Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning $APR\ 1$, 2022, and ending $MAR\ 31$, 20 23

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	EIN or SSN
SOMERVILLE HISTORICAL SOCIETY	04-6079655
Name and title of officer or person subject to tax BARBARA MANGUM	
PRESIDENT	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on lir or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than one line in Part I.	ne 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, line below. Do not complete more
1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5)	
5a Form 8868 check here b Balance due (Form 8868, line 3c)	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP. Part III, line	9b
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, lin Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	ne 22) 10b
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to ta	with respect to (name
	that I have examined a copy of the
financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic return and it applicable in the consent to elec	n the processing of the electronic payment. I have selected a onic funds withdrawal.
ERO firm name	Enter five numbers. but
	do not enter all zeros
as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a country with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afore on the return's disclosure consent screen.	ementioned ERO to enter my PIN
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) re IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Signature of officer or person subject to tax	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 04364579655 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicate submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for AuBusiness Returns.	
ERO's signature Date	
EDO Musi Dataia This Form Conduction	
ERO Must Retain This Form - See Instructions	io.
Do Not Submit This Form to the IRS Unless Requested To Do S LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.	Form 8879-TE (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print SOMERVILLE HISTORICAL SOCIETY 04-6079655 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your ONE WESTWOOD ROAD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 02143 SOMERVILLE, MA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) DYAN R. BLEWETT The books are in the care of ➤ ONE WESTWOOD ROAD - SOMERVILLE, MA 02143-1517 Telephone No. ► 617-666-9810 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📗 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until FEBRUARY 15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year , and ending MAR 31, 2023 ► X tax year beginning APR 1, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

223841 04-01-22

instructions

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	pprox 2022 calendar year, or tax year beginning $APR~1$, $~2022$ and	ending <u>M</u>	AR 31, 2	023	
	Check if pplicabl	C Name of organization		D Employer id	dentific	ation number
	Addre	SOMERVILLE HISTORICAL SOCIETY				
F	Name	COMEDITIE MICEIM		04-60	7965	55
	Initial return	· ·	Room/suite	E Telephone r		
	Final	ONE WESTWOOD BOAD	110011,00110	617-6		
	termin			G Gross receipts		581,596.
	Amen	, , , , , , , , , , , , , , , , , , , ,		H(a) Is this a g		
П	Application			for subord		
	pendir	SAME AS C ABOVE				cluded? Yes No
ΙT	ax-ex	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	1 ' '		list. See instructions
	Nebsi			H(c) Group exe		
		organization: X Corporation Trust Association Other	L Year			State of legal domicile: MA
Pa	art I	Summary	•		•	<u> </u>
	1	Briefly describe the organization's mission or most significant activities: AS TE	HE ONL	Y MEMBER	SHIP)
Governance		SUPPORTED, COMMUNITY-BASED CULTURAL INSTI				
ınaı	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its	net ass	ets.
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)			3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	12
δ.		Total number of individuals employed in calendar year 2022 (Part V, line 2a)				2
/itie		Total number of volunteers (estimate if necessary)				30
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12				0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.
Revenue				Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,499,2	59.	581,510.
	9	Program service revenue (Part VIII, line 2g)			0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			24.	86.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,499,2	83.	581,596.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		68,6		70,349.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 2 , 63	35.			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		57,9	$\overline{}$	106,161.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		126,6		176,510.
		Revenue less expenses. Subtract line 18 from line 12		1,372,6		405,086.
t Assets or			Ве	ginning of Current		End of Year
Sset	20	Total assets (Part X, line 16)		3,355,1	$\overline{}$	3,765,038.
Net A		Total liabilities (Part X, line 26)			00.	5,544.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		3,354,4	08.	3,759,494.
			and statema	nto and to the had	at of my	Impulades and balish it is
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules			-	knowledge and beller, it is
iue,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	Tias any knowieugi	t.	
?i~.	_	Signature of officer		I Date		
Sign		BARBARA MANGUM, PRESIDENT		2410		
Her	e	Type or print name and title				
		Print/Type preparer's name Preparer's signature	T	Date	Check	PTIN
aid	I	MICHAEL F. ANICETO		it		
	arer	Firm's name TREEFUL DAMASO ANICETO, INC.		Firm's E		7-1028363
	Only	Firm's address 85 WEST STREET, STE F-302		1 11111 5 1	-11V	
	J,	WALPOLE, MA 02081		Phone r	n 781	1-449-3346
140	, tha II	2S discuss this return with the preparer shown above? See instructions		I HOHE I		X Ves No

Page 2

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	AS THE ONLY MEMBERSHIP SUPPORTED, COMMUNITY-BASED CULTURAL INSTITU	JTION
	OF ITS KIND IN SOMERVILLE, THE SOMERVILLE MUSEUM IS THE CITY OF	
	SOMERVILLE'S MIRROR, PLAYING A CENTRAL ROLE IN PRESERVING THE PAST	r,
	REFLECTING THE PRESENT, AND HELPING TO SHAPE THE FUTURE OF THIS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exper	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens	es, and
	revenue, if any, for each program service reported.	
4a)
	EXHIBITIONS: SOMERVILLE OPEN STUDIOS: FIRST LOOK EXHIBIT	
	O APRIL 21, 2022 MAY 13, 2022	
	FIREHOUSE REELS: 40 YEARS OF SCATV	
	O JUNE 3 JULY 9, 2022	
	O CURATED BY SOMERVILLE MEDIA CENTER AND KAT POWERS	
	SPACE INVADER: AN IMMIGRANT EXPERIENCE THROUGH IMMERSIVE ART	
	O JUNE 3 JULY 9, 2022	
	O CURATED BY ROOK MURAO	
	SANCTUARY CITY	
	O SEPTEMBER 16 NOVEMBER 19, 2022	
	O CURATED BY JULIA CSEKO	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	
	/ (1000) / (
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 166, 449.	
4e	Total program service expenses 166,449.	200

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,		Х	
_	Schedule D, Part III	8	Λ	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			, .
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		l x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a		14a		 ^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_V
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form 990 (2022) SOMERVILLE HISTORI
Part IV Checklist of Required Schedules (continued)

	- (sortenass)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	<u> </u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			7.7
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		v	
21	contributions? If "Yes," complete Schedule M	30	X	x
31 32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	•	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Goriodalo O contains a response of flote to any line in this fact v		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	The state that the state of the			
	(gambling) winnings to prize winners?	1c	Х	

232004 12-13-22

Form 990 (2022) SOMERVILLE HISTORICAL SOCIETY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 X X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3 A Is any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bare has country, securities account, or other financial accounts)? 5 a Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5 b If "Yes," enter the name of the foreign country 5 is well to granization a party to a prohibited tax shelter transaction at any time during the tax year? 5 is Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 is Was the organization aparty to a prohibited tax that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5 is Was the organization near a local development of the second of the organization that was or is a party to a prohibited tax shelter transaction of the organization and the organization and expenses statement that such contributions or gits were not tax deductible? 5 if Yes," did the organization nearest of \$75 made party as a contribution and party for goods and services gravided to the payor? 5 if If Yes," did the organization nearest of \$75 made party as a contribution and party for goods and services gravided to the payor? 5 if If Yes," did the organization neares and \$150,000 and party for goods and services gravided to the payor? 5 if If Yes, "did the organization neares and payor to the goods or services provided to the payor? 5 if If Yes," did the organization neares and payor to the goods or services provided to the payor? 5 if If If I was a service that the payor to the organizatio	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
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		that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
		If "Yes," complete Form 6069.				000	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 12							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_	officer, director, trustee, or key employee?	2	х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
Ū		3		Х				
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
	But the second of the second o	6	Х	- 21				
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0	-25					
7a		7-	х					
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a						
b		- 1.		Х				
_	persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v					
a	The governing body?	8a	X	37				
b	Each committee with authority to act on behalf of the governing body?	8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37				
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1					
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed MA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availab	ole				
	for public inspection. Indicate how you made these available. Check all that apply							
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	DYAN R. BLEWETT - 617-666-9810							
	ONE WESTWOOD ROAD, SOMERVILLE, MA 02143-1517							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sat	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Posi		າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	son is both an ector/trustee)		compensation	compensation	amount of
	week	_		u a u	l	1711 43		from	from related	other
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e 0r	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	nd mc		1099-NEC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and related
	below	Individual trustee or	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) EVELYN BATTINELLI	10.00	-								
EXECUTIVE DIRECTOR				Х				0.	0.	0.
(2) BARBARA MANGUM	20.00	1								
PRESIDENT				Х				0.	0.	0.
(3) STEPHEN MACKEY	4.00	1								
VICE PRESIDENT				Х				0.	0.	0.
(4) DAVID GUSS	6.00									
TRUSTEE	1 00	Х						0.	0.	0.
(5) JEFF MYERS	1.00	ļ								
TRUSTEE		Х						0.	0.	0.
(6) EUGENE BRUNE	5.00	ļ							•	•
TRUSTEE		Х						0.	0.	0.
(7) REGINA PISA	6.00								•	•
TRUSTEE	6 00	Х						0.	0.	0.
(8) LAWRENCE WILLWERTH III	6.00	-		7.7					0	0
SECRETARY	4 00			X				0.	0.	0.
(9) DYAN BLEWETT	4.00	-		37					0	0
TRUSTEE	1 00			Х	_			0.	0.	0.
(10) SANDRA MCGOLDRICK TRUSTEE	1.00	Х						0.	0.	0
(11) CHARAN DEVEREAUX	4.00	Δ						0.	0.	0.
TRUSTEE	4.00	Х						0.	0.	0.
(12) VIJAY BATAVIA	10.00	Λ			_				0.	0.
TREASURER & TRUSTEE	10.00	Х		Х				0.	0.	0.
(13) DAN BREEN	1.00	22		22					0 •	0.
TRUSTEE	1.00	Х						0.	0.	0.
(14) CYNTHIA FRAWLEY	1.00							· ·	•	•
TRUSTEE	1100	х						0.	0.	0.
(15) DOROTHY KELLY GAY	1.00									
TRUSTEE		х						0.	0.	0.
(16) GILDA NOGUEIRA	1.00	T-						1	3.	30
TRUSTEE		х						0.	0.	0.
(17) PHIL REAVIS JR.	1.00	ļ								
TRUSTEE		Х						0.	0.	0.

232007 12-13-22

Form 990 (2022)

	Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hi _e	ghes	t C	ompensated Employee	s (continued)				
The subtotal compensation from the organizations of the organization for		(A)	(B)							(D)	(E)			(F)	
The Subtotal Compensation from the compensation of the compensation from the compensation of the compensat		Name and title	1			Reportable	Reportable		Es	stimate	ed				
Subtotal				box	, unle	ss pe	rson i	is both	n an	compensation	compensation	n n	ar	nount	of
The Subtotal 1					cer an	ia a a	irecto	or/trus	tee)						
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d Total (add lines 1b and 1c)												0.			
compensation from the organization Solid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	<u>d</u> .	Total (add lines 1b and 1c)								0.		0.			0.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation STACK DESIGN BUILD, LLC 555 E 2ND ST #1, BOSTON, MA 02127 CONSTRUCTION 320,423.	2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	9			
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation STACK DESIGN BUILD, LLC 555 E 2ND ST #1, BOSTON, MA 02127 CONSTRUCTION 320,423.		compensation from the organization													_
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address CONSTRUCTION 3 20, 423. 2 Total number of independent contractors (including but not limited to those listed above) who received more than												1		Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation STACK DESIGN BUILD, LLC 555 E 2ND ST #1, BOSTON, MA 02127 CONSTRUCTION 320,423.	3	Did the organization list any former officer,	director, truste	ee, ł	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	ı	ine 1a? If "Yes," complete Schedule J for sa	uch individual										3	Х	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services STACK DESIGN BUILD, LLC 555 E 2ND ST #1, BOSTON, MA 02127 CONSTRUCTION 320,423.															
rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	á	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		_X_
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (Compensation) STACK DESIGN BUILD, LLC 555 E 2ND ST #1, BOSTON, MA 02127 (CONSTRUCTION) 320,423.							•			•	dual for services				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address STACK DESIGN BUILD, LLC 555 E 2ND ST #1, BOSTON, MA 02127 CONSTRUCTION 320,423.			plete Schedule	e <i>J f</i>	or st	ıch ı	oers	on					5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation STACK DESIGN BUILD, LLC 555 E 2ND ST #1, BOSTON, MA 02127 CONSTRUCTION 320,423.		•													
(A) Name and business address STACK DESIGN BUILD, LLC 555 E 2ND ST #1, BOSTON, MA 02127 CONSTRUCTION 2 Total number of independent contractors (including but not limited to those listed above) who received more than		•	•	-							· · · · · · · · · · · · · · · · · · ·	pensat	tion fr	om	
Name and business address STACK DESIGN BUILD, LLC 555 E 2ND ST #1, BOSTON, MA 02127 CONSTRUCTION 320,423.	1	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
STACK DESIGN BUILD, LLC 555 E 2ND ST #1, BOSTON, MA 02127 CONSTRUCTION 320,423. 2 Total number of independent contractors (including but not limited to those listed above) who received more than										(B)		_			_
2 Total number of independent contractors (including but not limited to those listed above) who received more than	<u> </u>		address						_	Description of s	ervices		ompe	nsatio	n
2 Total number of independent contractors (including but not limited to those listed above) who received more than	·										2.0	0 4	2 2		
4	JJJ E ZNU SI #I, DOSION, MA UZIZI CONSTRUCTION									34	0,4	43.			
4															
4															
4															
4															
4															
4															
				ot lir	nited	d to			ted	above) who received mo	ore than				

Form **990** (2022)

	Stat	temen	t of	Reve	enue
--	------	-------	------	------	------

			 Check if Schedule O cor 	ntains a	response (or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SΩ	1	a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b	16,979.				
င်္ပ မြ			Fundraising events		1c					
fts, r A			Related organizations		1d					
nia Big			Government grants (contribu			240,886.				
Sir			All other contributions, gifts, gra							
uti Je		•	similar amounts not included ab		1f	323,645.				
ĢĒ		~	Noncash contributions included in lines		1g \$	323,3231				
on Pud		_					581,510.			
0 10		<u></u>	Total Add lines fa fi			Business Code	301/3101			
•	2	2								
Şi		b								
Ser		C								
z N		d								
gra Re		e								
Program Service Revenue			All other program service rev	/enue						
			Total. Add lines 2a-2f							
	3	y	Investment income (including							
	3						86.			86.
	4		Income from investment of ta			rocode	00.			
	5		Royalties		-					
	3		Tioyanies		Real	(ii) Personal				
	6	2	Gross rents6	<u>`</u>	,	(1) 1 01001101				
			Less: rental expenses 6							
			Rental income or (loss) 6							
			Net rental income or (loss)	_						
			Gross amount from sales of		ecurities	(ii) Other				
	'	а		a (1) (1)		(ii) Garioi				
		h	Less: cost or other basis	a						
ø		D		h						
n		_	and sales expenses 7 Gain or (loss) 7							
her Revenue			Net gain or (loss)							
프			Gross income from fundraising		I					
Oth	O	u	including \$	•						
١			contributions reported on line		.					
			Part IV, line 18	•						
		h	Less: direct expenses							
			Net income or (loss) from fur							
			Gross income from gaming a							
	,	u	Part IV, line 19		I					
		h	Less: direct expenses							
			Net income or (loss) from gai							
			Gross sales of inventory, less							
		u	and allowances							
		h	Less: cost of goods sold							
			Net income or (loss) from sal							
		_	Tree missing or (1999) mem ear			Business Code				
snc	11	а								
Miscellaneous Revenue	-	b								
ella		С								
lsc Be			All other revenue							
2			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				581,596.	0.	0.	86.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).									
	Check if Schedule O contains a response or note to any line in this Part IX												
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses								
1	Grants and other assistance to domestic organizations		·		·								
	and domestic governments. See Part IV, line 21												
2	Grants and other assistance to domestic												
	individuals. See Part IV, line 22												
3	Grants and other assistance to foreign												
	organizations, foreign governments, and foreign												
	individuals. See Part IV, lines 15 and 16												
4	Benefits paid to or for members												
5	Compensation of current officers, directors,												
	trustees, and key employees	64,490.	64,490.										
6	Compensation not included above to disqualified												
	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages												
8	Pension plan accruals and contributions (include												
	section 401(k) and 403(b) employer contributions)												
9	Other employee benefits												
10	Payroll taxes	5,859.	5,859.										
11	Fees for services (nonemployees):												
а	Management												
b	Legal			-10									
С	Accounting	512.		512.									
d	Lobbying												
е	Professional fundraising services. See Part IV, line 17												
f	Investment management fees												
g	Other. (If line 11g amount exceeds 10% of line 25,												
	column (A), amount, list line 11g expenses on Sch O.)												
12	Advertising and promotion	19,308.	12,394.	6,914.									
13	Office expenses	19,300.	12,394.	0,914.									
14	Information technology												
15	Royalties												
16	Occupancy												
17 10	Travel Payments of travel or entertainment expenses												
18	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings												
20	Interest												
21	Payments to affiliates												
22	Depreciation, depletion, and amortization	45,065.	45,065.										
23	Insurance	.,	,										
24	Other expenses. Itemize expenses not covered												
	above. (List miscellaneous expenses on line 24e. If												
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)												
а	UTILITIES	10,519.	10,519.										
b	INSURANCE	7,600.	7,600.										
С	REPAIRS & MAINTENANCE	6,273.	6,273.										
d	GRANT SPECIFIC EXPENSE	5,925.	5,925.										
е	All other expenses	10,959.	8,324.		2,635.								
25	Total functional expenses. Add lines 1 through 24e	176,510.	166,449.	7,426.	2,635.								
26	Joint costs. Complete this line only if the organization												
	reported in column (B) joint costs from a combined												
	educational campaign and fundraising solicitation.												
	Check here if following SOP 98-2 (ASC 958-720)												

Part X		Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			227,202.	1	134,622
2		Savings and temporary cash investments		2			
3	3	Pledges and grants receivable, net				3	
4		Accounts receivable, net				4	
5	5	Loans and other receivables from any current o	r former	officer, director,			
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
6	6	Loans and other receivables from other disqual	fied per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
တ္ 7	7	Notes and loans receivable, net				7	
Assets	3	Inventories for sale or use			1,800.	8	1,800
ž 9	•	Prepaid expenses and deferred charges				9	
10		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		3,573,681.			
		Less: accumulated depreciation	•	45,065.	3,026,106.	10c	3,528,616
11		Investments - publicly traded securities				11	
12		Investments - other securities. See Part IV, line				12	
13	3	Investments - program-related. See Part IV, line	11			13	
14		Intangible assets			100 000	14	100.000
15	5	Other assets. See Part IV, line 11			100,000.	15	100,000
16		Total assets. Add lines 1 through 15 (must equ			3,355,108.	16	3,765,038
17		Accounts payable and accrued expenses	700.	17	2,776		
18				18			
19		Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
တ္မ 22		Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
<u>ia</u>		controlled entity or family member of any of the		22			
23		Secured mortgages and notes payable to unrela		· · · · · · · ·		23	
24		Unsecured notes and loans payable to unrelate				24	
25		Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line	-		0.	05	2,768
06		of Schedule D			700.	25 26	5,544
26		Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			700•	20	3,311
g (and complete lines 27, 28, 32, and 33.	CK HEIG				
S 27		Net assets without donor restrictions			1,748,763.	27	2,169,882
<u>e</u> 27 28		Net assets with donor restrictions			1,605,645.	28	1,589,612
표 20 현		Organizations that do not follow FASB ASC 9			1,003,043.	20	1,303,012
[[and complete lines 29 through 33.	Joo, Cite	ck liefe			
ნ 29		Capital stock or trust principal, or current funds				29	
8 30		Paid-in or capital surplus, or land, building, or e				30	
88 30 31		Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances 25 8 25 30 31 35 32 32 32 32 32 32 32 32 32 32 32 32 32		Total net assets or fund balances			3,354,408.	32	3,759,494
ž 32		Total liabilities and net assets/fund balances			3,355,108.	33	3,765,038
		Total habilities and flet assets/fully balances			0,000,1000	55	Form 990 (202

Par	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,5	$\frac{96.}{10.}$	
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3,75	9,4	94.	
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2022)	

232012 12-13-22

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

				TORICAL SOCIA				4-60/9655	
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (l	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:	•						
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental unit describ	ed in	
		section 170(b)(1)(A)(iv). (C		,	•	, 0			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	ŭ				• •	nublic described in	
•		section 170(b)(1)(A)(vi). (C		ntial part of its support if	om a gove	on montar (ariit or irom the general	pablic accombca in	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II \				
9	H					ad in coniu	nation with a land grant	collogo	
9		An agricultural research org				-	-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city,	, and state of the college	e Of	
40		university:	III	H 00 4 /00/ - f :				d annual and a state for an	
10		An organization that norma							
		activities related to its exen	•	· ·			• •	-	
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquir	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Con	•						
11	Ш	An organization organized a	•		•				
12		An organization organized a	•	•	•				
		more publicly supported or						Check the box on	
	_	lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.		
а	ı		anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees of the s	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organization(s), by hav	/ing	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manage the sup	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	;	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
d	ı 🗌	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organi	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and an attenti	veness	
		requirement (see instructi	ions). You must co n	nplete Part IV, Sections	A and D,	and Part	٧.		
е	, [Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			
f	Ente	er the number of supported o							
g		vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
			ļ	ļ					

Schedule A (Form 990) 2022 SOMERVILLE HISTORICAL SOCIETY 04-6079

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization	tion
fails to qualify under the tests listed below, please complete Part III.)	

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 40 , 857 . 147 , 335 . 623 , 156 . 1474006 . 541 , 806 . 282 40 , 857 . 147 , 335 . 623 , 156 . 1474006 . 541 , 806 . 282 40 , 857 . 147 , 335 . 623 , 156 . 1474006 . 541 , 806 . 282 40 , 857 . 147 , 335 . 623 , 156 . 1474006 . 541 , 806 . 282 40 , 857 . 147 , 335 . 623 , 156 . 1474006 . 541 , 806 . 282	7160. 7160. Total 7160.
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 40,857. 147,335. 623,156. 1474006. 541,806. 282 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (ff) 40,857. 147,335. 623,156. 1474006. 541,806. 282	7160. 7160. Total
include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	7160.
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Column (f) Col	Total
6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 282 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) 40 , 857 . 147 , 335 . 623 , 156 . 1474006 . 541 , 806 . 282	Total
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8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	7 2 0 0 0
dividends, payments received on securities loans, rents, royalties,	
securities loans, rents, royalties,	
and income from similar sources	
O Niet in a sure france consulated business	
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	7160.
• • • • • • • • • • • • • • • • • •	7100.
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here Section C. Computation of Public Support Percentage	
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 100.	00 %
15 Public support percentage for 2022 (line 6, column (i), divided by line 11, column (ii)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 16 10 0	
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	5 0 %
	X
stop here. The organization qualifies as a publicly supported organization	<u>A</u>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	🗀
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	1 1
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	·····

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10b		

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Soot	super	vised, or controlled the supporting organization.	2		
Seci	.1011	C. Type II Supporting Organizations		1	
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sect	ion I	upported organization(s). D. All Type III Supporting Organizations	1		
		Divin Typo in Supporting SiguinEditions		Yes	No
4	Did #h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	CI.		
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	u u	to organization occided a depotential adgree of another ever the policies, programs, and activities of Cacil			

	dule A (Form 990) 2022 SOMERVILLE HISTORICAL S			04-6079655 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		·	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

04-6079655 SOMERVILLE HISTORICAL SOCIETY

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or	Accounts. C	omplete if the)
	organimation discovered for our confidence, all or of the confidence of the confiden	(a) Donor advised	funds	(b) Funds and	other accoun	ts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets hel	d in donor advised	funds		
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes	" on Form 990, Par	t IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a h	nistorically import	ant land area	
	Protection of natural habitat		Preservation of a	certified historic st	tructure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	tion in the form of a	a conservation eas	sement on the	last
	day of the tax year.			Held a	t the End of the	Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired a					
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				the tax	
	year					
4	Number of states where property subject to conservation eas	ement is located				
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conserv	ation easements	during the yea	ar
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enf	orcing conservation	easements durin	g the year	
8	Does each conservation easement reported on line 2(d) above		. , ,			
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation		•			
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's	financial statements	s that describes th	ne	
Do	organization's accounting for conservation easements.	Art Historical Trac	ourse or Othe	r Cimilar Ass	n+0	
Pa	rt III Organizations Maintaining Collections of	-	isures, or Othe	r Similar Asse	ະເຮ.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	•			rks	
	of art, historical treasures, or other similar assets held for pub			erance of public		
	service, provide in Part XIII the text of the footnote to its finan					
b	If the organization elected, as permitted under FASB ASC 958	•				
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthera	ance of public ser	/ice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				1 0 0	000
_					T00	,000.
2	If the organization received or held works of art, historical trea			un, provide		
	the following amounts required to be reported under FASB AS					
	Revenue included on Form 990, Part VIII, line 1			_		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sched	ule D (Form 9	990) 2022

232051 09-01-22

	rt III Organizations Maintaining C	ollections of Art			er Siı			(contin		ige ∠
3	Using the organization's acquisition, accession		-					COTTENT	<u> 100)</u>	
•	collection items (check all that apply):	ori, aria otrior rocorac	, cricon any or are	onowing that make	oigiiiii	ourit doo c	1110			
а	X Public exhibition	d	I can or evo	hange program						
b	X Scholarly research	e e		mange program						
C	X Preservation for future generations	e								
	-	lloctions and ovalain	how thou further th	o organization's ov	omnt r	urnaga in	Dort '	VIII		
4	Provide a description of the organization's co						Part	AIII.		
5	During the year, did the organization solicit of to be sold to raise funds rather than to be ma		•	•				Yes	Y	No
Par	rt IV Escrow and Custodial Arrang						<u> </u>			INO
. u.	reported an amount on Form 990, Par		te ii trie organizatio	iranswered res (JII FUII	11 990, Fa		1116 9, 01		
12	Is the organization an agent, trustee, custodia	•	any for contribution	e or other assets no	t inclu	ded				
ıa	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII						. ட	_ 1es	ш	INO
b	ii res, explain the arrangement iii art Allia	and complete the follo	owing table.		Γ			Amount		
_	Beginning balance				F	1c		7 11110 1111		
	Additions during the year				г	1d				
	Distributions during the year					1e				
f	Ending balance					1f				
' 2а	Did the organization include an amount on Fo						$\overline{}$	Yes	\Box	No
	If "Yes," explain the arrangement in Part XIII.				-			_	H	
Par										
	· I	(a) Current year	(b) Prior year	(c) Two years back		hree years	back	(e) Four	years t	back
1a	Beginning of year balance	54,077.	54,077.	35,271			508.	. ,		632.
b		,	,	18,806		18.	763.			876.
c	Net investment earnings, gains, and losses			,		· · · · ·				
d	Grants or scholarships									
۰ م	Other expenditures for facilities									
Ŭ	and programs									
f	Administrative expenses									
g g	End of year balance	54,077.	54,077.	54,077		35.	271.		16,5	508.
2	Provide the estimated percentage of the curr	, ,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-					
	Board designated or quasi-endowment	one your one balance	%)) 1101d do.						
b	Permanent endowment 100	%	_/*							
•	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posses	•	ion that are held ar	nd administered for	the					
	organization by:	g						Γ	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	See Form 990, Part 2	X, line	10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accur	nulated		(d) Book	value	
	,	basis (investm	ent) basis	1 ' '	depreci			•		
1a	Land		65	4,900.				654	1,90	0.
	Buildings			8,781.	45	,065.	,	2,873		
	Leasehold improvements		,			•		-		
	Equipment									
	Other									
	I. Add lines 1a through 1e. (Column (d) must e		(column (R) line 1	0c.)				3,528	, 61	6.

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022 SOMERVILLE Part VII Investments - Other Securities.	HISTORICAL SO	01	L-6079655 Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X Other Liabilities.	·		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) EASTERN - 8525 CREDIT CARI	O (ELAN		
(3) FINANCIALS)			2,500
(4) SQUARE SALES TAX PAYABLE			268

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

2,768.

(6) (7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	rt XI	Reconciliation of Revenue per Audited Financial Sta	atements With Revenu	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	581,596.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Dona	ted services and use of facilities	2b		
С	Reco	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			0.
3	Subtr	act line 2e from line 1		3	581,596.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b	Other	(Describe in Part XIII.)	4b		_
С		nes 4a and 4b			0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12	2)	5	581,596.
Ра	rt XII	Reconciliation of Expenses per Audited Financial St		ses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, I			456 540
1		expenses and losses per audited financial statements		1	176,510.
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ted services and use of facilities	l l		
b	Prior	year adjustments	2b		
С	Other	losses			
d		(Describe in Part XIII.)			•
е		nes 2a through 2d			0.
3		act line 2e from line 1		3	176,510.
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		•
С		nes 4a and 4b			0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	176,510.
		Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		art V, line 4; Part X, li	ne 2; Part XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.		
ד ג כד	эт т	TT TIME 17.			
PAI	XI. T	II, LINE 1A:			
υтα	тп∩п	TONE WORKS OF ARM ARMIENOMS AND D	OCIMENIA		
пΤζ	STOR	ICAL WORKS OF ART, ARTIFACTS, AND D	OCUMENTS.		
זגם	от т	TT TIME 1.			
FAI	VI T	II, LINE 4:			
υтα	סריתיב	ICAL WORKS OF ART, ARTIFACTS, AND D	OCIMENTE		
1117	JION	ICAL WORKS OF ART, ARTIFACTS, AND L	OCOMENTS.		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

SOMERVILLE HISTORICAL SOCIETY

Employer identification number 04-6079655

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account X Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		Х
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		Х
	, , , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	☐ Independent compensation consultant ☐ Independent compensation consultant ☐ Independent compensation consultant ☐ Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of \	W-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(i) (ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
BARBARA MANGUM RECEIVED \$2,000 FOR WRITING GRANTS AS PART OF HER ART
CONSERVATION BUSINESS.

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open To Public Inspection

internal rievende del vide	G0 10 11				one and the lat	oot iiiioiiiiatioiii						
Name of the organization							1 -	-		ificatio	on nu	mber
		LE HISTOR				,,,,,,			796	55		
						ction 501(c)(29) orga						
						o, or Form 990-EZ, Pa	art V, III	ne 40	b.	(-1)	0	-110
1 (a) Name of disqualified p	person (b)	Relationship bet person and o			(6	c) Description of tran	sactio	n			(d) Corrected Yes No	
		•								+ "	-	No
											_	
	<u> </u>											
2 Enter the amount of tax section 4958	•	•	ū	•	·	ing the year under		. \$				
3 Enter the amount of tax,												
Part II Loans to and	d/or From In	terested Pers	sons.									
Complete if the	organization ans	swered "Yes" on	Form 990)-EZ, Par	t V, line 38a or F	Form 990, Part IV, line	e 26; o	or if th	e orga	nizatio	n	
reported an amo	ount on Form 99	0, Part X, line 5, (6, or 22.									
(a) Name of interested person	(b) Relationship with organizatio	ration of loan		to or e	(e) Original ncipal amount	(f) Balance due	(9) " by		by bo	Approved board or agreement		
milerested person.	- Truit or gameans		organizati To Fi	rom	paramount		Yes N		Yes	No	Yes	Т
			10 11	OIII			163	No	163	140	163	110
										igsquare		
			+						<u> </u>	\vdash		
Total					\$	l						
Part III Grants or As	ssistance Be	nefiting Inter	ested F	Person	ıs.							
Complete if the	organization ans	swered "Yes" on	Form 990	, Part IV	, line 27.							
(a) Name of interested person		(b) Relationship between interested person and the organization			(c) Amount of assistance	(d) Type assistand				e) Purpose of assistance		f
				\perp				_				
								+				
				\dashv				\dashv				
				- 1				- 1				

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Schedule L (Form 990) 2022

(a) Name of interested person	ed "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	aring o
(a) Hame of interested person	person and the organization	transaction	transaction	organization revenues?	
BARBARA MANGUM	EXECUTIVE DIRECTOR	2 000.	RECEIVED CO	Yes	No X
SANDANA MANGOM	EXECUTIVE DIRECTOR	2,000.	RECEIVED CO		
Part V Supplemental Information.			L	I.	l .
Provide additional information for res	sponses to questions on Schedule L (see ir	nstructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	G INTERESTI	ED PERSONS:		
(A) NAME OF PERSON: BARBA	DA MANGIM				
(A) NAME OF PERSON: BARBA	IKA MANGOM				
(D) DESCRIPTION OF TRANSA	CTION: RECEIVED COMPE	NSATION FOR	R WRITING GR	ANTS	
AS PART OF HER ART CONSER	VATION BUSINESS.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

SOMERVILLE HISTORICAL SOCIETY 04-6079655									
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported Form 990, Part VIII, lii	on	(d) Method of dete noncash contributio			s
1	Art - Works of art	X	1	3	50.				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	zation during	the tax year for co	ontributions					
	for which the organization completed Form 82				,				
							-	Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1	through 28,	, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be	used for				
	exempt purposes for the entire holding period					3	30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review o	of any nonstandard co	ntributions?	·	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell nor	icash				
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	olumn (c) for	r a type of property	for which column (a) i	s checked,				
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

SOMERVILLE HISTORICAL SOCIETY

Employer identification number 04-6079655

Bollett I I Brotte Boot I I Oc. 7000
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SOMERVILLE, THE SOMERVILLE MUSEUM IS THE CITY OF SOMERVILLE'S MIRROR,
PLAYING A CENTRAL ROLE IN PRESERVING THE PAST, REFLECTING THE PRESENT,
AND HELPING TO SHAPE THE FUTURE OF THIS DIVERSE URBAN COMMUNITY OF
81,000. THROUGH ITS INNOVATIVE PROGRAMMING, THE MUSEUM SEEKS TO ENGAGE
OUR AUDIENCE IN AN ON-GOING DIALOGUE WITH LOCAL ARTISTS, SCHOLARS, AND
EDUCATORS WITH THE LARGER AIM OF FOSTERING CULTURAL EDUCATION AND
UNDERSTANDING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DIVERSE URBAN COMMUNITY OF 81,000. THROUGH ITS INNOVATIVE PROGRAMMING,
THE MUSEUM SEEKS TO ENGAGE OUR AUDIENCE IN AN ON-GOING DIALOGUE WITH
LOCAL ARTISTS, SCHOLARS, AND EDUCATORS WITH THE LARGER AIM OF FOSTERING
CULTURAL EDUCATION AND UNDERSTANDING.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
WATERLINES
O DECEMBER 15, 2022 MARCH 22, 2023
O CURATED BY ARLINDA SHTUNI
EVENTS:
SOMERVILLE OPEN STUDIOS WEEKEND: HUNDREDS OF STUDIOS OPEN THEIR DOORS
TO THE PUPLIC DURING THIS WEEKEND. THE SOMERVILLE MUSEUM HOST THE
"FIRST LOOK" EXHIBITION WHICH GIVES AN OVERVIEW OF THE EVENT TO
VISITORS.

O SATURDAY, MAY 1ST 2022 AND SUNDAY, MAY 2ND 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Employer identification number Name of the organization 04-6079655 SOMERVILLE HISTORICAL SOCIETY PATRIOTS DAY: PRODUCED BY THE SOMERVILLE MUSEUM AND THE CITY OF SOMERVILLE TO ENTERTAIN AND EDUCATE CITIZENS ABOUT THE RIDE OF PAUL REVERE AND THE BATTLES OF LEXINGTON AND CONCORD ON APRIL 15, 1775 AND COLONIAL LIFE IN GENERAL. O APRIL 18, 2022 POETRY READING WITH DENISE PROVOST O APRIL 28, 2022 SPACE INVADER: CURATOR TOUR O JUNE 15, 2022 FIREHOUSE REELS: DEAD AIR LIVE O JUNE 21, 2022 READING FREDERICK DOUGLASS TOGETHER (AT BOW MARKET): A PUBLIC EVENT TO REFLECT ON DOUGLASS'S FAMOUS SPEECH "WHAT TO THE AMERICAN SLAVE IS YOUR FOURTH OF JULY?" O JUNE 30, 2022 FLUFF FESTIVAL O SEPTEMBER 17, 2022 SANCTUARY CITY: OPENING RECEPTION O SEPTEMBER 24, 2022 SANCTUARY CITY: DUTY-FREE PARADISE (PERFORMANCE) O OCTOBER 8, 2022 GHOSTS OF SOMERVILLE: PRODUCED BY THE SOMERVILLE MUSEUM AND THE CITY OF SOMERVILLE TO ENTERTAIN AND EDUCATE VISITORS ABOUT THOSE WHO ARE BURIED OR ARE RELATED IN SOME WAY TO THOSE WHO ARE BURIED IN THE CITY'S 1804 MILK ROW CEMETERY. O OCTOBER 30, 2022 SANCTUARY CITY: PORTUGUESE TOUR

Schedule O (Form 990) 2022

O NOVEMBER 5, 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number Name of the organization SOMERVILLE HISTORICAL SOCIETY 04-6079655 SANCTUARY CITY: CURATOR TOUR O NOVEMBER 5, 2022 VETERANS DAY TALK WITH DAN BREEN: AN ANNUAL LECTURE BY THIS EMINENT HISTORIAN ON SOME ASPECT OF OUR NATION'S VETERANS AND THE BATTLES IN WHICH THEY FOUGHT. O NOVEMBER 6, 2022 COMMUNITY CURATOR: INFO SESSION O NOVEMBER 16, 2022 SANCTUARY CITY: SPANISH TOUR O NOVEMBER 19, 2022 SANCTUARY CITY: ARTIST ROUNDTABLE O NOVEMBER 19, 2022 DUO MARESIENNE:SPRIGHTLY & CHEERFUL MUSICK | ENGLISH RENAISSANCE DUETS BY JOHNSON, ROBINSON, DOWLAND, LAWES & OTHERS, PERFORMED BY OLAV CHRIS HENRICKSEN, LUTE & CITTERN, AND MATTHEW WRIGHT, LUTE & BANDORA O NOVEMBER 20, 2022 WE ARE HERE TOO (VIRTUAL EVENT) O NOVEMBER 22, 2022 ANNUAL MEETING + HOLIDAY PARTY O DECEMBER 9, 2022 WATERLINES: OPENING RECEPTION O DECEMBER 15, 2022 FLAG RAISING O JANUARY 1, 2023 WATERLINES: WATER MEDITATION O JANUARY 7, 2023 DUO MARESIENNE: THE ROAD TO CORELLI | MUSIC OF THE ITALIAN BAROOUE,

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization 04-6079655 SOMERVILLE HISTORICAL SOCIETY WITH WORKS BY FRESCOBALDI, LEGRENZI, ROGNONI & CORELLI, PERFORMED BY TRES MARESIENNE (LISA BROOKE, VIOLIN; CAROL LEWIS, VIOLA DA GAMBA; OLAV CHRIS HENRIKSEN, ARCHLUTE & BAROQUE GUITAR). O JANUARY 8, 2023 DUO MARESIENNE: EL CANTO DEL CABALLERO | RENAISSANCE MUSIC FROM SPAIN (1530-1630), PERFORMED BY COUNTERTENOR AND CORNET VIRTUOSO PERFORMED BY COUNTERTENOR AND CORNET VIRTUOSO MICHAEL COLLVER AND EL DORADO ENSEMBLE (5 VIOLS & VIHUELA), WITH WORKS BY CABEZON, VASQUEZ, SELMA, ORTIZ, GUERRERO, & TRABACI, AMONG OTHERS. O JANUARY 29, 2023 WATERLINES: WATER MEDITATION O FEBRUARY 11, 2023 WATERLINES: CURATOR TOUR O FEBRUARY 18, 2023 WATERLINES: DINOSAUR ANNEX (PERFORMANCE)

O MARCH 12, 2023

WATERLINES: WALKING TOUR

O MARCH 19, 2023

WATERLINES: CLOSING RECEPTION

O MARCH 22, 2023

DUO MARESIENNE: CLOSER TO HOME | EUROPEAN MUSIC ENJOYED IN 18TH CENTURY

AMERICA, WITH WORKS BY SIMPSON, J.C. BACH, VIDAL, TRILLE LA BARRE &

OTHERS, PERFORMED BY DUO MARESIENNE (CAROL LEWIS, PARDESSUS & BASS

VIOL; OLAV CHRIS HENRICKSEN, BAROQUE & ENGLISH GUITARS.)

O MARCH 26, 2023

FORM 990, PART VI, SECTION A, LINE 2:

EVELYN BATTINELLI, EXECUTIVE DIRECTOR, SECRETARY & TRUSTEE IS TRUSTEE

Schedule O (Form 990) 2022 Page **2**

Name of the organization SOMERVILLE HISTORICAL SOCIETY Employer identification number 04-6079655

REGINA PISA'S AUNT.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOMERVILLE HISTORICAL SOCIETY IS A MEMBERSHIP ORGANIZATION GOVERNED BY

A BOARD OF TUSTEES. THE BOARD OF TRUSTEES IS ELECTED ANNUALLY BY A QUORUM

OF THE MEMBERS AT THE ANNUAL MEETING. MEMBERS ARE THOSE INDIVIDUALS WHO PAY

ANNUAL DUES

FORM 990, PART VI, SECTION A, LINE 8B:

MONTHLY BOARD MEETINGS MINUTES WERE WRITTEN UP TO DOCUMENT THE ACTIONS
UNDERTAKEN DURING THE YEAR

FORM 990, PART VI, SECTION B, LINE 11B:

YES THE GOVERNING BODY REVIEWED FORM 990 BEFORE BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MONITORED THE ORGANIZATIONS WRITTEN POLICIES AND MADE SURE THEY WERE FOLLOWED.

FORM 990, PART VI, SECTION B, LINE 15B:

THE PROCESS FOR DETERMINING COMPENSATION FOR ALISON DRASNER INCLUDED REVIEW
BY INDEPENDENT PEOPLE. REVIEW OF HER ABILITIES AND A DECISION BY THE BOARD
MEMBERS.

FORM 990, PART VI, SECTION C, LINE 19:

Scriedule O (Form 990) 20	122			1	Page 2
Name of the organization	SOMERVILLE	HISTORICAL	SOCIETY		Employer identification number 04-6079655
UPON REQUEST.					
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