Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  2. Gross unrelated business income invade or business trade or business trade or business income  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  3. Expenses circulty connected with production of unrelated business income in the page 1, Part I, line 10, col. (A).  1)  2)  3)  4)  Enter here and on page 1, Part I, line 10, col. (A).  1)  Colorate Income From Periodical Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising income  3. Disect advertising gain or (loss) (col. 2 minus) (col. 8 income) (cols. 5 through 7.  5. Circulation (cols)  6. Readership coats (cols) (col. 2 minus) (cols. 6 through 7.  7. Excess (cols (column 6, business) (cols. 6 through 7.  8. Expenses circulty connected (loss)  1. Name of periodical  2. Gross advertising income  2. Gross advertising income  3. Disect advertising gain or (los) (col. 2 minus) (cols. 6 through 7.  2)  3)  4)  4)  5. Croulation (cols)  6. Readership coats (cols 5 minus) (cols. 6 through 7.  8. Expenses (circle) (col. 2 minus) (cols. 6 through 7.  8. Expenses (circle) (col. 2 minus) (cols. 6 through 7.  8. Expenses (circle) (col. 2 minus) (cols. 6 through 7.  8. Expenses (circle) (col. 2 minus) (cols. 6 through 7.  9. Cross (color) (col. 2 minus) (cols. 6 through 7.  9. Cross (color) (col. 2 minus) (cols. 6 through 7.			Section	า 501(c)(	(7), (9), or	(17) Or	ganizatioı	n				
1. Description of income 2. Amount of income directly connected (attach schedule) 3.	(see inst	ructions)										
1) 2) 3) 4) Enter here and on page 1, Part 1, line 9, column (A).  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity includes income from trade or business income from trade or business income income from trade or business income incom	1. Desc	ription of income			2. Amount of	income	directly conn	ected			<ol><li>Total deduction and set-asides</li></ol>	
20   30   30   30   30   30   30   30							(attach sche	dule)	(attach s	criedule)	(col. 3 plus col. 4	
4)  Intells  Chedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  2. Gross activate acti												
tals												
tals  Chedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2. Gross unrelated business income from trade or business income from dexploited activity income from trade or business income from page 1, Part I, line 9, column (A).  4. Net income (loss) from unrelated trade or business (archive column 2 minus column 3). If a gain, compute cols. 5 through 7.  1)  2)  3)  4)  Enter here and on page 1, Part I, line 9, column (A).  5. Gross income from activity that is not unrelated business income bus	3)											
Part I, line 9, column (A).  Chedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity unrelated business income from trade or business income  1. Description of exploited activity unrelated business income from activity production of unrelated business income from activity that is not unrelated from activity that is not unrelated business income from activity that is not unrelated from activity that is not unrelated business income from activity that is not unrelated from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or bu	4)											
Cachedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)    1. Description of exploited activity											Enter here and on page Part I, line 9, column (E	
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity  2. Gross income from activity that is not unrelated business income  1. Excess income form activity that is not unrelated business income  2. Gross income form activity that is not unrelated business income  2. Expenses directly connected with production and unrelated trade or business (column f. S. Expenses column f. S.											1119	
(see instructions)  1. Description of exploited activity	otals											
1. Description of exploited activity unrelated business income from trade or business income from trade or business income from activity that is not unrelated business income business income of unrelated for during the production of unrelated for the promature of unrelated for business income of unrelated for the unrelated for unr			y Incom	e, Othe	r Than Ac	lvertisi	ng Incom	е				
2) 3) 4)  Enter here and on page 1, Part 1, line 10, col. (A).  O		unrelated business income from	directly of with proof un	connected oduction related	from unrelated business (cominus colum gain, comput	d trade or olumn 2 in 3). If a e cols. 5	from activity is not unrela	that ited	attribut	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
2) 3) 4)  Enter here and on page 1, Part 1, line 10, col. (A).  O D O S  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising gain or (loss) (col. 2 minus cols. 3). If a gain, compute cols. 5 through 7,  1)  2) 3)  7. Excess recision or (loss) (col. 2 minus cols. 5 through 7,  1) 2) 3)	(1)											
2. Gross advertising income  2. Gross advertising income  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs  3. Direct advertising gain or (loss) (col. 2 minus col. 3.) If a gain, compute cols. 5 through 7.  1. Name of periodical  2. Gross advertising costs  3. Direct advertising gain or (loss) (col. 2 minus col. 3.) If a gain, compute cols. 5 through 7.  1. Name of periodical  2. Gross advertising costs advertising costs  3. Direct advertising gain or (loss) (col. 2 minus col. 3.) If a gain, compute cols. 5 through 7.												
Enter here and on page 1, Part 1, line 10, col. (A).  O .  Chedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs  3. Direct advertising gain or (loss) (col. 2 minus cols. 3), If a gain, compute cols. 5 through 7.  1)  2)  3)  1)  2)  3)  4. Advertising gain or (loss) (col. 2 minus cols. 3), If a gain, compute cols. 5 through 7.												
Enter here and on page 1, Part 1, line 10, col. (A).  O .  Chedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs advertising costs  3. Direct advertising costs or (loss) (col. 2 minus cols. 5 through 7.  5. Circulation income  6. Readership costs (column 5, but than cold. 5 through 7.  1)  2)  3)  3)  4)  4)  4)  4)  5)  6)  7)  6)  7)  8)  8)  8)  8)  8)  8)  8)  8)  1)  1												
Control   Cont		page 1, Part I, line 10, col. (A).	page	1, Part I, , col. (B)					đii		Enter here and on page 1, Part II, line 26.	
Part I Income From Periodicals Reported on a Consolidated Basis  2. Gross advertising an or (loss) (col. 2 minus col. 3). Direct advertising costs (col. 3). If a gain, compute costs (column 5, but col. 3). If a gain, compute costs (column 5, but col. 3). If a gain, compute costs (column 5, but column 5, but collaboration).			instruction		1.							
1. Name of periodical  2. Gross advertising advertising costs  3. Direct advertising costs  or (loss) (col. 2 minus col., 3), If a gain, compute cols. 5 through 7.  5. Circulation income  costs (column 5, but than column 1)  2)  3)		The second secon			solidated	l Basis						
1. Name of periodical  2. Gross advertising income  3. Direct advertising costs  or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  5. Circulation income  5. Circulation income  costs  costs (column 5, but than column 1). If a gain, compute costs  1)  2)  3)												
2)	1. Name of periodical	advertising			or (loss) (c	ol. 2 minus ain, comput					Excess readership costs (column 6 minus column 5, but not more than column 4).	
3)	1)											
3)												
otals (carry to Part II, line (5)) D. O.	otals (carry to Part II, line (5))		0.	0	) ,						Corr. 990-T (20	

## Form 990-T (2016) SOMERVILLE HISTORICAL SOCIETY 04-60796 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<b>1.</b> Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols, 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1. Part II. line 14			0

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