EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A F</u>	or the	2021 calendar year, or tax year beginning JUL 1, 2021 and	ل ending	UN 30, 2022		
B (a	Check if applicable	C Name of organization		D Employer identific	cation number	
	Addres	NEWTON HISTORICAL SOCIETY, INC.				
	Name change	- III COOD TO NEWMON		04-26409	84	
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 527 WASHINGTON STREET	Room/suite	E Telephone numbe 617-796-		
	☐return/ termin- ated			G Gross receipts \$	673,554.	
	Amend	1 , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re		
	Application				? Yes X No	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in		
1.1	Гах-ехе	empt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) () \blacktriangleleft (insert no.) $\boxed{}$ 4947(a)(1) o	or 527	1	list. See instructions	
		e: ► WWW.HISTORICNEWTON.ORG		H(c) Group exemptio		
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1978	■ State of legal domicile: MA	
		Summary				
_	1	Briefly describe the organization's mission or most significant activities: HISTO	ORIC N	EWTON CONNE	CTS OUR	
Governance		COMMUNITY WITH ITS HISTORY IN ORDER TO EN				
rna	2 (Check this box $lacktriangle$ if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	28	
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			28	
es &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	13	
viti:		Total number of volunteers (estimate if necessary)			2	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.	
				Prior Year	Current Year	
ē	8 (Contributions and grants (Part VIII, line 1h)		189,278.	319,714.	
en	9	Program service revenue (Part VIII, line 2g)		32,465.	59,345.	
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		88,007.	279,745.	
_	י ייין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,963.	-13,473.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		316,713.	645,331.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		<u>0.</u> 263,288.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		203,200.	239,007.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		U •	0.	
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25) 43,12		127,618.	149,565.	
_	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		390,906.	388,572.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-74,193.	256,759.	
		nevertue less experises. Subtract line 16 front line 12		ginning of Current Year	End of Year	
its o	20	Total assets (Part X, line 16)	Ве	3,604,424.	2,994,871.	
Assets or	21	Total liabilities (Part X, line 16)		143,878.	43,541.	
Net/	-	Net assets or fund balances. Subtract line 21 from line 20		3,460,546.	2,951,330.	
	art II	Signature Block		0,100,0101		
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is	
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	,	
Sig	n	Signature of officer		Date		
Her	1	LISA DADY, EXECUTIVE DIRECTOR				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature]	Date Check	PTIN	
Paid	i į	SANDY ROSS SANDY ROSS		if self-employ	P01399337	
Prep	oarer [Firm's name KAHN, LITWIN, RENZA & CO., LTD.		Firm's EIN ▶	05-0409384	
Use	Only	Firm's address > 951 NORTH MAIN STREET				
		PROVIDENCE, RI 02904		Phone no. 40	<u>1-274-2001</u>	
May	the IP	S discuss this return with the preparer shown above? See instructions			X Yes No	

Form	n 990 (2021) NEWTON HISTORICAL SOCIETY, INC.	04-2640984	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		····
	HISTORIC NEWTON CONNECTS OUR COMMUNITY WITH ITS HISTORY ENRICH FUTURE GENERATIONS.	IN ORDER TO	
	INKIEH I OTOKE GENEKATIOND.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	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 If "Yes," describe these changes on Schedule O.	?Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		
4a			345.
	HISTORIC NEWTON INSPIRES DISCOVERY AND ENGAGEMENT BY IL COMMUNITY'S STORIES WITHIN THE CONTEXT OF AMERICAN HIST		JK
	ORGANIZATION CONDUCTS EDUCATIONAL PROGRAMS, HOSTS SPECI		
	ENCOURAGES THE PUBLIC TO VISIT EXHIBITIONS AND ENGAGE W		<u> </u>
	PROGRAMS. THE ORGANIZATION CARRIES OUT ITS MISSION USI		
	JACKSON HOMESTEAD MUSEUM AND THE 1734 DURANT-KENRICK HO		IDS.
41:			```
4b	(Code:) (Expenses \$ including grants of \$) (Rev	renue \$)
	•		
		_	
4-			
4c	(Code:) (Expenses \$ including grants of \$) (Rev	/enue \$,
4d	Other program services (Describe on Schedule O.)		
₩u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 294,574.		
_		Form !	990 (2021)

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	X	
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
	Schedule D, Part III	8_	<u>X</u>	
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?			٦,
	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	<u> </u>	
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
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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	175		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	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		X

NEWTON HISTORICAL SOCIETY, INC. 04-2640984 Page 4 Form 990 (2021) Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X Schedule J 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 d 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c			

132004 12-09-21

Form 990 (2021) NEWTON HISTORICAL SOCIETY, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At 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 bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization nave excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans The the amount of receives an head			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>
	If "Yes," complete Form 6069.			

Page 6 NEWTON HISTORICAL SOCIETY, INC. 04-2640984 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. X Check if Schedule O contains a response or note to any line in this Part VI

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	1a	28	<u> </u>		
	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	28			
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 s	upervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	•	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
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 arrangem	nent with	а			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		•			
	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, an	nd 990-T	(section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			• • •		
	Own website Another's website X Upon request Other (explain	on Sche	dule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	d 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 boo	ks and re	ecords >			
	LISA DADY - 617-796-1450					
				_		

527 WASHINGTON STREET, NEWTON, MA 02458

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."

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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, 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.

(A) Name and title	(B) Average			((Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	box	officer and a c		Inless person is both an r and a director/trustee)			compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) SUZANNE CUCCURULLO	2.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(2) STELLA LEE	2.00	1								
VICE PRESIDENT		Х						0.	0.	0.
(3) JOHN MORGANTI TREASURER	2.00	x		х				0.	0.	0.
(4) BROOKE LIPSITT	2.00									
CLERK		Х		Х				0.	0.	0.
(5) PETER DIMOND	2.00									_
DIRECTOR		Х						0.	0.	0.
(6) SHEILA DONAHUE	2.00									
DIRECTOR (TO 06/22)		Х						0.	0.	0.
(7) LAUREL FARNSWORTH	2.00									
DIRECTOR		Х						0.	0.	0.
(8) SHAWNA GIGGEY-MASHAL	2.00									
DIRECTOR		Х						0.	0.	0.
(9) SUSAN HEYMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JONATHAN KANTAR	2.00									
DIRECTOR (TO 06/22)		Х						0.	0.	0.
(11) ANNE LARNER	2.00									
DIRECTOR		Х						0.	0.	0.
(12) ROGER LEHRBERG	2.00									
DIRECTOR		Х						0.	0.	0.
(13) IVAN MATVIAK	2.00]							_	_
DIRECTOR		Х						0.	0.	0.
(14) FREDERICK MILLER	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(15) JEAN NOTIS-MCCONARTY	2.00							_		_
DIRECTOR		Х						0.	0.	0.
(16) JANE O'HERN	2.00	 								_
DIRECTOR (TO 06/22)		Х	_			_		0.	0.	0.
(17) SUSAN PALEY	2.00	∤								_
DIRECTOR		X		<u> </u>				0.	0.	0. Form 990 (2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	•	Es	stimate	d
	hours per	kod	, unle	ss per	rson i	s both	n an	compensation	compensation	on	ar	nount c	of
	week	\vdash	cer ar	id a d	irecto	r/trus	tee)	from	from related			other	
	(list any hours for	director director						the	organization		1	pensat	
	related	or di	9.9			sated		organization	(W-2/1099-MIS		1	om the	
	organizations	rustee	l trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	,	, ,	anizatio d relate	
	below	Individual trustee or	Institutional trustee	_	nploy	st cor		10001420)			1	anizatio	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former						
(18) STEVE SNIDER	2.00												
DIRECTOR		Х						0.		0.			0.
(19) PETER TERRIS	2.00												
DIRECTOR		Х						0.		0.			0.
(20) BLAIR BAKER	2.00												
DIRECTOR		Х						0.		0.			0.
(21) CANDACE HAVENS	2.00												
DIRECTOR (TO 06/22)		Х						0.		0.			0.
(22) C. BERNARD FULP	2.00												
DIRECTOR		Х						0.		0.			0.
(23) SARAH KISH	2.00												
DIRECTOR		Х						0.		0.			0.
(24) JAMES BRYANT	2.00												
DIRECTOR		Х						0.		0.			0.
(25) LAURA FITZMAURICE	2.00												
DIRECTOR		X						0.		0.			0.
(26) LAURIE PALEPU	2.00]											
DIRECTOR		Х						0.		0.	<u> </u>		0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	е			,
compensation from the organization												V	<u> </u>
												Yes	No
3 Did the organization list any former officer,									loyee on				v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su													Х
and related organizations greater than \$150											4		
5 Did any person listed on line 1a receive or a	•				-			•			_		v
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on					5		X
Complete this table for your five highest co	magnested inc	lone	ndo	at co	ntr	acto	rc th	nat received more than ¢	:100 000 of com		tion fr		
the organization. Report compensation for										ренва	tion in	וווע	
(A)	ine calcindar y	carc	JI IUII	ig w	ILIT	JI VVI		(B)	car.			C)	
Name and business	address	N	ONE	3				Description of s	ervices	C	Compe	nsation	1
										<u> </u>			
							_			<u> </u>			
										1			

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 NEWTON H	ISTORICA	Γ	SC	CI	EΤ	Ϋ́,	I	INC.	04-264	0984
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd F	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all ·	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	dual	ution	<u></u>	Key employee	stco	er			0.gaa
	line)	Indivi	Instit	Officer	Key e	High	Former			
(27) SUZANNE WINTON	2.00									
DIRECTOR (AS OF 9/21)		Х						0.	0.	0.
(28) RAKASHI CHAND	2.00									
TRUSTEE		Х						0.	0.	0.
(29) RUSSEL FELDMAN	2.00									
TRUSTEE		Х						0.	0.	0.
(30) KAREN HAYWOOD	2.00									
TRUSTEE		Х						0.	0.	0.
(31) TREFF LAFLECHE	2.00									
TRUSTEE (TO 6/22)		Х						0.	0.	0.
(32) HARRY LOHR JR.	2.00									
TRUSTEE (TO 6/22)		Х						0.	0.	0.
(33) MARIETTA MARCHITELLI	2.00									
TRUSTEE		Х						0.	0.	0.
(34) JAY WALTER	2.00								_	_
TRUSTEE (TO 6/22)		Х						0.	0.	0.
(35) LISA DADY	40.00	1								_
EXECUTIVE DIRECTOR				Х				0.	0.	0.
		-								
						_				
		-								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
	1									
Total to Part VII, Section A, line 1c										

Form 990 (2021) NEWTON
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	a in this Part VIII			
		Check if Schedule O contains a response of	or flote to arry lift	<u>(Δ)</u>	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tovellac	function revenue	business revenue	from tax under
							sections 512 - 514
S	1 a	Federated campaigns 1a					
ant	ŀ	Membership dues 1b	44,283.				
200		1	12,935.				
ts, An	•	Fundraising events 1c	14,933.				
Contributions, Gifts, Grants and Other Similar Amounts	C	Related organizations 1d	150 006				
s, m	•	Government grants (contributions)	158,206.				
ion S	f	All other contributions, gifts, grants, and					
out he		similar amounts not included above If	104,290.				
호텔		Noncash contributions included in lines 1a-1f	·				
on Dd	,			319,714.			
O a		Total. Add lines 1a-1f		J17,/14.			
			Business Code	F0 245	50 245		
e	2 8	PROGRAM SERVICES	712120	59,345.	59,345.		
Ξœ	k						
Se							
m Ve							
gra Re	,						
Program Service Revenue		All all and a second and a second as a sec					
щ		All other program service revenue		F0 24F			
	9	Total. Add lines 2a-2f		59,345.			
	3	Investment income (including dividends, interes					
		other similar amounts)	>	58,778.			58,778.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	_		(ii) i crooriai				
	6 a						
		Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 220,967.					
	ŀ	Less: cost or other basis					
Φ	•	and calce expanses 7b					
Revenue		and sales expenses 7b 0. Gain or (loss) 7c 220,967.					
эvе				222 267			220 067
Ä	C	Net gain or (loss)		220,967.			220,967.
Other I	8 8	Gross income from fundraising events (not					
₹		including \$12,935. of					
		contributions reported on line 1c). See					
		Part IV, line 18	14,750.				
	ŀ	Less: direct expenses 8b	28,223.				
				-13,473.			-13,473.
		Net income or (loss) from fundraising events	······	10,110.			13,130
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	Less: direct expenses9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	L	Less: cost of goods sold 10b					
	-	Net income or (loss) from sales of inventory	>				
S			Business Code				
on e	11 a	i					
ine	k						
ella							
Miscellaneous Revenue	`,	All other revenue					-
Σ		• Total. Add lines 11a-11d					
				6/15 221	50 24F	0	266 272
	12	Total revenue. See instructions		645,331.	59,345.	0.	266,272.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 216,853. 166,177. 28,597. 22,079. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,299. 4,596. 297. Other employee benefits 9 17,558. 13,455. 2,315. 1,788. 10 Payroll taxes Fees for services (nonemployees): Management Legal 17,825. 9,469. 8,356. Accounting Lobbying Professional fundraising services. See Part IV, line 17 9,947. 9,947. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 12,905. 15,327 2,422. column (A), amount, list line 11g expenses on Sch O.) 3,073. 3,073. Advertising and promotion 12 27,911. 22,192. 311. 5,408. Office expenses 13 Information technology 14 15 Royalties 38,821. 38,359. 324. 138. 16 Occupancy 189. 189. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,753. 4,179. 68. 506. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 17,061. 16,102. 959. 23 Other expenses. Itemize expenses not covered 24 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 O.) 8,291. 8,291. HISTORIC HOUSE MARKERS MUSEUM SHOP COST OF SAL 5,491. 5,491. 876. 876. COLLECTION EXPENSES С d All other expenses 388,572. 294,574. 50,877. 43,121. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	171,377.	1	122,880.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	89,246.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
တ္သ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	18,948.	8	14,547
As	9	Prepaid expenses and deferred charges	1 0 003	9	9,983.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities	1,856,323.	11	1,557,347.
	12	Investments - other securities. See Part IV, line 11		12	1,200,868.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,604,424.	16	2,994,871
	17	Accounts payable and accrued expenses	58,308.	17	43,541.
	18	Grants payable	I	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Francisco de la Constanti de la Constanti de la Constanti de la Constanti de Consta		21	
တ္	22	Loans and other payables to any current or former officer, director,			
iii l		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
וב	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	85,570.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	143,878.	26	43,541.
		Organizations that follow FASB ASC 958, check here 🕨 🗓			
ces		and complete lines 27, 28, 32, and 33.			
lau	27	Net assets without donor restrictions	2,398,139.	27	1,987,170.
Ba	28	Net assets with donor restrictions	1,062,407.	28	964,160.
pur		Organizations that do not follow FASB ASC 958, check here			
딘		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	3,460,546.	32	2,951,330.
	33	Total liabilities and net assets/fund balances	3,604,424.	33	2,994,871.

Form **990** (2021)

	130 (2021) 112111111 11211111 1131111 1131	<u> </u>		ı u	<u>gc</u>
Pa	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	64	5,3	31.
2	Total expenses (must equal Part IX, column (A), line 25)	2			72.
3	Revenue less expenses. Subtract line 2 from line 1	3			59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,46	0,5	46.
5	Net unrealized gains (losses) on investments	5	-76	5,9	75.
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	2,95	1,3	30.
Pa	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: Cash X Accrual Other				
	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	Х	
	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:				
	X 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:				
	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 Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		l _{3h} l		

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization NEWTON HISTORICAL SOCIETY, 04-2640984 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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 fails to qualify under the tests listed below, please complete Part III.)

36(tion A. Public Support		<u> </u>	•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶∟
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organize	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	>

Schedule A (Form 990) 2021

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	qualify under the tests listed b	elow, please comp	lete Part II.)					
		(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")	155,677.	145,268.	181,188.	189,278.	306,779.	978,190.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	131,580.	123,136.	59,791.		59,345.	406,317.	
3	Gross receipts from activities that are not an unrelated trade or business under postion 512							
	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	216 026	212 410	221 200	204 202	226 040	1622606	
	the organization without charge	316,826.	$\begin{bmatrix} 313,419. \\ 501,000 \end{bmatrix}$	331,200.	324,303.	336,948.	1622696.	
	Total. Add lines 1 through 5	604,083.	581,823.	572,179.	546,046.	703,072.	3007203.	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	79,924.	50,915.	68,850.	41,365.	48,740.	289,794.	
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		6,788.	44 4-4	11 21-		6,788.	
С	Add lines 7a and 7b	79,924.	57,703.	68,850.	41,365.	48,740.	296,582.	
	Public support. (Subtract line 7c from line 6.)						2710621.	
Sec	tion B. Total Support			·	T	.		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
9	Amounts from line 6	604,083.	581,823.	572,179.	546,046.	703,072.	3007203.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	101,654.	78,791.	72,366.	88,007.	58,778.	399,596.	
h	and income from similar sources Unrelated business taxable income	101,034.	70,751.	12,500	00,007.	30,770:	333,3301	
b	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
_		101,654.	78,791.	72,366.	88,007.	58 778	399,596.	
	Add lines 10a and 10b	101,054.	70,791.	72,300.	88,007.	30,770.	399,390.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	705,737.	660,614.	644,545.	634,053.	761,850.	3406799.	
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax v	ear as a section 5	01(c)(3) organizatio	on,	
_							>	
	ction C. Computation of Publi					г		
	Public support percentage for 2021 (I			column (f))		15	79.57 %	
Sec	ction D. Computation of Inves	stment Income	Percentage					
17	1 0 1 1 00							
18								
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 17		
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	\X	
b	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd	
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶□	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins		>	
							(Form 000) 2021	

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family 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	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	tion 6. Type if Supporting Organizations		1	·
	Were a sector to a filtre a construction to all the decrease and a first the decrease at the construction of the all the decrease at the construction of the construct		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check 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	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 instance)	struction	s).	ı
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	ZIJ		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
L	Did the organization eversion a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? *If* "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

3chedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	on 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				
	on 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				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	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	on 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					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see		
	instructions).	, ,		,		

Schedule A (Form 990) 2021

		ICAL SOCIETY,		0	4-2640984 Page 7				
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)					
Section D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	he organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2021 from Section C, line 6			9					
<u>10</u>	Line 8 amount divided by line 9 amount	1		10	****				
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
<u>a</u>	From 2016								
<u>b</u>	From 2017								
c	From 2018								
d	From 2019								
e	From 2020								
f_	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2021 distributable amount								
<u>i</u>	Carryover from 2016 not applied (see instructions)								
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
	Applied to 2021 distributable amount								
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4c.								
•	Prockdown of line 7:								

Schedule A (Form 990) 2021

a Excess from 2017
 b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

NEWTON HISTORICAL SOCIETY

04-2640984

OMB No. 1545-0047

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

Name of the organization **Employer identification number**

INC.

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

NEWTON HISTORICAL SOCIETY, INC.

04-2640984

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MASSACHUSETTS CULTURAL COUNCIL TEN ST. JAMES AVENUE, 3RD FLOOR BOSTON, MA 02116	\$7,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STEVE SNIDER 122 SHORNECLIFFE ROAD NEWTON, MA 02458	\$ 6,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	VILLAGE BANK 371 WASHINGTON STREET NEWTON, MA 02482	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	400 YEARS OF AFRICAN AMERICAN HISTORY COMMISSION PO BOX 77075 WASHINGTON, DC 20013	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHARLES RIVER NEIGHBORHOOD FOUNDATION 389 CENTRAL ST AUBURNDALE, MA 02466	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JEAN NOTIS-MCCONARTY 122 TEMPLE ST WEST NEWTON, MA 02465	\$5,500.	Person X Payroll

Name of organization Employer identification number

NEWTON HISTORICAL SOCIETY, INC.

04-2640984

Part II	Noncash Property (see instructions). Use duplicate copies of Part	<u>'</u>	1 2010)01
	(see instructions). Use duplicate copies of Part	i ii if additional space is needed.	1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-11		\$	Schedule B (Form 990) (2021)

Name of organization **Employer identification number** NEWTON HISTORICAL SOCIETY, INC. 04-2640984 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Name of the organization

NEWTON HISTORICAL SOCIETY, INC. **Employer identification number** 04-2640984

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or Ac	counts. Complete if the
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advised funds		(b) Funds and other accounts
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	riting that the assets held in dor	nor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant fund	s can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	ourpose conferr	ing
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Fo	rm 990, Part 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, recreating	ion or education) 🔲 Presei	vation of a histo	orically important land area
	Protection of natural habitat	Preser	vation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in t	the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a histori	ic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminate	ed by the organi	zation during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located >		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, han	dling 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 enforce	cing conservation	n easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing o	conservation ea	sements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sec	tion 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and	expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financia	l statements tha	at describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tussaures	ou Othou C	imiles Accets
Pai	Organizations Maintaining Collections of		s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ	,		nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or researc	ch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_				•
2	If the organization received or held works of art, historical trea		financial gain, p	provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021

e Other

c Leasehold improvementsd Equipment

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

Sche		ORICAL SOCIETY	, INC.	04-2640984 Page
Pai	t VII Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 11	b. See Form 990, Part X,	line 12.
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) F	inancial derivatives			
(2)	Closely held equity interests			
(3)				
<u>(A</u>	MULTI-ASSET POOLED FUNDS	1,200,868.	END-OF-YEAR	MARKET VALUE
<u>(</u> E)			
(C)			
<u>(D</u>	•			
<u>(E</u>				
(F				
(G	•			
<u>(</u> H		1 000 060		
Total.	(Col. (b) must equal Form 990, Part X, col. (B) line 12.) t VIII Investments - Program Related.	1,200,868.		
Pai		Farms 000 Dart IV line 11	- C F 000 Dart V	En a 40
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of Valuation	n: Cost or end-of-year market value
(1				
(2				
(3				
(4				
(5				
(6				
(7				
(<u>8</u>				
	(Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	t IX Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 11	d. See Form 990. Part X.	line 15.
	-	Description	,	(b) Book value
(1		·		` ` `
(2				
(3				
(4				
(5				
(6				
(7				
(8				
(9				
Tota	(Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Pai				Part X line 25
1.	(a) Description of liability			(b) Book value
<u>ı.</u> (1	•			(2, 233. 12.30
(2	,			
(3				
(4				
(5				
- (6				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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) 2021

(7) (8)

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT

THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH THEIR TAX-EXEMPT

STATUS AT BOTH THE STATE AND FEDERAL LEVELS.

Schedule D (Form 990) 2021

THE ORGANIZATION ANNUALLY FILES IRS FORM 990 - RETURN OF ORGANIZATION

EXEMPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO

MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE INFORMATIONAL TAX

RETURNS ARE SUBJECT TO REVIEW BY THE TAXING AUTHORITIES GENERALLY FOR A

PERIOD OF THREE YEARS AFTER THEY WERE FILED. THE ORGANIZATION CURRENTLY

HAS NO TAX EXAMINATIONS IN PROGRESS.

PART III, LINE 1A AND LINE 4

COLLECTIONS

THE ORGANIZATION'S COLLECTIONS CONSIST OF HISTORIC BUILDINGS, LANDSCAPES

AND ARTIFACTS OF HISTORICAL SIGNIFICANCE THAT ARE HELD FOR EDUCATIONAL,

RESEARCH, AND CURATORIAL PURPOSES.

THE HISTORICAL COLLECTIONS ARE NOT CAPITALIZED BY THE ORGANIZATION. IN ADDITION, THE ORGANIZATION DOES NOT CAPITALIZE REPAIRS OR IMPROVEMENTS TO INEXHAUSTIBLE COLLECTIONS. ALL PURCHASES OF COLLECTION ITEMS, AND RESTORATION OR IMPROVEMENTS TO INEXHAUSTIBLE COLLECTIONS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE EXPENDITURE THE ORGANIZATION MAINTAINS A COLLECTION POLICY THAT ADDRESSES IS MADE. COLLECTIONS UPKEEP, ACCESSION AND DE-ACCESSION POLICIES AND OTHER ASPECTS OF COLLECTIONS MANAGEMENT. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET THE ORGANIZATION HAS ADOPTED A POLICY THAT ANY PROCEEDS FROM THE CLASSES. SALE OF COLLECTION ITEMS ARE TO BE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTION OR TO CONSERVE THE EXISTING COLLECTION. IN ACCORDANCE WITH THE POLICY OF NOT RECORDING COLLECTIONS IN THE FINANCIAL RECORDS, DONATED Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Mail solicitations

Phone solicitations

(i) Name and address of individual

or entity (fundraiser)

In-person solicitations

Internet and email solicitations

compensated at least \$5,000 by the organization.

а

b

С

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Solicitation of non-government grants

Solicitation of government grants

Special fundraising events

(iii) Did fundraiser have custody or control of contributions?

Yes No (iv) Gross receipts

from activity

OMB No. 1545-0047

Open to Public Inspection

(vi) Amount paid

to (or retained by)

organization

Name of the organization NEWTON HISTORICAL SOCIETY, Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

(ii) Activity

Employer identification number 04-2640984 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

(v) Amount paid

to (or retained by)

fundraiser

listed in col. (i)

						l
- Total			•			
3 List all states in which the organizatio or licensing.			ions c	or has been notified	it is exempt from reg	gistration

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PREVIEW		NONE	(add col. (a) through
			PARTY	OTHER		, , , ,
			(event type)	(event type)	(total number)	col. (c))
ne				. ,,,,		
Revenue	1	Gross receipts	22,435.	5,250.		27,685.
æ						
	2	Less: Contributions	7,685.	5,250.		12,935.
	3	Gross income (line 1 minus line 2)	14,750.			14,750.
	4	Cash prizes				
	5	Noncash prizes				
es						
Direct Expenses	6	Rent/facility costs				
ă						
ctE	7	Food and beverages				
)ire						
_	8	Entertainment				
	9	Other direct expenses	28,223.			28,223.
	10		9 in column (d)		•	28,223.
	11	Net income summary. Subtract line 10 from line				-13,473.
Pa	ırt l	III Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
4			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
S	2	Cash prizes				
JSe						
ф.	3	Noncash prizes				
Direct Expenses						
rec	4	Rent/facility costs				
Ճ						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	En	ter the state(s) in which the organization condu	cts gaming activities: _			
а	ls t	the organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	lf "	No," explain:				
	_					
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				
	_					

Schedule G (Form 990) 2021

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Sch	ledule G (Form 990) 2021 NEWTON HISTORICAL SOCIETY, INC. 04-2	2640984	Page 3							
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No							
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed									
	to administer charitable gaming?	Yes	No							
13	Indicate the percentage of gaming activity conducted in:									
	a The organization's facility	13a	%							
	o An outside facility	13b	/ 6							
		100	70							
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:									
	Name									
	Address									
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No							
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount									
	of gaming revenue retained by the third party \$\bigs\sum_{\text{quantity}} = \bigs\sum_{\text{quantity}} = \bigs\sum_{q									
c	If "Yes," enter name and address of the third party:									
_	· · · · · · · · · · · · · · · · · · ·									
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation > \$									
	Description of services provided									
	Director/officer Employee Independent contractor									
17	Mandatory distributions:									
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?	Yes	☐ No							
		103	140							
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the									
Do	organization's own exempt activities during the tax year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		<u> </u>							
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,							
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.									
		_								

Schedule G	G (Form 990)	NEWTON	HISTORICAL	SOCIETY,	INC.	04-2640984	Page 4
Part IV	G (Form 990) Supplemental Infor	mation _{(con}	tinued)				
		(00					
-							
-							
-							

SCHEDULE O (Form 990)

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.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

NEWTON HISTORICAL SOCIETY, INC.

Employer identification number 04-2640984

FORM 990, PART VI, SECTION B, LINE 11B:
THE AUDIT COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE DRAFT FORM 990.
A COPY OF THE APPROVED-FOR-FILING FORM 990 IS DISTRIBUTED TO BOTH THE
EXECUTIVE COMMITTEE AND TO THE FULL BOARD PRIOR TO ITS FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY STATES THE FOLLOWING:
1. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD
DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH
PERSON (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; (B) HAS
READ AND UNDERSTANDS THE POLICY; (C) HAS AGREED TO COMPLY WITH THE POLICY;
AND (D) UNDERSTANDS NEWTON HISTORICAL SOCIETY IS A CHARITABLE ORGANIZATION
AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE
PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT
PURPOSES.
2. EACH VOTING MEMBER OF THE BOARD SHALL ANNUALLY SIGN A STATEMENT THAT
DECLARES WHETHER SUCH PERSON IS AN INDEPENDENT DIRECTOR.
DECEMBED WHEELER SOON LENGTH IN THE PROPERTY STREET
3. IF AT ANY TIME DURING THE YEAR, THE INFORMATION IN THE STATEMENT
CHANGES MATERIALLY, THE DIRECTOR SHALL DISCLOSE SUCH CHANGES AND REVISE THE
ANNUAL DISCLOSURE FORM.
AMMOND DIDCHODORE FORM.
4. THE EXECUTIVE COMMITTEE SHALL REGULARLY AND CONSISTENTLY MONITOR AND
4. III DVICOITAD COMMITTIND DUVIN KNOONWANI WAD COMDIDIDATE MONITOR WAD

ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING ANNUAL STATEMENTS AND

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization NEWTON HISTORICAL SOCIETY, INC.	Employer identification number $04-2640984$
TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE O	VERSIGHT.
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION'S EXECUTIVE DIRECTOR IS EMPLOYED AND COMP	ENSATED BY THE
CITY OF NEWTON. IN ADDITION, THERE ARE NO KEY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTATION RELATED TO THE NEWTON HISTORICAL SOCIETY	SUCH AS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	NCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, CO	PIES OF THE FORM
990 ARE AVAILABLE ON THE NEWTON HISTORICAL SOCIETY WEBSITE	. THE FORM 990
AND FINANCIAL STATEMENT ARE AVAILABLE ON THE MASSACHUSETTS	ATTORNEY
GENERAL'S WEBSITE.	

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

NEWTON HISTORICAL SOCIETY, INC. 527 WASHINGTON STREET NEWTON, MA 02458

NON-PROFIT ORG/PUBLIC CHARITIES DIV OFFICE OF THE ATTORNEY GENERAL ONE ASHBURTON PLACE BOSTON, MA 02108

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

NEWTON HISTORICAL SOCIETY, INC. 527 WASHINGTON STREET NEWTON, MA 02458

Prepared By:

Kahn, Litwin, Renza & Co., Ltd. 951 North Main Street Providence, RI 02904

Amount of Tax:

Balance due of \$125

Make Check Payable To:

Not applicable

Mail Tax Return To:

Non-Profit Org/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108

Return Must Be Mailed On Or Before:

May 15, 2023

Special Instructions:

The report should be signed and dated by an authorized individual(s).

Payment for the balance due must be made electronically via the Commonwealth of Massachusetts website at:

https://www.paybill.com/maagocharities

All the necessary attachments should be included with Form PC before filing.

Office Use Only: Fiscal Year

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

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

Form PC

Report for the Fiscal Period: 07/01/21 to 06/30	/22			Check all items atta	ched
AG Account #: 003499 Federal ID #:	(if applicable) Filing Fee or P X Electronic Pay	rintout of ment			
Electronic Payment Confirmation #: Attach printout of electronic payment confirmation.			Confirmation X Copy of IRS Re X Audited Finance Statements/Re	ial	
Electronic Payment Date:				Amended Artic	eles/
When did the organization first engage in charitable work in Massachusetts? 09/01/1978	X Schedule A-1 X Schedule A-2 Schedule RO				
Has the organization applied for or been granted IRS tax exempt status?		X Yes	☐ No	Schedule VCC Probate Accou	
If yes, date of application OR date of determination letter:		09/01/1	1978		
IRS Exemption under 501(c):		3			
If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?	n	X Yes	☐ No		
Organization Data					
Name: NEWTON HISTORICAL SOCIETY, IN	IC.				
Mailing Address: 527 WASHINGTON STREET					
City: NEWTON	s	tate: MA	ZIP:	02458	
Phone Number: 617-796-1450		Fax Number: 617	7-552-7228		
Email: LDADY@NEWTONMA.GOV		Website: WWW • I	HISTORICNEWT	ON.ORG	
In the table below, please enter the appropriate codes from the content of the co	•	ng tables found in th	e instructions. Category		Code
County (Table 1)	9	Organization Purpo	aso Codo 1		22
	1				26
Type of Organization (Table 2)		Organization Purpo	ise Code 2		20
Please check box if final return prior to dissolution:					
Form PC Rev. 09/2020 178001 04-01-21	Page	1 of 15	Office Use Only: Pa	yment Received	

2

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created?	09/01/1978
---	------------

2. Where was the organization created? NEWTON, MA

3. What is the form of organization? (check one)

Corporation	X	Testamentary Trust	
Unincorporated Association		Inter Vivos Trust	
Other (please describe):			

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.

5. Enter your summary of financial data:

	Financial Data	Amounts
Α.	Contributions, gifts, grants, and similar amounts received	319,714.
В.	Gross support and revenue	424,364.
C.	Program services and similar amounts paid out	294,574.
D.	Fundraising expenses	43,121.
E.	Management and general expenses	50,877.
F.	Payments to affiliates	0.
G.	Total expenses	388,572.
Н.	Net assets or fund balances at the end of the year	2,951,330.

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

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
	KELSEY MERRIAM				
1.	EDUCATION MANAGER	37.50	48,000.	7,413.	0.
	SARA GOLDBERG				
2.	CURATOR OF MANUSCRIPTS & PHOTOS	3.50	6,352.	0.	0.
	CYNTHIA COWAN				
3.	DURANT-KENRICK MANAGER & EDU	37.50	48,000.	0.	0.
	ANNA CHEUNG				
4.	BUSINESS MANAGER	19.00	31,122.	0.	0.
	MARYA E. VAN'T HUL				
5.	COLLECTIONS MANAGER	15.00	28,937.	0.	0.

7.	Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response	to 6?	f yes, please
	provide explanation (attach separate sheet)	Yes	X No

Form PC 178002 04-01-21

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8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
			DEVELOPMENT
1.	JANET GOFF	12,905.	CONSULTANT
2.	KAHN, LITWIN, & RENZA	14,600.	ACCOUNTING
3.	A CFO PARTNER	3,225.	ACCOUNTING
4.			
5.			

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

Bank	Address		Phone Number
	307 AUBURN STREET, A	UBURNDALE, MA	
THE VILLAGE BANK	02466		617-527-6090
	323 WALNUT STREET, N	EWTONVILLE,	
BROOKLINE BANK	MA 02460		617-641-0720
10. What is the organization's accounting method?	Cash X Accrual		
	Other (specify):		
11. If organization's mailing address is a P.O. Box, list	the organization's full street address:		
Address:			
City:		State: 7IP	Code:
12. Contact Person Name: LISA DADY			
Street Address: 527 WASHINGTON S	TREET		
NTT-100-1		3.53	00450
City: NEWTON		State: MA ZIP	Code: <u>02458</u>

Phone Number: 617-796-1450

	NEWTON HISTORICAL SOCIETY, INC. 04-2640984	
13.	During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?	No
14.	At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from	No
15.	the solicitation certificate requirement. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right	
	to identify which exemption applies to your organization.	
	a religious organization	
	an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from	
	more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid	
	volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	
16.	Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. STATEMENT 1	
17.	Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives	
	of organization. STATEMENT 2	
18.	Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s)	
	responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records. STATEMENT 3	
19.	Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes X	No
	If yes attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door, special events, etc.) of	

the solicitation conducted.

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FORM PC NAME, ADDRESS, PHONE OF OTHER OFFICES STATEMENT 1

NAME AND ADDRESS

NONE

PHONE NUMBER

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 2 NAME AND ADDRESS TITLE SUZANNE CUCCURULLO PRESIDENT 527 WASHINGTON STREET NEWTON, MA 02458 STELLA LEE VICE PRESIDENT 527 WASHINGTON STREET NEWTON, MA 02458 JOHN MORGANTI TREASURER 527 WASHINGTON STREET NEWTON, MA 02458 BROOKE LIPSITT CLERK 527 WASHINGTON STREET NEWTON, MA 02458 PETER DIMOND DIRECTOR 527 WASHINGTON STREET NEWTON, MA 02458 SHEILA DONAHUE DIRECTOR (TO 06/22) 527 WASHINGTON STREET NEWTON, MA 02458 LAUREL FARNSWORTH DIRECTOR 527 WASHINGTON STREET NEWTON, MA 02458 SHAWNA GIGGEY-MASHAL DIRECTOR 527 WASHINGTON STREET NEWTON, MA 02458

SUSAN HEYMAN 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR

JONATHAN KANTAR 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR (TO 06/22)

ANNE LARNER 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR

DIRECTOR

ROGER LEHRBERG 527 WASHINGTON STREET NEWTON, MA 02458

IVAN MATVIAK 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR

FREDERICK MILLER 527 WASHINGTON STREET NEWTON, MA 02458

DIRECTOR

JEAN NOTIS-MCCONARTY 527 WASHINGTON STREET NEWTON, MA 02458

DIRECTOR

JANE O'HERN 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR (TO 06/22)

SUSAN PALEY 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR

STEVE SNIDER 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR

PETER TERRIS 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR

BLAIR BAKER 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR

CANDACE HAVENS 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR (TO 06/22)

C. BERNARD FULP 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR

SARAH KISH 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR

JAMES BRYANT 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR

LAURA FITZMAURICE 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR

LAURIE PALEPU 527 WASHINGTON STREET NEWTON, MA 02458 DIRECTOR

SUZANNE WINTON 527 WASHINGTON STREET NEWTON, MA 02458

DIRECTOR (AS OF 9/21)

RAKASHI CHAND 527 WASHINGTON STREET NEWTON, MA 02458

TRUSTEE

RUSSEL FELDMAN 527 WASHINGTON STREET NEWTON, MA 02458

TRUSTEE

KAREN HAYWOOD 527 WASHINGTON STREET NEWTON, MA 02458 TRUSTEE

TREFF LAFLECHE 527 WASHINGTON STREET NEWTON, MA 02458

TRUSTEE (TO 6/22)

HARRY LOHR JR. 527 WASHINGTON STREET NEWTON, MA 02458

TRUSTEE (TO 6/22)

MARIETTA MARCHITELLI 527 WASHINGTON STREET NEWTON, MA 02458

TRUSTEE

JAY WALTER 527 WASHINGTON STREET NEWTON, MA 02458 TRUSTEE (TO 6/22)

LISA DADY 527 WASHINGTON STREET NEWTON, MA 02458 EXECUTIVE DIRECTOR

FORM PC	PAGE 4, LINE 18 STATEMENT 3
NAME AND ADDRESS	AREA OF RESPONSIBILITY
SUZANNE CUCCURULLO 527 WASHINGTON STREET NEWTON, MA 02458	RESPONSIBLE FOR CUSTODY OF FUNDS
LISA DADY 527 WASHINGTON STREET NEWTON, MA 02458	RESPONSIBLE FOR CUSTODY OF FUNDS
SUZANNE CUCCURULLO 527 WASHINGTON STREET NEWTON, MA 02458	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
LISA DADY 527 WASHINGTON STREET NEWTON, MA 02458	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
JANET GOFF 527 WASHINGTON STREET NEWTON, MA 02458	RESPONSIBLE FOR FUNDRAISING
SUZANNE CUCCURULLO 527 WASHINGTON STREET NEWTON, MA 02458	AUTHORIZED TO SIGN CHECKS
LISA DADY 527 WASHINGTON STREET NEWTON, MA 02458	AUTHORIZED TO SIGN CHECKS
JOHN MORGANTI 527 WASHINGTON STREET NEWTON, MA 02458	AUTHORIZED TO SIGN CHECKS
LISA DADY 527 WASHINGTON STREET NEWTON, MA 02458	CUSTODY OF FINANCIAL RECORDS
JOHN MORGANTI 527 WASHINGTON STREET NEWTON, MA 02458	RESPONSIBLE FOR CUSTODY OF FUNDS
JOHN MORGANTI 527 WASHINGTON STREET NEWTON, MA 02458	RESPONSIBLE FOR DISTRIBUTION OF FUNDS

STATEMENT(S) 3

20. Has this organization or any of its officers, directors, or employees:

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	If ye	s, please attach an explanation.		
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?	Yes	X No
21.		e any restrictions been removed during the year from donor-restricted funds? s, please attach an explanation.	Yes	X No
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.	Yes	X No
23.	Parl	question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Relatives" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess our months salary or \$100,000, whichever dollar amount is less.	ed	
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?	Yes	X No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?	Yes	X No
	•	u answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stati ount of any payments made or value transferred, and describing the terms of each agreement.	ng the	

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24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

	X No
related party?	X No
	X No
B. Heaven arganization leaded assets to as leaded assets from a seleted party?	
D. Heaveur expenientian legand appets to as legand appets from a soluted mosts?	
B. Has your organization leased assets to or leased assets from a related party?	77
C. Has your organization been indebted to a related party?	X No
D. Has your organization allowed a related party to be indebted to it?	X No
	77
E. Has your organization made or held an investment in a related party?	X No
	77
F. Has your organization furnished goods, services, or facilities to a related party?	X No
G. Has your organization acquired goods, services, or facilities from a related party who received compensation	37
or other value in return?	X No
	X No
H. Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	_ ∧ _ No
I. Has your organization transferred income or assets to or for use by a related party?	X No
I. Has your organization transferred income or assets to or for use by a related party?	A NO
J. Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material	
	X No
inflancial interest, or did any officer, director or trustee receive anything or value not reported as compensation?	<u> 21</u> NO
K. Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns	
	X No
more than 1070 of the outstanding shares:	110
L. Is any property of the organization held in the name of or commingled with the property of any other person	
	X No
100	
M. Did your organization make a grant award or contribution to any other organization in which any of this organization's	
	X No

Form PC 178006 04-01-21

ignature:		Date:
rinted Name: LISA DADY		
tle: EXECUTIVE DIRECTOR		
ame of Preparer: KAHN, LITWIN, RENZA & CO., LT	'D.	
ddress 951 NORTH MAIN STREET		

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

HISTORIC NEWTON			
Types of solicitation activities in which you expect to engage	check all that appl	y):	
Mass Mailing	X	Via the Internet	X
Door-to-door		Raffle, beano, bingo or gaming event	
Entertainment event	X	Sale of goods other than by telephone	X
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	X
Other (specify):			
Identify the method or methods you expect to use for the fur	ndraising (check all	that apply):	
Professional solicitor*		Own employees	X
Professional fundraising counsel*		Volunteers	X
Commercial co-venturer*			
* Provide applicable names and addresses: Professional Solicitor Name:			
Address			
City		State ZIP Code	
Professional Fundraising Counsel Name:			
Address			
City		State ZIP Code	
Commercial Co-Venturer Name:			
Address			
City		State ZIP Code	

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

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

JOHN MORGANTI Name and Title: TREASURER Address 527 WASHINGTON STREET _____ ZIP Code 02458 City NEWTON _____ State MA SUZANNE CUCCURULLO Name and Title: PRESIDENT Address 527 WASHINGTON STREET City NEWTON _____ State MA _____ ZIP Code 02458 LISA DADY Name and Title: EXECUTIVE DIRECTOR Address 527 WASHINGTON STREET City **NEWTON** _____ State MA ZIP Code 02458 Identify the individuals who will have final responsibility for the charity's distribution of contributions: JOHN MORGANTI Name and Title: TREASURER Address 527 WASHINGTON STREET ZIP Code 02458 City NEWTON _____ State MA SUZANNE CUCCURULLO Name and Title: PRESIDENT Address 527 WASHINGTON STREET City NEWTON _____ State MA _____ ZIP Code 02458 LISA DADY Name and Title: EXECUTIVE DIRECTOR Address 527 WASHINGTON STREET City NEWTON _____ State MA ZIP Code 02458

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Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

HISTORIC NEWTON			
ypes of solicitation activities in which you expect to engage (check all that apply):		
Mass Mailing	X Via the Internet		X
Door-to-door	Raffle, beano, bingo		
Entertainment event	X Sale of goods other t	nan by telephone	X
Telemarketing without sale of goods or ads	Individual Mailings		X
Telemarketing with sale of goods	Corporate solicitation	S	X
Telemarketing with sale of ads	Grant Proposals		X
Other (specify):			
dentify the method or methods you expect to use for the fund	raising (check all that apply):		
			অ
Professional solicitor*	Own employees		X
Professional fundraising counsel*	Volunteers		
Commercial co-venturer*			
Provide applicable names and addresses:			
Professional Solicitor Name:			
Professional Solicitor Name:			
Address			
Addi 033			
City	State	ZIP Code	
Professional Fundraising Counsel Name:			
<u> </u>			
Address			
City	State	ZIP Code	
Commercial Co-Venturer Name:			
Address			
City	Stata	ZID Codo	

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions: **SUZANNE CUCCURULLO**

Name and Title: PRESIDENT Address 527 WASHINGTON STREET _____ State MA _____ ZIP Code 02458 City NEWTON LISA DADY Name and Title: EXECUTIVE DIRECTOR Address 527 WASHINGTON STREET _____ ZIP Code 02458 _____ State MA City **NEWTON** JOHN MORGANTI Name and Title: TREASURER Address 527 WASHINGTON STREET City **NEWTON** _____ State MA ZIP Code 02458 Identify the individuals who will have final responsibility for the charity's distribution of contributions: JOHN MORGANTI Name and Title: TREASURER Address 527 WASHINGTON ST City NEWTON _____ State MA ZIP Code 02458 LISA DADY Name and Title: EXECUTIVE DIRECTOR Address 527 WASHINGTON ST _____ State MA City **NEWTON** ZIP Code 02458 SUZANNE CUCCURULLO Name and Title: PRESIDENT Address 527 WASHINGTON ST City NEWTON _____ State MA ZIP Code 02458

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:	Date:
Printed Name: LISA DADY	
Title: EXECUTIVE DIRECTOR	
Signature:	Date:
Printed Name: JOHN MORGANTI	
Title: TREASURER	

Form PC 178012 04-01-21

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Schedule RO

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

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

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (see instructions). Use additional lines below to itemize by compensation source. Name: Title: Salary and Other Income: Benefits Plan: Other Compensation Income Source: Name: Title: Income Source: Salary and Other Income: Benefits Plan: Other Compensation Title: Name: Income Source: Salary and Other Income: Benefits Plan: Other Compensation Title: Name: Salary and Other Income: Income Source: Benefits Plan: Other Compensation

Name:		Title:		
ı		Benefits Plan:	Other Compensation	
		-		

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?

Yes	X	Nο

Form PC - Schedule RO 178014 04-01-21

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Department of the Treasury

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change NEWTON HISTORICAL SOCIETY, INC. Name change HISTORIC NEWTON 04 - 2640984Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 617-796-1450 527 WASHINGTON STREET 673,554. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return NEWTON, MA 02458 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LISA DADY for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.HISTORICNEWTON.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1978 M State of legal domicile: MA Trust Part I Summary Briefly describe the organization's mission or most significant activities: HISTORIC NEWTON CONNECTS OUR Governance COMMUNITY WITH ITS HISTORY IN ORDER TO ENRICH FUTURE GENERATIONS. if the organization discontinued its operations or disposed of more than 25% of its net assets. 28 3 Number of voting members of the governing body (Part VI, line 1a) 28 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 13 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** $189, \overline{278}$ 319,714.Contributions and grants (Part VIII, line 1h) 8 32,465. 59,345. Program service revenue (Part VIII, line 2g) 88,007. 279,745. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -13,473. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,963. 11 316,713. 645,331. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. 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) 263,288. 239,007. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 127,618. 149,565. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 390,906. 388,572. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -74,193. 256,759. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 3,604,424. 2,994,871 20 Total assets (Part X, line 16) 143,878. 43,541. 21 Total liabilities (Part X, line 26) 三年 460,546. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign LISA DADY, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature SANDY ROSS P01399337 SANDY ROSS Paid self-employed Firm's EIN \triangleright 05-0409384 Firm's name ► KAHN, LITWIN, RENZA & CO., LTD. Preparer Firm's address > 951 NORTH MAIN STREET Use Only Phone no. 401-274-2001 PROVIDENCE, RI 02904 X Yes May the IRS discuss this return with the preparer shown above? See instructions

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Pai	Obselvit Cabadula O agrataina a yang ang a gunata ta agu lina in thia Bart III	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
•	HISTORIC NEWTON CONNECTS OUR COMMUNITY WITH ITS HISTORY IN ORDER	TO
	ENRICH FUTURE GENERATIONS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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 expension of the service accomplishments for each of its three largest program services, as measured by expension of the service accomplishments for each of its three largest program services, as measured by expension of the service accomplishments for each of its three largest program services, as measured by expension of the service accomplishments for each of its three largest program services.	-
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
 4а	revenue, if any, for each program service reported. (Code:) (Expenses \$ 294,574. including grants of \$) (Revenue \$)	59,345.)
1 a	HISTORIC NEWTON INSPIRES DISCOVERY AND ENGAGEMENT BY ILLUMINATIN	
	COMMUNITY'S STORIES WITHIN THE CONTEXT OF AMERICAN HISTORY. THE	<u> </u>
	ORGANIZATION CONDUCTS EDUCATIONAL PROGRAMS, HOSTS SPECIAL EVENTS	, AND
	ENCOURAGES THE PUBLIC TO VISIT EXHIBITIONS AND ENGAGE WITH PUBLI	<u> </u>
	PROGRAMS. THE ORGANIZATION CARRIES OUT ITS MISSION USING THE 18	09
	JACKSON HOMESTEAD MUSEUM AND THE 1734 DURANT-KENRICK HOUSE AND G	ROUNDS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 294,574.	_ 000 ::::
		Form 990 (2021)

INC.

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	X	
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
	Schedule D, Part III	8_	<u> </u>	
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?			٦,
	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	<u> </u>	
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
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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	175		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	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		X

Form	1990 (2021) NEWTON HISTORICAL SOCIETY, INC. 04-26	<u>40984</u>	P	age 4
Ра	rt IV Checklist of Required Schedules (continued)		T	T
	Ditt		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
20	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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		X
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	I .		X
20	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	27		A
28	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	—		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7,
0=	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
36				X
37	If "Yes," complete Schedule R, Part V, line 2	30		1
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		1	<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa		, 55		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

132004 12-09-21

(gambling) winnings to prize winners?

Form 990 (2021) NEWTON HISTORICAL SOCIETY, INC.

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

	i (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At 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 bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 15		
•	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Ves " complete Form 6069			

NEWTON HISTORICAL SOCIETY, INC. 04-2640984 Form 990 (2021) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 28 1a Enter the number of voting members of the governing body at the end of the tax year 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. 28 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MA 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) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Upon request Another's website

___ Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

ΜA

State the name, address, and telephone number of the person who possesses the organization's books and records LISA DADY - 617-796-1450 527 WASHINGTON STREET, NEWTON.

Form **990** (2021)

02458

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, 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.

(A) Check this box if neither the organize	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	١,,		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	than c s both	an	compensation	compensation	amount of
	week		cer an	d a di	irecto	r/trust	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	a)			ted		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		9	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tn	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) SUZANNE CUCCURULLO	2.00	=	=	0	Α_	Ξ ω	4			
PRESIDENT		Х		х				0.	0.	0.
(2) STELLA LEE	2.00									
VICE PRESIDENT		Х						0.	0.	0.
(3) JOHN MORGANTI	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) BROOKE LIPSITT	2.00									
CLERK		Х		Х				0.	0.	0.
(5) PETER DIMOND	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(6) SHEILA DONAHUE	2.00	ļ								
DIRECTOR (TO 06/22)		Х						0.	0.	0.
(7) LAUREL FARNSWORTH	2.00	٠,,							_	•
DIRECTOR	2 00	Х						0.	0.	0.
(8) SHAWNA GIGGEY-MASHAL DIRECTOR	2.00	х						0.	0.	0.
(9) SUSAN HEYMAN	2.00	^						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(10) JONATHAN KANTAR	2.00	25						•	•	•
DIRECTOR (TO 06/22)		х						0.	0.	0.
(11) ANNE LARNER	2.00	1							•	
DIRECTOR		Х						0.	0.	0.
(12) ROGER LEHRBERG	2.00									
DIRECTOR		Х						0.	0.	0.
(13) IVAN MATVIAK	2.00									
DIRECTOR		Х						0.	0.	0.
(14) FREDERICK MILLER	2.00									
DIRECTOR		Х						0.	0.	0.
(15) JEAN NOTIS-MCCONARTY	2.00	1_							_	_
DIRECTOR		Х						0.	0.	0.
(16) JANE O'HERN	2.00	l								_
DIRECTOR (TO 06/22)		Х						0.	0.	0.
(17) SUSAN PALEY	2.00	٠,,							_	_
DIRECTOR		Х						0.	0.	O (

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(A) Name and title	(B) Average			((Pos	C) ition			(D) Reportable	(E) Reportable	- 1	(F) Estimate	
	hours per week (list any	offic				is both or/trus		compensation from the	compensation from related organizations		amount other mpensa	
	hours for related organizations	Individual trustee or director	Institutional trustee		ıyee	Highest compensated employee		organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	Or	from the rganizati nd relate	e ion
	below line)	Individual	Institution	Officer	Key employee	Highest co employee	Former	·		org	ganizatio	ons
(18) STEVE SNIDER DIRECTOR	2.00	X						0.	0			0.
(19) PETER TERRIS DIRECTOR	2.00	x						0.	0			0.
(20) BLAIR BAKER	2.00	22						0.		•		•
DIRECTOR		Х						0.	0			0.
(21) CANDACE HAVENS	2.00	ļ										
DIRECTOR (TO 06/22)	2 22	Х	_			┝		0.	0	-		0.
(22) C. BERNARD FULP DIRECTOR	2.00	х						0.	0			0.
(23) SARAH KISH	2.00	^	\vdash			\vdash		0.	0	+-		0.
DIRECTOR	2.00	x						0.	0			0.
(24) JAMES BRYANT	2.00											
DIRECTOR		Х						0.	0			0.
(25) LAURA FITZMAURICE	2.00	_							_			
DIRECTOR	0.00	Х				_		0.	0	•—		0.
(26) LAURIE PALEPU	2.00	x							_			^
DIRECTOR				<u> </u>		<u> </u>		0.	0			0.
1b Subtotal c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								0.	0			0.
2 Total number of individuals (including but n						e) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization												0
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on			77
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su												Х
and related organizations greater than \$150Did any person listed on line 1a receive or a										4		Λ
rendered to the organization? If "Yes." com	•				•			•	dual for services	5		Х
Section B. Independent Contractors	picie ochedan	001	<i>JI</i> 30	<i>i</i> CII ,	<i>JC13</i>	OII .						
Complete this table for your five highest contains	mpensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	sation f	rom	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)				_				(B)			(C)	_
Name and business	address	NC	ONE	5			_	Description of s	ervices	Comp	ensatio	n
							\dashv					
2 Total number of independent contractors (ii	ncludina but n	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than			

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

\$100,000 of compensation from the organization

Form 990_ NEWTON HISTORICAL SOCIETY, INC. 04-2640984										
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)		(D)	(E)	(F)						
Name and title	(B) Average				C) ition	1		Reportable	Reportable	Estimated
	hours	(cl				арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		/ee	Highest compensated employee				organizations
	below	dualt	utiona	_	Key employee	stco	<u>-</u>			organizations
	line)	Indivi	Instit	Officer	Key e	High	Former			
(27) SUZANNE WINTON	2.00									
DIRECTOR (AS OF 9/21)		Х						0.	0.	0.
(28) RAKASHI CHAND	2.00									
TRUSTEE		Х						0.	0.	0.
(29) RUSSEL FELDMAN	2.00									
TRUSTEE		Х		L		L		0.	0.	0.
(30) KAREN HAYWOOD	2.00									
TRUSTEE		Х						0.	0.	0.
(31) TREFF LAFLECHE	2.00									
TRUSTEE (TO 6/22)		Х						0.	0.	0.
(32) HARRY LOHR JR.	2.00									_
TRUSTEE (TO 6/22)		Х						0.	0.	0.
(33) MARIETTA MARCHITELLI	2.00									_
TRUSTEE		Х						0.	0.	0.
(34) JAY WALTER	2.00	l								
TRUSTEE (TO 6/22)		Х						0.	0.	0.
(35) LISA DADY	40.00			l						
EXECUTIVE DIRECTOR				Х				0.	0.	0.
		ł								
				L	L	L	L			
					L		L			
Total to Part VII, Section A, line 1c										

Ра	r v	111	_		=			
			Check if Schedule O contains a response	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
	I							sections 512 - 514
nts	1		Federated campaigns 1a	44 000				
Gra			Membership dues 1b	44,283.				
S, (Fundraising events 1c	12,935.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d	150 005				
S. ini			Government grants (contributions) 1e	158,206.				
i ti o		f	All other contributions, gifts, grants, and					
g £			similar amounts not included above 1f	104,290.				
o it		g	Noncash contributions included in lines 1a-1f 1g \$					
<u>റ്റ് മ</u>		h	Total. Add lines 1a-1f		319,714.			
				Business Code				
ė	2	а	PROGRAM SERVICES	712120	59,345.	59,345.		
ē Š		b						
Sch		С						
ran ev		d						
Program Service Revenue		е						
₫			All other program service revenue					
		g	Total. Add lines 2a-2f		59,345.			
	3		Investment income (including dividends, interest	· '	F0 880			
			other similar amounts)		58,778.			58,778.
	4		Income from investment of tax-exempt bond p	· 1				
	5		Royalties					
			(i) Real	(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 220,967.					
_		b	Less: cost or other basis					
nue			and sales expenses 7b 0.	1				
Revenue		С	Gain or (loss) 7c 220, 967.		222 267			222 267
			Net gain or (loss)	>	220,967.			220,967.
Other	8	а	Gross income from fundraising events (not					
Ò			including \$ of					
			contributions reported on line 1c). See	14 750				
			Part IV, line 18					
			Less: direct expenses 8b		12 172			12 472
			Net income or (loss) from fundraising events	_	-13,473.			-13,473.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	1				
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	P				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold 10	•				
		С	Net income or (loss) from sales of inventory .	Business Code				
ns	44	_		Duaniesa Code				
Je o	11							
Miscellaneous Revenue		b						
Sce		۲ C	All other revenue					
Ξ			Total. Add lines 11a-11d					
	12	e	Total revenue. See instructions		645,331.	59,345.	0.	266,272.
	14		TOTAL TOVOLUGE. OUG HIGH UUUUNIO		0 10 , 00 1 .	1 22,343.	. •	,_,

	Check if Schedule O contains a respons		his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	216 052	166 177	20 507	22 070
7	Other salaries and wages	216,853.	166,177.	28,597.	22,079
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	4,596.	4 200		207
9	Other employee benefits	17,558.	4,299. 13,455.	2,315.	297. 1,788.
10	Payroll taxes	1/,550.	13,433.	4,313.	1,/00
11	Fees for services (nonemployees):				
a	Management				
b	Legal	17,825.	9,469.	8,356.	
_	Accounting	17,043.	3,403.	0,330.	
d	Lobbying Professional fundacing convices See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17 Investment management fees	9,947.		9,947.	
f	Other. (If line 11g amount exceeds 10% of line 25,	J, J=1•		J, J=1•	
g	column (A), amount, list line 11g expenses on Sch 0.)	15,327.	2,422.		12,905
12	Advertising and promotion	3,073.	3,073.		12/505
13	Office expenses	27,911.	22,192.	311.	5,408.
14	Information technology	2,,5224	22,2321		3,100
15	Royalties				
16	Occupancy	38,821.	38,359.	324.	138.
17	Traval	189.	189.	<u> </u>	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,753.	4,179.	68.	506.
20	Interest	,	,		
 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
 23	Insurance	17,061.	16,102.	959.	
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.) HISTORIC HOUSE MARKERS	8,291.	8,291.		
a b	MUSEUM SHOP COST OF SAL	5,491.	5,491.		
С	COLLECTION EXPENSES	876.	876.		
c d	COLLECTION DATEMBED	070.	070.		
	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	388,572.	294,574.	50,877.	43,121.
<u>25 </u>	Joint costs. Complete this line only if the organization	300,312	201,014	30,0110	10,121
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		Į.	I I	

Par	τX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	171,377.	1	122,880.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	89,246.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
g	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	18,948.	8	14,547.
₹	9	Prepaid expenses and deferred charges	9,983.	9	9,983.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	1,557,347.
	12	Investments - other securities. See Part IV, line 11		12	1,200,868.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,994,871.
	17	Accounts payable and accrued expenses	I	17	43,541.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	0.
	24	Unsecured notes and loans payable to unrelated third parties	65,570•	24	U •
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		0.5	
	00	of Schedule D	143,878.	25	43,541.
-	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	143,070•	26	45,541
န္တ		and complete lines 27, 28, 32, and 33.			
2	27	Net assets without donor restrictions	2,398,139.	27	1,987,170.
32	28	Net assets with donor restrictions Net assets with donor restrictions		28	964,160.
틸	20	Organizations that do not follow FASB ASC 958, check here			301,100
בַּ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	2,951,330.
z	33	Total liabilities and net assets/fund balances	2 604 404	33	2,994,871.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		6,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,46	0,5	46.
5	Net unrealized gains (losses) on investments	5	-76	5,9	75.
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	2,95	1,3	<u>30.</u>
Pa	rt 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: Cash X Accrual Other				
	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:				
	X 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:				
	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 Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	-			
	Act and OMB Circular A-133?		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	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

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.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Name of the organization NEWTON HISTORICAL SOCIETY, 04-2640984 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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 fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
Sec	ction B. Total Support		_	_	_	_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						>
	ction C. Computation of Publi						
	Public support percentage for 2021 (li		•	* * * * * * * * * * * * * * * * * * * *		14	<u>%</u>
	Public support percentage from 2020					15	<u>%</u>
16a	33 1/3% support test - 2021. If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			=		VI how the organiz	zation
	meets the facts-and-circumstances te					47	100/
b	10% -facts-and-circumstances test	_				•	10% or
	more, and if the organization meets the						▶ □
10	organization meets the facts-and-circu						~
ΙŐ	Private foundation. If the organization	n did flot check a	box on line 13, 16	a, 100, 1/a, 0r 1/k	o, check this dox a		/Form 000) 0001

Schedule A (Form 990) 2021

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	qualify under the tests listed b	elow, please comp	lete Part II.)				
		(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	155,677.	145,268.	181,188.	189,278.	306,779.	978,190.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	131,580.	123,136.	59,791.		59,345.	406,317.
3	Gross receipts from activities that are not an unrelated trade or business under cention 512						
	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	216 026	212 410	221 200	204 202	226 040	1622606
	the organization without charge	316,826.	$\begin{bmatrix} 313,419. \\ 501,000 \end{bmatrix}$	331,200.	324,303.	336,948.	1622696.
	Total. Add lines 1 through 5	604,083.	581,823.	572,179.	546,046.	703,072.	3007203.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	79,924.	50,915.	68,850.	41,365.	48,740.	289,794.
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		6,788.	44 4-4	11 21-		6,788.
С	Add lines 7a and 7b	79,924.	57,703.	68,850.	41,365.	48,740.	296,582.
	Public support. (Subtract line 7c from line 6.)						2710621.
Sec	tion B. Total Support			·	T	.	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	604,083.	581,823.	572,179.	546,046.	703,072.	3007203.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	101,654.	78,791.	72,366.	88,007.	58,778.	399,596.
h	and income from similar sources Unrelated business taxable income	101,034.	70,751.	12,500	00,007.	30,770:	333,3301
b	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_		101,654.	78,791.	72,366.	88,007.	58 778	399,596.
	Add lines 10a and 10b	101,054.	70,791.	72,300.	88,007.	30,770.	399,390.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	705,737.	660,614.	644,545.	634,053.	761,850.	3406799.
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax v	ear as a section 5	01(c)(3) organizatio	on,
_							>
	ction C. Computation of Publi					г	
	Public support percentage for 2021 (I			column (f))		15	79.57 %
	Public support percentage from 2020					16	79.07 %
Sec	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	021 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	11.73 %
18	Investment income percentage from					18	11.83 %
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box of	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	\ X
b	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins		>
							(Form 000) 2021

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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
1		
-		
2		
За		
- Oa		
3b		
3с		
4-		
4a		
4b		
_		
4c		
E-		
5a		
5b		
5с		
6		
7		
8		
-		
9a		
9b		
90		
9c		
10a		
10b		
.55		

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 SiguinEutions		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			

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations				
1							
All other Type III non-functionally integrated supporting organizations must complete 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						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see			
	instructions).	. •		•			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

e Excess from 2021

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

Name of the organization

NEWTON HISTORICAL SOCIETY, INC. **Employer identification number** 04-2640984

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds (or Accounts.	Complete if the	Э
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advis	ed funds	(b) Funds ar	d other accoun	nts
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	riting that the assets h	eld in donor advise	d funds		
	are the organization's property, subject to the organization's e	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
Pai	rt II Conservation Easements. Complete if the organization					
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)				
	Preservation of land for public use (for example, recreati	_		a historically impo	rtant land area	
	Protection of natural habitat		Preservation of	a certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	oution in the form o	f a conservation e	asement on the	e last
	day of the tax year.			Held	at 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 at					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				g the tax	
	year >		•			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
	>					
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservati	on easements dur	ing the year	
	> \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	nts of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservatio					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	s financial stateme	nts that describes	the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tro	easures, or Oth	ner Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its re	venue statement an	nd balance sheet v	vorks	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in fur	therance of public	:	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ie statement and ba	alance sheet work	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	erance of public se	ervice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			> \$		
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	-		> \$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions				dule D (Form 9	990) 2021

132051 10-28-21

Schedule D (Form 990) 2021

e Other

b Buildingsc Leasehold improvementsd Equipment

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

Schedule D (Form 990) 2021 NEW 1011 111510	KICAD DOCIDII	, 1110.	E ZUEUJUE Page
Part VII Investments - Other Securities.	5 000 D 1 N/ II 4	41 0 5 000 D 1 V II 40	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	od-of-vear market value
	(b) Book value	(c) Method of Valuation. Cost of el	iu-oi-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A) MULTI-ASSET POOLED FUNDS	1,200,868.	END-OF-YEAR MARKET	. VALUE
(B)	, ,		-
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,200,868.		
Part VIII Investments - Program Related.	E 000 D 1 N / I' 4	4 0 5 000 5 17 1 10	
Complete if the organization answered "Yes" of	(b) Book value		ad of year market yelve
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-oi-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" or		1d. See Form 990, Part X, line 15.	(h) Deele velve
	escription		(b) Book value
<u>(1)</u>			
(2)			
<u>(3)</u> (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<u></u>	<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
			+

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) 2021

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT

THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH THEIR TAX-EXEMPT

46

STATUS AT BOTH THE STATE AND FEDERAL LEVELS.

Schedule D (Form 990) 2021

THE ORGANIZATION ANNUALLY FILES IRS FORM 990 - RETURN OF ORGANIZATION

EXEMPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO

MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE INFORMATIONAL TAX

RETURNS ARE SUBJECT TO REVIEW BY THE TAXING AUTHORITIES GENERALLY FOR A

PERIOD OF THREE YEARS AFTER THEY WERE FILED. THE ORGANIZATION CURRENTLY

HAS NO TAX EXAMINATIONS IN PROGRESS.

PART III, LINE 1A AND LINE 4

COLLECTIONS

THE ORGANIZATION'S COLLECTIONS CONSIST OF HISTORIC BUILDINGS, LANDSCAPES

AND ARTIFACTS OF HISTORICAL SIGNIFICANCE THAT ARE HELD FOR EDUCATIONAL,

RESEARCH, AND CURATORIAL PURPOSES.

THE HISTORICAL COLLECTIONS ARE NOT CAPITALIZED BY THE ORGANIZATION. IN ADDITION, THE ORGANIZATION DOES NOT CAPITALIZE REPAIRS OR IMPROVEMENTS TO INEXHAUSTIBLE COLLECTIONS. ALL PURCHASES OF COLLECTION ITEMS, AND RESTORATION OR IMPROVEMENTS TO INEXHAUSTIBLE COLLECTIONS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE EXPENDITURE THE ORGANIZATION MAINTAINS A COLLECTION POLICY THAT ADDRESSES IS MADE. COLLECTIONS UPKEEP, ACCESSION AND DE-ACCESSION POLICIES AND OTHER ASPECTS OF COLLECTIONS MANAGEMENT. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET THE ORGANIZATION HAS ADOPTED A POLICY THAT ANY PROCEEDS FROM THE CLASSES. SALE OF COLLECTION ITEMS ARE TO BE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTION OR TO CONSERVE THE EXISTING COLLECTION. IN ACCORDANCE WITH THE POLICY OF NOT RECORDING COLLECTIONS IN THE FINANCIAL RECORDS, DONATED Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

NEWTON HISTORICAL SOCIETY, INC.

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

required to complete this part	t.					
1 Indicate whether the organization rais	ed funds through any of the followin	g activ	ities. (Check all that apply.		
a Mail solicitations	e Solicita	tion of	non-g	overnment grants		
b Internet and email solicitations f Solicitation of government grants						
c Phone solicitations	g Special					
d In-person solicitations	3					
2 a Did the organization have a written o	or oral agreement with any individual	(includ	lina of	ficers directors trus	tees or	
key employees listed in Form 990, Pa					Yes	No
b If "Yes," list the 10 highest paid indiv						
compensated at least \$5,000 by the		ant to	ag. oo.	morne ander willer a	TO TATIONALISON TO LO DO	•
	organization.	_		T	Г	Г
(2) Name and address of the divident		(iii) fundr	Did	(5.)	(v) Amount paid	(vi) Amount paid
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	raiser ustody itrol of	(iv) Gross receipts from activity	to (or retained by) fundraiser	to (or retained by)
or entity (lundraiser)		contrib	utions?	ITOTTI activity	listed in col. (i)	organization
		Yes	No			
Total			<u> </u>			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re-	gistration

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines I and 60. List e	<u> </u>	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PREVIEW		NONE	1 ' '
				OTHER		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ā			(event type)	(event type)	(total number)	
Revenue						
ě	1	Gross receipts	22,435.	5,250.		27,685.
Ω.						
	2	Less: Contributions	7,685.	5,250.		12,935.
	_		,	,		<u> </u>
	3	Gross income (line 1 minus line 2)	14,750.			14,750.
	3	Gloss income (line 1 minus line 2)	14,750.			14,750.
	4	Cash prizes				
	5	Noncash prizes				
es						
ŠŲ	6	Rent/facility costs				
ğ	•					
Direct Expenses		Food and have an				
ခ်	7	Food and beverages				
Ӓ						
	8	Entertainment				
	9	Other direct expenses	28,223.			28,223.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		•	28,223.
	11	•				-13,473.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.		1000,1 4111, 1110 10, 011	operiod more than	
	Ι	\$13,000 0111 01111 030 EZ, III10 0a.		(In) Dull toho/instant		(d) Total gaming (add
ā			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				ningo/progressive ningo		coi. (a) trirougii coi. (c))
ě						
ш.	1	Gross revenue				
	2	Cash prizes				
Direct Expenses						
ĕ	3	Noncash prizes				
Ä	٦	Noncasii prizes				
귱		/s				
je E	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	'	Direct expense summary. Add lines 2 timough	1.5 II1 COIGITII1 (G)			
	_				_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	<u> </u>
9	En	ter the state(s) in which the organization condu	cts gaming activities: _			
а	ı ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
		No," explain:				
	_					
40-	. \.	ove any of the evention in the service lie and the	wolcod outposeded and	regionated during the state of	roar0	Vec 11.
		ere any of the organization's gaming licenses re				Yes No
b) If "	Yes," explain:				
	_					
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 NEWTON HISTORICAL SOCIETY, INC.	04-2640984 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
14 Enter the hame and address of the person who prepares the organization's gaming/special events books and record	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and \$	ount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	
organization's own exempt activities during the tax year > \$	Ti tile
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v):	and Part III lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and rait in, interes, est, res,

Schedule G	G (Form 990)	NEWTON	HISTORICAL	SOCIETY,	INC.	04-2640984	Page 4
Part IV	G (Form 990) Supplemental Infor	mation _{(con}	tinued)				
		(00					
-							
i 							
-							

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

NEWTON HISTORICAL SOCIETY, INC.

Employer identification number 0.4 - 2.640984

NEWTON HISTORICAL SOCIETY, INC. 04-2040904
FORM 990, PART VI, SECTION B, LINE 11B:
THE AUDIT COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE DRAFT FORM 990.
A COPY OF THE APPROVED-FOR-FILING FORM 990 IS DISTRIBUTED TO BOTH THE
EXECUTIVE COMMITTEE AND TO THE FULL BOARD PRIOR TO ITS FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY STATES THE FOLLOWING:
1. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD
DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH
PERSON (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; (B) HAS
READ AND UNDERSTANDS THE POLICY; (C) HAS AGREED TO COMPLY WITH THE POLICY;
AND (D) UNDERSTANDS NEWTON HISTORICAL SOCIETY IS A CHARITABLE ORGANIZATION
AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE
PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT
PURPOSES.
2. EACH VOTING MEMBER OF THE BOARD SHALL ANNUALLY SIGN A STATEMENT THAT
DECLARES WHETHER SUCH PERSON IS AN INDEPENDENT DIRECTOR.
3. IF AT ANY TIME DURING THE YEAR, THE INFORMATION IN THE STATEMENT
CHANGES MATERIALLY, THE DIRECTOR SHALL DISCLOSE SUCH CHANGES AND REVISE THE
ANNUAL DISCLOSURE FORM.

THE EXECUTIVE COMMITTEE SHALL REGULARLY AND CONSISTENTLY MONITOR AND

ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING ANNUAL STATEMENTS AND

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization NEWTON HISTORICAL SOCIETY, INC.	Employer identification number $04-2640984$
TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE O	VERSIGHT.
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION'S EXECUTIVE DIRECTOR IS EMPLOYED AND COMP	ENSATED BY THE
CITY OF NEWTON. IN ADDITION, THERE ARE NO KEY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTATION RELATED TO THE NEWTON HISTORICAL SOCIETY	SUCH AS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	NCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, CO	PIES OF THE FORM
990 ARE AVAILABLE ON THE NEWTON HISTORICAL SOCIETY WEBSITE	. THE FORM 990
AND FINANCIAL STATEMENT ARE AVAILABLE ON THE MASSACHUSETTS	ATTORNEY
GENERAL'S WEBSITE.	

KAHN, LITWIN, RENZA & CO., LTD. 951 NORTH MAIN STREET PROVIDENCE, RI 02904

NEWTON HISTORICAL SOCIETY, INC. 527 WASHINGTON STREET NEWTON, MA 02458

III.....I.I.I.I.I.I.I.I.I.I.I.III

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



NEWTON HISTORICAL SOCIETY, INC. 527 WASHINGTON STREET NEWTON, MA 02458

NEWTON HISTORICAL SOCIETY, INC.:

Enclosed are the original and one copy of the 2021 Exempt Organization returns, as follows...

2021 Form 990

2021 Massachusetts Form PC

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Kahn, Litwin, Renza & Co., Ltd.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

Pre	pa	red	F	or	:
-----	----	-----	---	----	---

NEWTON HISTORICAL SOCIETY, INC. 527 WASHINGTON STREET NEWTON, MA 02458

Prepared By:

Kahn, Litwin, Renza & Co., Ltd. 951 North Main Street Providence, RI 02904

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2023.

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

			-	-		
For calendar year 2021, or fiscal year beginning	${ t JUL}$	1	, 2021, and ending	g JUN	30	, 20 2 :

2

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer NEWTON HISTORICAL SOCIETY, INC. 04-2640984 Name and title of officer or person subject to tax LISA DADY EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here _____ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ____ 645,331. 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here ... > b Total tax (Form 1120-POL, line 22) Form 1120-POL check here ▶ 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) Form 990-PF check here ... > 4a b Balance due (Form 8868, line 3c) 5b Form 8868 check here 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a 7a Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name _ , (EIN)_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize KAHN, LITWIN, RENZA & CO., LTD. to enter my PIN 40984 Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 05052602904 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature
_____ **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** (2021)

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

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 NEWTON HISTORICAL SOCIETY, INC. 04-2640984 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 527 WASHINGTON STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWTON, MA 02458 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 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) LISA DADY The books are in the care of ► 527 WASHINGTON STREET - NEWTON, MA 02458 Telephone No. ► 617-796-1450 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 box 🕨 🔲 . 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. MAY 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ___ , and ending <u>JUN</u> 30 , 2022 ► X tax year beginning JUL 1, 2021 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 instructions

123841 01-12-22

LHA

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

Form 8868 (Rev. 1-2022)

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	or the	2021 calendar year, or tax year beginning JUL 1, 2021 and	ل ending	UN 30, 2022	
B (a	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	NEWTON HISTORICAL SOCIETY, INC.			
	Name change	- III COOD TO NEWMON		04-26409	84
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 527 WASHINGTON STREET	E Telephone numbe 617-796-		
	☐return/ termin- ated		G Gross receipts \$	673,554.	
	Amend	1 , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re	
	Applica				? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
1.1	Гах-ехе	empt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) () \blacktriangleleft (insert no.) $\boxed{}$ 4947(a)(1) o	or 527	1	list. See instructions
		e: ► WWW.HISTORICNEWTON.ORG		H(c) Group exemptio	
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1978	■ State of legal domicile: MA
		Summary			
_	1	Briefly describe the organization's mission or most significant activities: HISTO	ORIC N	EWTON CONNE	CTS OUR
Governance		COMMUNITY WITH ITS HISTORY IN ORDER TO EN			
rna	2 (Check this box $lacktriangle$ if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	28
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			28
es &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	13
viti:		Total number of volunteers (estimate if necessary)			2
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.
				Prior Year	Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)		189,278.	319,714.
en	9	Program service revenue (Part VIII, line 2g)		32,465.	59,345.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		88,007.	279,745.
_	י ייין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,963.	-13,473.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		316,713.	645,331.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		<u>0.</u> 263,288.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		203,200.	239,007.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		U •	0.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25) 43,12		127,618.	149,565.
_	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		390,906.	388,572.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-74,193.	256,759.
		nevertue less experises. Subtract line 16 front line 12		ginning of Current Year	End of Year
its o	20	Total assets (Part X, line 16)	Ве	3,604,424.	2,994,871.
Assets or	21	Total liabilities (Part X, line 16)		143,878.	43,541.
Net/	-	Net assets or fund balances. Subtract line 21 from line 20		3,460,546.	2,951,330.
	art II	Signature Block		0,100,0101	
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	,
Sig	n	Signature of officer		Date	
Her	1	LISA DADY, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature]	Date Check	PTIN
Paid	i į	SANDY ROSS SANDY ROSS		if self-employ	P01399337
Prep	oarer [Firm's name KAHN, LITWIN, RENZA & CO., LTD.		Firm's EIN ▶	05-0409384
Use	Only	Firm's address > 951 NORTH MAIN STREET			
		PROVIDENCE, RI 02904		Phone no. 40	<u>1-274-2001</u>
May	the IP	S discuss this return with the preparer shown above? See instructions			X Yes No

Form	1990 (2021) NEWTON HISTORICAL SOCIETY, INC.	04-2640984	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	HISTORIC NEWTON CONNECTS OUR COMMUNITY WITH ITS HISTORY	IN ORDER TO	
	ENRICH FUTURE GENERATIONS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			X No
	prior Form 990 or 990-EZ?	tes	ZZ 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$		345.)
	HISTORIC NEWTON INSPIRES DISCOVERY AND ENGAGEMENT BY ILI		R
	COMMUNITY'S STORIES WITHIN THE CONTEXT OF AMERICAN HISTO	DRY. THE	
	ORGANIZATION CONDUCTS EDUCATIONAL PROGRAMS, HOSTS SPECIA	AL EVENTS, AN	D
	ENCOURAGES THE PUBLIC TO VISIT EXHIBITIONS AND ENGAGE WI	TH PUBLIC	
	PROGRAMS. THE ORGANIZATION CARRIES OUT ITS MISSION USIN	NG THE 1809	
	JACKSON HOMESTEAD MUSEUM AND THE 1734 DURANT-KENRICK HOU		DS.
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
	Other and the control of the control		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 294,574.		200
		Form	990 (2021)

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	X	
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
	Schedule D, Part III	8_	<u> </u>	
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?			٦,
	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	<u> </u>	
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
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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	175		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	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		X

Form 990 (2021) NEWTON HISTORICAL SOCIETY, INC. Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO						
	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		Х						
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		X						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>						
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		<u> </u>						
	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			37						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X						
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	051		х						
06	Schedule L, Part I	25b								
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current									
	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	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20								
	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						
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X						
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If									
	"Yes," complete Schedule L, Part IV	28c		X						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation									
	contributions? If "Yes," complete Schedule M	30		<u>X</u>						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77						
	Schedule N, Part II	32		X						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v						
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х						
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X						
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000								
	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		Х						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?									
_	Note: All Form 990 filers are required to complete Schedule O	38	X							
Pai										
	Check if Schedule O contains a response or note to any line in this Part V			لـــا						
	1 1 -		Yes	No						
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable									
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
400	(gambling) winnings to prize winners?	l 1c	990	(2024)						
132004	4 12-09-21	Form	330	(ZUZI)						

NEWTON HISTORICAL SOCIETY, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No								
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return 2a13											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.											
3a												
	, " " " " " " " " " " " " " " " " " " "											
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a		5a		Х								
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
ou	any contributions that were not tax deductible as charitable contributions?	6a		x								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
-	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?	7с		Х								
d	If "Yes," indicate the number of Forms 8282 filed during the year											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.											
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
a	Initiation fees and capital contributions included on Part VIII, line 12											
ь 11	Section 501(c)(12) organizations. Enter:											
	Gross income from members or shareholders											
	Gross income from other sources. (Do not net amounts due or paid to other sources against											
-	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?	13a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans 13b											
С	Enter the amount of reserves on hand											
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?	15		X								
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X								
17	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes " complete Form 6069	17										

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.

500	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management					X						
Sec	tion A. Governing Body and Management				.,							
		۱.	28		Yes	No						
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	40	-								
	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	, , , ,											
2												
	officer, director, trustee, or key employee?											
3												
	of officers, directors, trustees, or key employees to a management company or other person?											
4												
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X						
6	Did the organization have members or stockholders?			6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or									
	more members of the governing body?			7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or									
	persons other than the governing body?			7b		X						
8	$ Did the \ organization \ contemporaneously \ document \ the \ meetings \ held \ or \ written \ actions \ undertaken \ during \ the \ year \ yea$	r by th	e following:									
а	The governing body?			8a	X							
b	Each committee with authority to act on behalf of the governing body?			8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the									
	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 Re	venue	Code.)									
					Yes	No						
10a	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 ch	apters	, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X							
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe									
	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	Х							
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>						
b	Other officers or key employees of the organization			15b		X						
	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 arrangen	nent w	ith 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	•	•									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ											
	exempt status with respect to such arrangements?			16b								
	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, ar	nd 990	-T (section 501(c)(3)s	only)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explain		,									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	d 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 boo	ks and	d records									
	LISA DADY - 617-796-1450											
	527 WASHINGTON STREET, NEWTON, MA 02458											

Form **990** (2021)

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, 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 ne	or any related	orga	niza	tion	con	npen	sat	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Posi		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		Jer an	uau	recto	i / ii uS	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co loyee	Je.	<u> </u>		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) SUZANNE CUCCURULLO	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) STELLA LEE	2.00									
VICE PRESIDENT		Х						0.	0.	0.
(3) JOHN MORGANTI	2.00								_	_
TREASURER		Х		Х				0.	0.	0.
(4) BROOKE LIPSITT	2.00	l								
CLERK		Х		Х				0.	0.	0.
(5) PETER DIMOND	2.00	l								
DIRECTOR	0.00	Х						0.	0.	0.
(6) SHEILA DONAHUE	2.00	,,							_	•
DIRECTOR (TO 06/22)	2 00	Х						0.	0.	0.
(7) LAUREL FARNSWORTH	2.00	٦,							0	0
DIRECTOR	2.00	Х						0.	0.	0.
(8) SHAWNA GIGGEY-MASHAL DIRECTOR	2.00	х						0.	0.	0
(9) SUSAN HEYMAN	2.00	Λ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(10) JONATHAN KANTAR	2.00							•	0.	<u>_ </u>
DIRECTOR (TO 06/22)	2.00	Х						0.	0.	0.
(11) ANNE LARNER	2.00							•	•	
DIRECTOR		х						0.	0.	0.
(12) ROGER LEHRBERG	2.00								•	
DIRECTOR		х						0.	0.	0.
(13) IVAN MATVIAK	2.00								-	
DIRECTOR		Х						0.	0.	0.
(14) FREDERICK MILLER	2.00									
DIRECTOR		Х						0.	0.	0.
(15) JEAN NOTIS-MCCONARTY	2.00									
DIRECTOR		Х						0.	0.	0.
(16) JANE O'HERN	2.00									
DIRECTOR (TO 06/22)		Х						0.	0.	0.
(17) SUSAN PALEY	2.00									
DIRECTOR		X						0.	0.	0.

Form **990** (2021)

Part VII Section A. Officers, Directors, Trust	tees. Kev Emi	olov	ees.	and	d Hi	ahes	st C	ompensated Employee	es (continued)			5
(A)	(B)		,		C)	J		(D)	(E)		(F)	
Name and title	Average Position (do not check more that							Reportable	Reportable		Estimat	ted
	hours per	box	, unle	ss pe	rson i	is botl	n an	compensation	compensation		amount	of
	week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related		other	
	(list any hours for	trustee or director						the	organizations	,	compens	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	"	from the organization	
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-NEC)		and rela	
	below	dualt	Institutional trustee		employee	st co	-i-	1555 1.125/			organizat	
	line)	Individual 1	Instit	Officer	Key e	Highest compensated employee	Former					
(18) STEVE SNIDER	2.00											
DIRECTOR		Х						0.	(0.		0.
(19) PETER TERRIS	2.00											
DIRECTOR		Х			_			0.	(0.		0.
(20) BLAIR BAKER	2.00									,		^
DIRECTOR	0.00	Х			<u> </u>			0.	(0.		0.
(21) CANDACE HAVENS	2.00	.,								,		^
DIRECTOR (TO 06/22)	2 00	Х			<u> </u>	-		0.	(0.		0.
(22) C. BERNARD FULP	2.00	٠,,								,		^
C23) SARAH KISH	2.00	Х			-	-		0.		0.		0.
DIRECTOR	2.00	Х						0.		٥.		0.
(24) JAMES BRYANT	2.00	22						1		+		
DIRECTOR	2.00	х						0.		٥.١		0.
(25) LAURA FITZMAURICE	2.00											
DIRECTOR		Х						0.		0.		0.
(26) LAURIE PALEPU	2.00											
DIRECTOR		Х						0.		0.		0.
1b Subtotal							ightharpoons	0.		0.		0.
c Total from continuation sheets to Part VI	I, Section A						ightharpoons	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable			^
compensation from the organization											Yes	0 No
2 Did the examination list any farmer officer	director truct	aa 1			lovo		, bia	best sempenseted smn	lavos an	ſ	Tes	NO
3 Did the organization list any former officer,											3	х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								ner compensation from t		··	3	
and related organizations greater than \$150											4	х
5 Did any person listed on line 1a receive or a										···		
rendered to the organization? If "Yes," com											5	х
Section B. Independent Contractors	proto Corrodan	J U 1.	0, 00	,,,,,	0010	,011						
1 Complete this table for your five highest col	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compe	nsat	ion from	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith o	or wi	thin	the organization's tax y	ear.			
(A)	addrasa	37/	~***	_				(B)	.om dooo	0	(C)	
Name and business	address	N	INC	<u> </u>			\dashv	Description of s	services		ompensatio	ווכ
O Tabal assembles of industrial desired as a first second as the second	a alto alto a deced	-1 "		.1 1 -	.	:			and the en			
2 Total number of independent contractors (in	ncluaing but n	ot lir	nited	of to	tnos	se lis	ted	above) who received me	ore tnan			

\$100,000 of compensation from the organization ▶ 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

Form 990 NEWTON H	ISTORICA	<u>L</u>	SC	CI	ET	Ϋ́,	I	INC.	04-264	0984
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd F	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average					1		Reportable	Reportable	Estimated
	hours	(c	(check all that apply)					compensation	compensation	amount of
	per							from	from related	other
	week	_)yee		the	organizations	compensation
	(list any	recto				em plc		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		99/	Highest compensated employee				organizations
	below	dualt	utiona	_	Key employee	stco	<u>-</u>			organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(27) SUZANNE WINTON	2.00									
DIRECTOR (AS OF 9/21)		Х						0.	0.	0.
(28) RAKASHI CHAND	2.00									
TRUSTEE		Х						0.	0.	0.
(29) RUSSEL FELDMAN	2.00									
TRUSTEE		Х						0.	0.	0.
(30) KAREN HAYWOOD	2.00									
TRUSTEE		Х						0.	0.	0.
(31) TREFF LAFLECHE	2.00									
TRUSTEE (TO 6/22)		Х						0.	0.	0.
(32) HARRY LOHR JR.	2.00									
TRUSTEE (TO 6/22)		Х						0.	0.	0.
(33) MARIETTA MARCHITELLI	2.00									
TRUSTEE		Х						0.	0.	0.
(34) JAY WALTER	2.00									
TRUSTEE (TO 6/22)		Х						0.	0.	0.
(35) LISA DADY	40.00									
EXECUTIVE DIRECTOR				Х				0.	0.	0.
						_				
			_			_				
	-									
	-									
		1								
		1								
	<u> </u>	I	L	I	1	L	1			
Total to Dort VII. Section A. line 1.										
Total to Part VII, Section A, line 1c								1		<u> </u>

NEWTON HISTORICAL SOCIETY, INC. 04-2640984 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 44,283. **b** Membership dues 1b 12,935. c Fundraising events 1c d Related organizations 1d 158,206. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 104,290. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 319,714. h Total. Add lines 1a-1f **Business Code** 59,345. 59,345. 2 a PROGRAM SERVICES 712120 Program Service f All other program service revenue 59,345. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 58,778. 58,778. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of $_{7a}$ 220,967. assets other than inventory b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) 7c 220,967. 220,967. 220,967. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 12,935. of contributions reported on line 1c). See 14,750. Part IV, line 18 **b** Less: direct expenses -13,473. -13,473. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

645,331.

12 Total revenue. See instructions

59,345.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 216,853. 166,177. 28,597. 22,079. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,299. 4,596. 297. Other employee benefits 9 17,558. 13,455. 2,315. 1,788. 10 Payroll taxes Fees for services (nonemployees): Management Legal 17,825. 9,469. 8,356. Accounting Lobbying Professional fundraising services. See Part IV, line 17 9,947. 9,947. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 12,905. 15,327 2,422. column (A), amount, list line 11g expenses on Sch O.) 3,073. 3,073. Advertising and promotion 12 27,911. 22,192. 311. 5,408. Office expenses 13 Information technology 14 15 Royalties 38,821. 38,359. 324. 138. 16 Occupancy 189. 189. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,753. 4,179. 68. 506. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 17,061. 16,102. 959. 23 Other expenses. Itemize expenses not covered 24 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 O.) 8,291. 8,291. HISTORIC HOUSE MARKERS MUSEUM SHOP COST OF SAL 5,491. 5,491. 876. 876. COLLECTION EXPENSES С d All other expenses 388,572. 294,574. 50,877. 43,121. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	171,377.	1	122,880
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	89,246
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	18,948.	8	14,547
Ä	9	Prepaid expenses and deferred charges	0 003	9	9,983
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	1,856,323.	11	1,557,347
	12	Investments - other securities. See Part IV, line 11	1,529,487.	12	1,200,868
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,994,871
	17	Accounts payable and accrued expenses	58,308.	17	43,541
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	85,570.	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	143,878.	26	43,541
"		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.	0.000.400		1 225 152
<u>la</u>	27	Net assets without donor restrictions		27	1,987,170
Ba	28	Net assets with donor restrictions	1,062,407.	28	964,160
n n		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	0 054 000
Š	32	Total net assets or fund balances	3,460,546.	32	2,951,330
	33	Total liabilities and net assets/fund balances	3,604,424.	33	2,994,871

Pa	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		<u>5,3</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		6,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,46		
5	Net unrealized gains (losses) on investments	5	-76	5,9	<u>75.</u>
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	2,95	1,3	<u>30.</u>
Pa	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: Cash X Accrual Other				
	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:				
	X 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:				
	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 Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit			
	Act and OMB Circular A-133?		3a		<u> X</u>
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	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization NEWTON HISTORICAL SOCIETY, 04-2640984 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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 fails to qualify under the tests listed below, please complete Part III.)

36(tion A. Public Support		·	•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶∟
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organize	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	>

Schedule A (Form 990) 2021

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.)

_	qualify under the tests listed b	elow, please comp	ilete Part II.)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	155,677.	145,268.	181,188.	189,278.	306,779.	978,190.
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	131,580.	123,136.	59,791.	32,465.	59,345.	406,317.
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			331,200.			
6	Total. Add lines 1 through 5	604,083.	581,823.	572,179.	546,046.	703,072.	3007203.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	79,924.	50,915.	68,850.	41,365.	48,740.	289,794.
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		6,788.				6,788.
	amount on line 13 for the year	79,924.	57,703.	68,850.	41,365.	48,740.	296,582.
	Add lines 7a and 7b	13,324.	31,103.	00,050.	41,303.	40,740.	2710621.
	Public support. (Subtract line 7c from line 6.)						2/10021.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Uale	ilual year (or liscal year beginning iii)		(b) 2016	(6) 2019	(u) 2020	(e) 2021	
	Amounts from line 6	604 083.	581 823.	572 179.	546 046.	703 072.	1 3007203.
9	Amounts from line 6	604,083.	581,823.	572,179.	546,046.	703,072.	3007203.
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
9 10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	101,654.	78,791.	72,366.	88,007.	58,778.	399,596.
9 10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
9 10 <i>a</i> b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	101,654.	78,791.	72,366.	88,007.	58,778.	399,596.
9 10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
9 10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	101,654.	78,791. 78,791.	72,366.	88,007. 88,007.	58,778. 58,778.	399,596.
9 10a b 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.)	101,654.	78,791. 78,791. 660,614.	72,366.	88,007. 88,007.	58,778. 58,778. 761,850.	399,596. 399,596. 3406799.
9 10a b 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	101,654.	78,791. 78,791. 660,614.	72,366.	88,007. 88,007.	58,778. 58,778. 761,850.	399,596. 399,596. 3406799.
9 10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here	101,654. 101,654. 705,737. ne organization's fire	78,791. 78,791. 660,614. st, second, third, f	72,366. 72,366. 644,545. fourth, or fifth tax y	88,007. 88,007. 634,053. rear as a section 5	58,778. 58,778. 761,850. O1(c)(3) organization	399,596. 399,596. 3406799.
9 10a 11 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here	101,654. 101,654. 705,737. ne organization's fire	78,791. 78,791. 660,614. est, second, third, the centage	72,366. 72,366. 644,545. fourth, or fifth tax y	88,007. 88,007. 634,053. Year as a section 5	58,778. 58,778. 761,850. 01(c)(3) organization	399,596. 399,596. 3406799.
9 10a 11 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here stion C. Computation of Public Public support percentage for 2021 (I	101,654. 101,654. 705,737. ne organization's fire c Support Perione 8, column (f), d	78,791. 78,791. 660,614. est, second, third, the centage ivided by line 13, contage.	72,366. 72,366. 644,545. fourth, or fifth tax y	88,007. 88,007. 634,053. Year as a section 5	58,778. 58,778. 761,850. 7(c)(3) organization	399,596. 399,596. 3406799. 79.57 %
9 10a 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2020 (IPublic support percentage from 2020)	101,654. 101,654. 705,737. ne organization's fir c Support Per ine 8, column (f), d Schedule A, Part	78,791. 78,791. 660,614. rst, second, third, the centage ivided by line 13, collil, line 15	72,366. 72,366. 644,545. fourth, or fifth tax y	88,007. 88,007. 634,053. rear as a section 5	58,778. 58,778. 761,850. 01(c)(3) organization	399,596. 399,596. 3406799.
9 10a 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here Extion C. Computation of Public support percentage for 2021 (I Public support percentage from 2020 extion D. Computation of Investigation in part visually approximation of Investigation in payments.	101,654. 101,654. 101,654. 705,737. The organization's firm of the second of the s	78,791. 78,791. 78,791. 660,614. est, second, third, for the centage ivided by line 13, centage ivided by line 15.	72,366. 72,366. 644,545. Fourth, or fifth tax y	88,007. 88,007. 634,053. rear as a section 5	58,778. 58,778. 761,850. 7(c)(3) organization	399,596. 399,596. 3406799. 79.57 % 79.07 %
9 10a 11 12 13 14 Sec 15 16 Sec 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. 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.) First 5 years. If the Form 990 is for the check this box and stop here contained to the contained problem. Public support percentage for 2021 (legion D. Computation of Investion D. Computation of Investion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Computation of Investinent income percentage for 2020 (legion D. Comp	101,654. 101,654. 101,654. 705,737. The organization's firme 8, column (f), do schedule A, Part of the stiment Income 1021 (line 10c, column)	78,791. 78,791. 78,791. 660,614. est, second, third, the centage ivided by line 13, centage ivided by line 15. Percentage inn (f), divided by line in (f), divided by lin	72,366. 72,366. 72,366. 644,545. fourth, or fifth tax y	88,007. 88,007. 634,053. rear as a section 5	58,778. 58,778. 761,850. 01(c)(3) organization	399,596. 399,596. 3406799. 79.57 % 79.07 % 11.73 %
9 10a 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. 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.) First 5 years. If the Form 990 is for the check this box and stop here contained to the contained property in	101,654. 101,654. 101,654. 705,737. The organization's firmer as, column (f), dischedule A, Part of the column and the col	78,791. 78,791. 78,791. 660,614. st, second, third, for the second state of the se	72,366. 72,366. 72,366. 644,545. fourth, or fifth tax y	88,007. 88,007. 634,053. rear as a section 5	58,778. 58,778. 761,850. 01(c)(3) organization 15 16 17 18	399,596. 399,596. 3406799. 79.57 % 79.07 % 11.73 % 11.83 %
9 10a 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage from 2020. Total support percentage from 2020. Investment income percentage from 1020. Investment income percentage from 103 1/3% support tests - 2021. If the	101,654. 101,654. 101,654. 705,737. The organization's firmed second (f), do schedule A, Part of the theorem (continuous and continuous a	78,791. 78,791. 78,791. 660,614. est, second, third, the centage ivided by line 13, colling line 15. Percentage inn (f), divided by line 17 ot check the box of check the b	72,366. 72,366. 72,366. 644,545. Fourth, or fifth tax y	88,007. 88,007. 634,053. Year as a section 5	58,778. 58,778. 761,850. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17	399,596. 399,596. 3406799. 79.57 % 79.07 % 11.73 % 11.83 % 7 is not
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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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
1		
-		
2		
3a		
3b		
30		
Зс		
_		
4a		
4b		
4c		
5a		
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7		
8		
9a		
3.5		
9b		
9c		
30		
10a		
10b		
ule A (Forn	n 000)	2021

Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family 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			
		11c		
Sect	tion B. Type I Supporting Organizations			
	_		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C1	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check 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	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 instru	uctions		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
	these activities but for the organization's involvement. Perent of Supported Organizations. Answer lines 3a and 3h below.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or no eappeared organizations: If Teo. Describe III i with the file fold diaved by the organization in this redain	-N		

Schedule A (Form 990) 2021

5

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

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
ANNE LARNER	2,850.	2,100.	2,500.	2,520.	3,250.
BLAIR BAKER	700.	0.	0.	500.	0.
BROOKE AND PAUL LIPSITT	1,100.	1,000.	750.	520.	1,825.
C. BERNARD FULP	500.	100.	0.	250.	685.
CANDACE HAVENS	460.	600.	200.	1,500.	500.
CARL COHEN	4,000.	2,050.	1,000.	0.	0.
CAROL ANN SHEA	595.	435.	0.	120.	0.
FREDERICK MILLER	1,400.	750.	1,700.	770.	1,120.
HARRY LOHR JR	0.	1,200.	750.	720.	1,275.
IVAN MATVIAK	2,000.	0.	3,000.	2,500.	2,500.
JAMES BRYANT	0.	1,500.	1,000.	1,020.	750.
JANE O'HERN	60.	0.	25.	25.	25.
JAY WALTER	0.	1,800.	1,100.	1,520.	0.
JEAN NOTIS-MCCONARTY	2,200.	2,820.	2,200.	2,850.	5,500.
JOHN MORGANTI	1,140.	1,140.	500.	1,020.	685.
JONATHAN KANTAR	1,150.	0.	0.	0.	0.
KAREN(KATY) HAYWOOD	0.	0.	0.	500.	725.
LAURA FITZMAURICE	390.	300.	400.	400.	350.
LAUREL FAMSWORTH	1,930.	650.	500.	1,150.	410.
LAURIE PALEPU	0.	0.	0.	0.	810.
LEE FISHER	0.	535.	4,000.	20.	0.
LUCY CALDWELL-STAIR	1,750.	1,300.	500.	25.	0.
LYNN GOLDSMITH	1,200.	1,150.	500.	0.	0.
MARIETTA MARCHITELLI Total to Schedule A, Part III, Line 7a	23,350.	5,750.	22,500.	2,085.	2,625.

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
MICHELLE					
CROWLEY/CROWLEY COTT	1,800.	650.	0.	20.	0.
PETER DIMOND	1,050.	950.	250.	270.	1,150.
PETER TERRIS	4,300.	4,250.	4,500.	3,500.	4,750.
ROGER LEHRBERG	750.	250.	250.	500.	1,000.
RUSSEL FELDMAN	0.	2,350.	2,500.	1,020.	2,125.
SARAH ECKER	2,000.	1,350.	1,000.	1,020.	0.
SARAH KISH SHAWNA	800.	750.	600.	770.	1,160.
GIGGEY-MARSHAL	750.	650.	500.	25.	1,100.
SHEILA DONAHUE	7,350.	1,325.	4,000.	1,020.	1,185.
STELLA LEE	824.	750.	375.	775.	1,175.
STEVE SNIDER	5,650.	7,500.	9,000.	7,520.	6,525.
SUSAN HEYMAN	1,675.	2,825.	500.	2,120.	3,125.
SUSAN M. PALEY	50.	0.	50.	50.	100.
SUZANNE AND MIKE CUCCURULLO	350.	1,385.	200.	220.	1,500.
TREF LAFLECHE/LDA					
ARCHITECTURE	5,800.	750.	2,000.	2,520.	500.
LISA DADY	0.	0.	0.	0.	310.
Total to Schedule A, Part III, Line 7a	79,924.	50,915.	68,850.	41,365.	48,740.

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
MARJORIE MOERSCHNER	0.	3,394.	0.	0.	0.
MICHAEL SCANNELL	0.	3,394.	0.	0.	0.
Total to Schedule A, Part III, Line 7b		6,788.			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

NEWTON HISTORICAL SOCIETY

04-2640984

OMB No. 1545-0047

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

Name of the organization **Employer identification number**

INC.

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

NEWTON HISTORICAL SOCIETY, INC.

04-2640984

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
		Total contributions	Type of contribution
1	MASSACHUSETTS CULTURAL COUNCIL TEN ST. JAMES AVENUE, 3RD FLOOR BOSTON, MA 02116	\$7,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STEVE SNIDER 122 SHORNECLIFFE ROAD NEWTON, MA 02458	\$6,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	VILLAGE BANK 371 WASHINGTON STREET NEWTON, MA 02482	\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4 400 YEARS OF AFRICAN AMERICAN HISTORY COMMISSION PO BOX 77075 WASHINGTON, DC 20013	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	CHARLES RIVER NEIGHBORHOOD FOUNDATION 389 CENTRAL ST AUBURNDALE, MA 02466	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JEAN NOTIS-MCCONARTY 122 TEMPLE ST WEST NEWTON, MA 02465	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NEWTON HISTORICAL SOCIETY, INC.

04-2640984

Part II	Noncash Property (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
123/53 11-11.	01		Schedule B (Form 990) (2021)

Employer identification number

Name of organization

NEWTON HISTORICAL SOCIETY, INC. 04-2640984 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Name of the organization

NEWTON HISTORICAL SOCIETY, INC. **Employer identification number** 04-2640984

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or Ac	counts. Complete if the
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advised funds		(b) Funds and other accounts
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	riting that the assets held in dor	nor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant fund	s can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	ourpose conferr	ing
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Fo	rm 990, Part 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, recreating	ion or education) 🔲 Presei	vation of a histo	orically important land area
	Protection of natural habitat	Preser	vation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in t	the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a histori	ic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminate	ed by the organi	zation during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located >		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, han	dling 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 enforce	cing conservation	n easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing o	conservation ea	sements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sec	tion 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and	expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financia	l statements tha	at describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tussaures	ou Othou C	imiles Accets
Pai	Organizations Maintaining Collections of		s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ	,		nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or researc	ch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_				•
2	If the organization received or held works of art, historical trea		financial gain, p	provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

132051 10-28-21

Schedule D (Form 990) 2021

e Other

c Leasehold improvementsd Equipment

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

	ORICAL SOCIETY	7, INC. 04	-2640984 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) MULTI-ASSET POOLED FUNDS	1,200,868.	END-OF-YEAR MARKET	VALIIE
(B)	1,200,000.		V1111011
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	1,200,868.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	1,200,000.		
Complete if the organization answered "Yes"	on Form 000 Part IV line 1	1c See Form 000 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	u-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	F 000 B+ IV I' 4	Add One Ferre 200 Back V. Pare 45	
Complete if the organization answered "Yes"		Td. See Form 990, Part X, line 15.	(la) Da als valva
	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	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	T
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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) 2021

(8) (9)

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT

THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH THEIR TAX-EXEMPT

STATUS AT BOTH THE STATE AND FEDERAL LEVELS.

Schedule D (Form 990) 2021

THE ORGANIZATION ANNUALLY FILES IRS FORM 990 - RETURN OF ORGANIZATION

EXEMPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO

MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE INFORMATIONAL TAX

RETURNS ARE SUBJECT TO REVIEW BY THE TAXING AUTHORITIES GENERALLY FOR A

PERIOD OF THREE YEARS AFTER THEY WERE FILED. THE ORGANIZATION CURRENTLY

HAS NO TAX EXAMINATIONS IN PROGRESS.

PART III, LINE 1A AND LINE 4

COLLECTIONS

THE ORGANIZATION'S COLLECTIONS CONSIST OF HISTORIC BUILDINGS, LANDSCAPES

AND ARTIFACTS OF HISTORICAL SIGNIFICANCE THAT ARE HELD FOR EDUCATIONAL,

RESEARCH, AND CURATORIAL PURPOSES.

THE HISTORICAL COLLECTIONS ARE NOT CAPITALIZED BY THE ORGANIZATION. IN ADDITION, THE ORGANIZATION DOES NOT CAPITALIZE REPAIRS OR IMPROVEMENTS TO INEXHAUSTIBLE COLLECTIONS. ALL PURCHASES OF COLLECTION ITEMS, AND RESTORATION OR IMPROVEMENTS TO INEXHAUSTIBLE COLLECTIONS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE EXPENDITURE THE ORGANIZATION MAINTAINS A COLLECTION POLICY THAT ADDRESSES IS MADE. COLLECTIONS UPKEEP, ACCESSION AND DE-ACCESSION POLICIES AND OTHER ASPECTS OF COLLECTIONS MANAGEMENT. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET THE ORGANIZATION HAS ADOPTED A POLICY THAT ANY PROCEEDS FROM THE CLASSES. SALE OF COLLECTION ITEMS ARE TO BE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTION OR TO CONSERVE THE EXISTING COLLECTION. IN ACCORDANCE WITH THE POLICY OF NOT RECORDING COLLECTIONS IN THE FINANCIAL RECORDS, DONATED

132055 10-28-21

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

NEWTON HISTORICAL SOCIETY, INC. Employer identification number 04-2640984

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity (iii) Activity (iv) Are activity ((vi) Amount paid to (or retained by) organization			
		Yes	No				
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			PREVIEW		NONE	` '	
			PARTY	OTHER		(add col. (a) through	
			(event type)	(event type)	(total number)	col. (c))	
ne				, ,,,	,		
Revenue	1	Gross receipts	22,435.	5,250.		27,685.	
Be	'	Gloss receipts	22,433.	3,230.		27,0031	
	_	Lacar Cantributions	7,685.	5,250.		12,935.	
	~	Less: Contributions	7,005.	3,230.		12,555	
	3	Gross income (line 1 minus line 2)	14,750.			14,750.	
	-	Gross income (interminas intez)	14,7500			11,7501	
	 	Cash prizes					
	"	Odsit prizes					
	5	Noncach prizos					
S		Noncash prizes					
Direct Expenses		Pont/facility costs					
De	6	Rent/facility costs					
Ψ	_						
rec	7	Food and beverages					
⊡	۱.						
	8	Entertainment				20 222	
	9	Other direct expenses	·			28,223.	
	10				_	28,223.	
Da	11 11	Net income summary. Subtract line 10 from li				-13,473.	
Pč	ar t i		answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than		
		\$15,000 on Form 990-EZ, line 6a.	Т	T		т	
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
nu Sun			(, , ,	bingo/progressive bingo		col. (a) through col. (c))	
Revenue							
	1	Gross revenue					
S	2	Cash prizes					
nse							
<u>p</u>	3	Noncash prizes					
Direct Expenses							
<u> </u>	4	Rent/facility costs					
Ö							
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	No —	No No	No		
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•		
		. , , , , , , , , , , , , , , , , , , ,					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
		<i>y y</i>	, , ,		,		
9	En	ter the state(s) in which the organization condu	cts gaming activities:				
	9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No						
b If "No," explain:							
•							
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No							
	b If "Yes," explain:						
i.	, 11	165, 6APIAIII.					
	_						
	_						
1320	32 10)-21-21	<u> </u>		Sche	dule G (Form 990) 2021	

Schedule G (Form 990) 2021

Sche	edule G (Form 990) 2021 NEWTON HISTORICAL SOCIETY, INC. $04-2$	26409	84 Pag	e 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_		
	to administer charitable gaming?	Y	es 🗌	No
13	Indicate the percentage of gaming activity conducted in:	•		
	The organization's facility	13a		%
	An outside facility	13b		/ 0
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130		
14	Effect the flame and address of the person who prepares the organization's gaming/special events books and records.			
	Name ►			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Y	es 🗌	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount			
	of gaming revenue retained by the third party >\$			
С	If "Yes," enter name and address of the third party:			
	······································			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	retain the state gaming license?	v	es 🗌	Nο
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. — •		
	organization's own exempt activities during the tax year \$\Bigs \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III line	s 9 9h 10	<u> </u>
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 111, 111100	30,00,10	Ο,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.			
				—
				_

Schedule G	(Form 990)	NEWTON HISTORIC	CAL SOCIETY,	INC.	04-2640984	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				
		·				
-						
-						

SCHEDULE 0 (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization NEWTON HISTORICAL SOCIETY, INC.	Employer identification number 04-2640984
FORM 990, PART VI, SECTION B, LINE 11B:	
THE AUDIT COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE	DRAFT FORM 990.
A COPY OF THE APPROVED-FOR-FILING FORM 990 IS DISTRIBUTED	TO BOTH THE
EXECUTIVE COMMITTEE AND TO THE FULL BOARD PRIOR TO ITS FIL	ING.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY STATES THE	FOLLOWING:
1. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMI	TTEE WITH BOARD
DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFF	IRMS THAT SUCH
PERSON (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST	POLICY; (B) HAS
READ AND UNDERSTANDS THE POLICY; (C) HAS AGREED TO COMPLY	WITH THE POLICY;
AND (D) UNDERSTANDS NEWTON HISTORICAL SOCIETY IS A CHARITA	BLE ORGANIZATION
AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUS	T ENGAGE
PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS	TAX-EXEMPT
PURPOSES.	
2. EACH VOTING MEMBER OF THE BOARD SHALL ANNUALLY SIGN A	STATEMENT THAT
DECLARES WHETHER SUCH PERSON IS AN INDEPENDENT DIRECTOR.	
3. IF AT ANY TIME DURING THE YEAR, THE INFORMATION IN THE	STATEMENT
CHANGES MATERIALLY, THE DIRECTOR SHALL DISCLOSE SUCH CHANG	ES AND REVISE THE
ANNUAL DISCLOSURE FORM.	

THE EXECUTIVE COMMITTEE SHALL REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING ANNUAL STATEMENTS AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

132211 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization NEWTON HISTORICAL SOCIETY, INC.	Employer identification number 04-2640984
TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE O	VERSIGHT.
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION'S EXECUTIVE DIRECTOR IS EMPLOYED AND COMP	ENSATED BY THE
CITY OF NEWTON. IN ADDITION, THERE ARE NO KEY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTATION RELATED TO THE NEWTON HISTORICAL SOCIETY	SUCH AS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	NCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, CO	PIES OF THE FORM
990 ARE AVAILABLE ON THE NEWTON HISTORICAL SOCIETY WEBSITE	. THE FORM 990
AND FINANCIAL STATEMENT ARE AVAILABLE ON THE MASSACHUSETTS	ATTORNEY
GENERAL'S WEBSITE.	