

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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 Inspection

A For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MATTATUCK HISTORICAL SOCIETY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 144 WEST MAIN STREET City or town, state or province, country, and ZIP or foreign postal code WATERBURY, CT 06702 F Name and address of principal officer: ROBERT BURNS SAME AS C ABOVE	D Employer identification number 06-0443990 E Telephone number 203-753-0381 G Gross receipts \$ 5,563,778. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.MATTMUSEUM.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1902
		M State of legal domicile: CT

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE MATTATUCK MUSEUM IS A CENTER OF ART AND HISTORY, A GATHERING PLACE THAT NURTURES CREATIVITY AND		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	24
	6	Total number of volunteers (estimate if necessary)	6	100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	3,376,396.
9		Program service revenue (Part VIII, line 2g)	62,975.	82,022.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,277,617.	1,583,897.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,713.	138,927.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,719,701.	3,194,537.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,023,104.	1,258,510.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 185,351.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,195,256.	1,713,972.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,218,360.	2,972,482.
	19	Revenue less expenses. Subtract line 18 from line 12	2,501,341.	222,055.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	30,519,452.	34,075,725.
	21	Total liabilities (Part X, line 26)	2,401,962.	4,400,754.
	22	Net assets or fund balances. Subtract line 21 from line 20	28,117,490.	29,674,971.

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.

Sign Here	Signature of officer ROBERT BURNS, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JOHN ZINNO	Preparer's signature JOHN ZINNO
	Date 03/30/22	Check if self-employed <input type="checkbox"/> PTIN P00041154
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749
	Firm's address ▶ 2 ENTERPRISE DRIVE SHELTON, CT 06484	Phone no. (203) 944-2100

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MATTATUCK MUSEUM IS A CENTER OF ART AND HISTORY, A GATHERING PLACE THAT NURTURES CREATIVITY AND LEARNING THROUGH TRANSFORMATIVE EXPERIENCES TO ENCOURAGE A DEEPER UNDERSTANDING OF OURSELVES AND OUR HERITAGE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 227,155. including grants of \$) (Revenue \$ 63,789.) EDUCATION IS AT THE HEART OF THE MUSEUM'S MISSION AND ALLOWS THE MATTATUCK MUSEUM TO DEVELOP LONG-TERM RELATIONSHIPS WITH ITS COMMUNITY. THE MUSEUM REACHES AUDIENCES OF ALL AGES, INCLUDING YOUTH AND FAMILIES, SCHOOL CHILDREN, TEENAGERS, AND ADULTS. ONE OF THE MUSEUM'S PRIMARY CONSTITUENCIES IS THE RESIDENTS OF THE GREATER WATERBURY AREA, BUT IT STRIVES TO REACH AUDIENCE THROUGHOUT WESTERN CONNECTICUT. THROUGH EDUCATIONAL AND PUBLIC PROGRAMMING, THE MUSEUM STRIVES TO BE AN ENGAGING AND EFFICIENT CENTER FOR LEARNING THROUGH ART AND HISTORY-BASED EDUCATIONAL EXPERIENCES. AS THE PREMIERE CULTURAL INSTITUTION IN THE GREATER WATERBURY AREA, THE MUSEUM RECOGNIZES THAT IT IS NOT ONLY A REPOSITORY FOR ART AND HISTORY BUT ALSO A VIBRANT COMMUNITY CENTER WHICH PROVIDES LEARNING OPPORTUNITIES FOR THE MANY

4b (Code:) (Expenses \$ 1,476,504. including grants of \$) (Revenue \$) WHILE STILL AT THE MATT'S TEMPORARY HOME, ROSE HILL, FROM OCTOBER 2020-DECEMBER 2020 THE FOCUS WAS EXHIBITING COLLECTION ITEMS THAT REFLECTED WATERBURY HISTORY IN THAT SPACE. OUR ANNUAL JURIED MEMBER'S SHOW, MIXMASTER, WAS HOSTED AT POST UNIVERSITY DOWNTOWN. MIXMASTER WORKS TO DISCOVER AND RECOGNIZE THE TALENTS OF ARTISTS IN THE NEW ENGLAND AND TRI-STATE REGION. THIS EXHIBITION PROVIDES AN OPPORTUNITY FOR ESTABLISHED AND EMERGING ARTISTS TO DEBUT THEIR LATEST WORKS. TEMPORARY EXHIBITS OF TWO WORKS ON LOAN FROM ART BRIDGES AND THE WINNER OF THE MIXMASTER SOLO SHOW WERE DISPLAYED IN THE ROSE HILL SITE DURING THIS PERIOD AS WELL. IN JANUARY 2021, THE MUSEUM PACKED AND MOVED THE COLLECTION FROM ROSE HILL, RETURNING TO ITS NEWLY RENOVATED SPACE ON THE GREEN.

4c (Code:) (Expenses \$ 545,171. including grants of \$) (Revenue \$ 12,492.) COMMUNITY PROGRAMS - THE MUSEUM OFFERS A VARIETY OF ADULT FOCUSED PROGRAMS AND TOURS SUCH AS LECTURES, ART WORKSHOPS, PAINT NIGHTS, THEATRICAL PERFORMANCES, MUSIC AND AN VIRTUAL AND IN-PERSON TRAVELLING ADULT OUTREACH PROGRAM CALLED MATT ON THE GO. MEMORIES @ THE MATT, A COLLABORATION WITH THE ALZHEIMER'S ASSOCIATION OF CT FEATURES ENGAGING VIRTUAL GALLERY TOURS EACH MONTH, DEVELOPED FOR PEOPLE WITH DEMENTIA AND EARLY STAGES OF ALZHEIMER'S DISEASE AND THEIR CAREGIVERS. THE MUSEUM ALSO OFFERS WELLNESS PROGRAMS INCLUDING WEEKLY YOGA, TAI CHI, AND MINDFULNESS. THE MUSEUM REACHES AUDIENCES OF ALL AGES, ETHNICITIES AND INTERESTS THROUGH ITS CREATIVE, AGE-APPROPRIATE, EDUCATIONAL PROGRAMMING. FOR THE TWELVE MONTHS ENDING SEPTEMBER 30, 2021 APPROXIMATELY 9,000 STUDENTS, FAMILIES, AND ADULTS WERE SERVED BY THESE

4d Other program services (Describe on Schedule O.) (Expenses \$ 22,715. including grants of \$) (Revenue \$ 5,741.)

4e Total program service expenses 2,271,545.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 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 "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section 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 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.		
	1a 21		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 21		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CT**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
JANICE SHAMBOR, CPA - (203) 753-0381
144 WEST MAIN STREET, WATERBURY, CT 06702

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT BURNS EXECUTIVE DIRECTOR	50.00			X			179,278.	0.	21,616.	
(2) JANICE SHAMBOR FINANCE DIRECTOR	40.00			X			74,115.	0.	14,193.	
(3) CHARLES MONAGAN PRESIDENT	2.00	X		X			0.	0.	0.	
(4) SANDRA VIGLIOTTI SENICH 1ST VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(5) JUDITH GODBURN SECOR 2ND VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(6) BART R CUTRALI TREASURER	2.00	X		X			0.	0.	0.	
(7) PAM BAKER SECRETARY	2.00	X		X			0.	0.	0.	
(8) ROGER AMES BOARD MEMBER	1.00	X					0.	0.	0.	
(9) NANCY BECKER BOARD MEMBER	1.00	X					0.	0.	0.	
(10) MARTHA BERNSTEIN BOARD MEMBER	1.00	X					0.	0.	0.	
(11) RICH BUSHKA BOARD MEMBER	1.00	X					0.	0.	0.	
(12) DAVID CHEEVER BOARD MEMBER	1.00	X					0.	0.	0.	
(13) PHYLLIS CONNORS BOARD MEMBER	1.00	X					0.	0.	0.	
(14) JASON GAGNON ESQ. BOARD MEMBER	1.00	X					0.	0.	0.	
(15) BRIAN HENEVRY BOARD MEMBER	1.00	X					0.	0.	0.	
(16) DEBRA C. HINK BOARD MEMBER	1.00	X					0.	0.	0.	
(17) GREG JACOBI BOARD MEMBER	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KRISTEN JACOBY, MPH BOARD MEMBER	1.00	X						0.	0.	0.
(19) DAVID MIESZKOWSKI BOARD MEMBER	1.00	X						0.	0.	0.
(20) BENJAMIN ORTIZ BOARD MEMBER	1.00	X						0.	0.	0.
(21) LAURIE PORZIO BOARD MEMBER	1.00	X						0.	0.	0.
(22) JAMES STRUB BOARD MEMBER	1.00	X						0.	0.	0.
(23) OBADIAH WILFORD BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal							253,393.	0.	35,809.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							253,393.	0.	35,809.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DOWNES CONSTRUCTION COMPANY, 200 STANLEY ST PO BOX 727, NEW BRITAIN, CT 06050	GENERAL CONTRACTOR	3,390,713.
DNR, 76 WESTBURY PARK ROAD, SUITE 101, WATERTOWN, CT 06795	AV EQUIPMENT AND INSTALLATION	206,820.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	71,164.				
	c Fundraising events	1c	40,278.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	609,270.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	668,979.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 115,291.				
	h Total. Add lines 1a-1f		1,389,691.				
Program Service Revenue	2 a PROGRAM SERVICE REVENUE - RELATED	Business Code					
		900099	82,022.	82,022.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		82,022.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		425,690.			425,690.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	9,970.			
			(ii) Personal				
	b Less: rental expenses ...	6b	2,824.				
	c Rental income or (loss)	6c	7,146.				
	d Net rental income or (loss)		7,146.			7,146.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,467,124.	11,637.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	2,298,017.	22,537.			
	c Gain or (loss)	7c	1,169,107.	-10,900.			
d Net gain or (loss)		1,158,207.			1,158,207.		
8 a Gross income from fundraising events (not including \$ 40,278. of contributions reported on line 1c). See Part IV, line 18	8a		161,759.				
b Less: direct expenses	8b	35,806.					
c Net income or (loss) from fundraising events		125,953.			125,953.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		15,885.				
b Less: cost of goods sold	10b	10,057.					
c Net income or (loss) from sales of inventory		5,828.			5,828.		
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue	900099					
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		3,194,537.	82,022.	0.	1,722,824.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	268,215.	188,958.	41,903.	37,354.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	771,302.	543,386.	120,499.	107,417.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,609.	14,226.	2,302.	2,081.
9 Other employee benefits	116,582.	89,124.	14,419.	13,039.
10 Payroll taxes	83,802.	58,662.	13,408.	11,732.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,532.		5,532.	
c Accounting	39,250.		39,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	83,528.		83,528.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	16,172.		15,049.	1,123.
12 Advertising and promotion	64,483.	55,110.	3,250.	6,123.
13 Office expenses	8,181.	7,363.	409.	409.
14 Information technology				
15 Royalties				
16 Occupancy	134,443.	120,999.	13,444.	
17 Travel	9,996.	8,996.	500.	500.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	90,881.		90,881.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	389,978.	350,980.	38,998.	
23 Insurance	51,191.	46,072.	5,119.	
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 O.)				
a COLLECTIONS	452,560.	452,560.		
b MAINTENANCE	162,721.	146,449.	16,272.	
c MUSEUM PROGRAMS AND EXH	148,617.	148,617.		
d COLLECTING	29,274.	29,274.		
e All other expenses _____	27,165.	10,769.	10,823.	5,573.
25 Total functional expenses. Add lines 1 through 24e	2,972,482.	2,271,545.	515,586.	185,351.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part 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
Assets	1 Cash - non-interest-bearing	359,053.	1	302,885.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	608,293.	3	658,794.
	4 Accounts receivable, net		4	
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,020.	8	30,391.
	9 Prepaid expenses and deferred charges	36,696.	9	81,243.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,638,098.		
	b Less: accumulated depreciation	10b 5,622,409.	10c	14,015,689.
	11 Investments - publicly traded securities	15,204,408.	11	16,586,723.
	12 Investments - other securities. See Part IV, line 11	2,400,000.	12	2,400,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	50.	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,519,452.	16	34,075,725.	
Liabilities	17 Accounts payable and accrued expenses	2,231,962.	17	800,557.
	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	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	170,000.	23	3,600,197.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	2,401,962.	26	4,400,754.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	19,833,424.	27	24,280,682.
	28 Net assets with donor restrictions	8,284,066.	28	5,394,289.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	28,117,490.	32	29,674,971.
	33 Total liabilities and net assets/fund balances	30,519,452.	33	34,075,725.

Part 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	3,194,537.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,972,482.
3	Revenue less expenses. Subtract line 2 from line 1	3	222,055.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,117,490.
5	Net unrealized gains (losses) on investments	5	1,335,426.
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	29,674,971.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1476731.	1955131.	1833410.	3376396.	1389691.	10031359.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1476731.	1955131.	1833410.	3376396.	1389691.	10031359.
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)						865,752.
6 Public support. Subtract line 5 from line 4.						9165607.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1476731.	1955131.	1833410.	3376396.	1389691.	10031359.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	323,187.	445,967.	558,131.	437,394.	425,690.	2190369.
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						12221728.
12 Gross receipts from related activities, etc. (see instructions)					12	60,941.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	74.99 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	73.67 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 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? <i>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.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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? <i>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 that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

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

2020

Open to Public Inspection

Name of the organization MATTATUCK HISTORICAL SOCIETY **Employer identification number** 06-0443990

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,960,819.	11,366,707.	11,724,409.	11,011,673.	10,706,100.
b Contributions		224,335.	48,200.	10,415.	100,733.
c Net investment earnings, gains, and losses	1,693,290.	980,532.	372,350.	1,582,228.	1,029,857.
d Grants or scholarships					
e Other expenditures for facilities and programs	655,414.	610,755.	778,252.	879,907.	825,017.
f Administrative expenses					
g End of year balance	12,998,695.	11,960,819.	11,366,707.	11,724,409.	11,011,673.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 62.7100 %
 - b Permanent endowment 30.0900 %
 - c Term endowment 7.2000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		635,593.		635,593.
b Buildings		15,847,648.	4,303,526.	11,544,122.
c Leasehold improvements				
d Equipment		3,154,857.	1,318,883.	1,835,974.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,015,689.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests	2,400,000.	END-OF-YEAR MARKET VALUE
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,400,000.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. 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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,506,022.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,335,426.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	59,587.
e	Add lines 2a through 2d	2e	1,395,013.
3	Subtract line 2e from line 1	3	3,111,009.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	83,528.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	83,528.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,194,537.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,948,541.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	59,587.
e	Add lines 2a through 2d	2e	59,587.
3	Subtract line 2e from line 1	3	2,888,954.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	83,528.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	83,528.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,972,482.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE SOCIETY'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED, OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES. CONTRIBUTIONS OF ART AND ITEMS OF HISTORICAL SIGNIFICANCE THAT DO NOT MEET THE SOCIETY'S INTERPRETIVE OR RESEARCH PURPOSES ARE HELD FOR SALE.

Part XIII Supplemental Information (continued)

PROCEEDS FROM THE SALE OF THESE ITEMS ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

PART III, LINE 4:

THE COLLECTIONS ARE MADE UP OF WORKS OF ART AND ITEMS OF HISTORICAL SIGNIFICANCE THAT ARE HELD FOR EDUCATIONAL, RESEARCH AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED ON THE 990	10,057.
FUNDRAISING EXPENSES NETTED ON THE 990	35,806.
LOSS ON DISPOSAL OF ASSET	10,900.
RENTAL EXPENSE NETTED ON THE 990	2,824.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	59,587.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED ON THE 990	10,057.
FUNDRAISING EXPENSES NETTED ON THE 990	35,806.
LOSS ON DISPOSAL OF ASSET	10,900.
RENTAL EXPENSE NETTED ON 990	2,824.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	59,587.

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
		BRASS BUTTON	STRAWBERRY MOON	2	(add col. (a) through col. (c))
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts	165,332.	17,875.	18,830.	202,037.
2	Less: Contributions	33,708.		6,570.	40,278.
3	Gross income (line 1 minus line 2)	131,624.	17,875.	12,260.	161,759.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages	15,305.	6,490.	1,299.	23,094.
8	Entertainment	2,080.			2,080.
9	Other direct expenses	5,905.	1,255.	2,842.	10,002.
10	Direct expense summary. Add lines 4 through 9 in column (d)				35,176.
11	Net income summary. Subtract line 10 from line 3, column (d)				126,583.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 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: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MATTATUCK HISTORICAL SOCIETY

Employer identification number

06-0443990

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT BURNS EXECUTIVE DIRECTOR	(i)	179,278.	0.	0.	7,145.	14,471.	200,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

ALL EMPLOYEES OF THE ORGANIZATION SIGN AN INTIAL EMPLOYMENT OFFER LETTER WITH THE ORGANIZATION WHICH OUTLINES THE TOTAL ANNUAL COMPENSATION FOR THE EMPLOYEE. THE EXECUTIVE DIRECTORS COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **MATTATUCK HISTORICAL SOCIETY** Employer identification number **06-0443990**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	<input checked="" type="checkbox"/>	1	104,360.	OPINIONS OF EXPERTS
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	<input checked="" type="checkbox"/>	1	10,931.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	<input checked="" type="checkbox"/>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<input checked="" type="checkbox"/>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MATTATUCK HISTORICAL SOCIETY

Employer identification number

06-0443990

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEARNING THROUGH TRANSFORMATIVE EXPERIENCES TO ENCOURAGE A DEEPER
UNDERSTANDING OF OURSELVES AND OUR HERITAGE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DIFFERENT INTERESTS AND LEARNING STYLES VISITORS BRING TO THE MUSEUM.

THE MATTATUCK CONTINUALLY STRIVES TO BE A SAFE, ACCESSIBLE, AND
ENJOYABLE OPTION FOR FAMILIES WISHING TO SPEND TIME TOGETHER IN AN
ENRICHING SETTING. FAR TOO MANY CHILDREN AND FAMILIES HAVE LITTLE TO NO
ACCESS TO THE BENEFITS OF REGULAR EXPOSURE TO THE FINE ARTS. REGULARLY
OFFERED PROGRAMS INCLUDE VIRTUAL AND IN-PERSON K-12 SCHOOL TOURS,
AFTER-SCHOOL PROGRAMS, SELF-EXPLORATION GALLERY ACTIVITIES, SCHOOL'S
OUT! PROGRAMS FOR SCHOOL VACATION DAYS AND HOLIDAYS, ART AND HISTORY
FOR HOMESCHOOLERS, CHILDREN'S AND COMMUNITY ART EXHIBITIONS, ACCESS
PROGRAMS FOR YOUTH AND ADULTS, COMMUNITY FREE DAYS, HIGH SCHOOL AND
COLLEGE INTERNSHIPS. SINCE THE ONSET OF COVID-19 THE MUSEUM HAS
TRANSITIONED MANY OF ITS RICH EDUCATIONAL PROGRAMS INTO VIRTUAL OR
HYBRID OFFERINGS TO CONTINUE REACHING ITS VARIOUS COMMUNITY PARTNERS.
THE MATTATUCK PRIDES ITSELF FOR ITS LONG RELATIONSHIP WITH THE
WATERBURY PUBLIC SCHOOLS, NAUGATUCK, ANSONIA, DERBY AND THOMASTON.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE REINSTALLATION OF THE ART COLLECTION ALLOWED US TO RETHINK
PRESENTATION; WE STRUCTURED THE EXHIBIT ON EIGHT THEMES: WATERBURY SETS
THE STAGE, THE NATURAL WORLD, THE DOMESTIC SPHERE, AT WORK, AT PLAY,

Name of the organization MATTATUCK HISTORICAL SOCIETY	Employer identification number 06-0443990
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ART/IMAGE/IDENTITY, MYSTERY & IMAGINATION, AND ARTISTS AS STYLE AGENTS.

MIXING FURNITURE AND DECORATIVE OBJECTS WITH PAINTINGS AND SCULPTURE,

WE HAVE BUILT NEW BRIDGES TO UNDERSTANDING SOCIAL, ECONOMIC, AND

HISTORICAL CONTEXT. WE ROTATE WORKS THROUGH THIS INSTALLATION

FREQUENTLY, OFTEN CHOOSING TO SHOW NEW ACQUISITIONS.

THE REINSTALLATION OF THE HISTORY GALLERY EXHIBIT TAKES A NEW APPROACH

TO TELLING WATERBURY HISTORY. USING THE CITY'S PAST CHALLENGES,

TRANSITIONS, AND TRIUMPHS TO SERVE AS A STIMULUS FOR A HIGHER GOAL TO

HELP VISITORS GRAPPLE WITH BIG CHANGES IN THEIR OWN LIVES.

SPECIFICALLY, THE DISPLAYS AND INTERACTIVES FOCUS ON HOW CHANGES

(LOSING A RELATIONSHIP, GETTING A NEW JOB, ADOPTING A NEW TECHNOLOGY)

AFFECTS WHO WE ARE AND COLLECTIVELY, HOW SOCIETAL CHANGES AFFECT THE

IDENTITY OF THE CITY. THIS INSTALLATION IS IN PROGRESS.

COLLECTING PRESIDENTIAL HISTORY: SIGNATURES AND EPHEMERA INSTALLED IN

THE NEW NOONAN GALLERY ON THE SECOND FLOOR REPRESENTS A SIGNIFICANT

GIFT TO THE MATTATUCK MUSEUM OF PRESIDENTIAL SIGNATURES COLLECTED BY

FRANCIS T. "FAY" VINCENT JR. AUGMENTED WITH MATERIALS FROM THE

ARCHIVES, AND PHOTOGRAPH COLLECTION OF THE MUSEUM. A NICHE DISPLAY

WITHIN THE EXHIBIT IDENTIFIES THOSE PRESIDENTS WHO VISITED WATERBURY.

WE LOOK FORWARD TO ORGANIZING THIS SHOW AS A TRAVELING EXHIBITION IN

THE FUTURE.

OTHER TEMPORARY EXHIBITIONS:

FREE AS AIR AND WATER SHOWCASED THE WORK OF FIVE EMERGING ARTISTS WHO

INVITED US TO CONTEMPLATE OUR RELATIONSHIPS WITH OUR ENVIRONMENT,

DURING A TIME WHEN WE HAVE HAD TO REEVALUATE WHAT IS TRULY ESSENTIAL IN

A WORLD THAT FACES CLIMATE CHANGE, POLLUTION, AND DWINDLING RESOURCES.

UNLEASHED: THE ART OF ROBERT C. JACKSON FEATURED LARGE-SCALE STILL

LIFES THAT ARE INFLUENCED BY POPULAR CULTURE AND INFORMED BY ART

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HISTORY IN PAINTINGS THAT CELEBRATE CONTEMPORARY LIFE.

THE FUTURE STARTS NOW: RECENT GIFTS TO THE COLLECTION DEMONSTRATED THAT DONATIONS AND GIFTS AUGMENT THE MUSEUM HOLDINGS AND DEEPEN THE STORIES OF ART AND COMMUNITY THAT WE TELL. THE SELECTION INCLUDED WORKS BY LATIN AMERICAN ARTISTS, CUTTING-EDGE CONTEMPORARY ART, 19TH C. TONALIST PAINTINGS, POLITICAL EPHEMERA, AND TEXTS FOR OUR LIBRARY.

A SECRET HELIOTROPISM: THE ART OF JEANNE SILVERTHORNE EXPLORED THE OFTEN OVER-LOOKED OBJECTS OF OUR DAILY LIFE, FROM HONEYBEES TO LIGHT FIXTURES IN CAST RUBBER.

IN THE WAKE OF 9/11: ROBERT CARLEY'S AMERICAN JOURNEY PRESENTED PHOTOGRAPHS CAPTURING THE AMERICAN SPIRIT AFTER 9/11 WHEN MANY PEOPLE USED THE FLAG TO DEMONSTRATE SOLIDARITY.

A FACE LIKE MINE WAS A COLLABORATIVE PROJECT WITH THE MUSEUM OF FINE ARTS, BOSTON, THAT CELEBRATED 100 YEARS OF AFRICAN AMERICAN FIGURATIVE ART. THIS SELECTION OF SEVENTY WORKS INCLUDING PAINTINGS, SCULPTURE, PRINTS, AND PHOTOGRAPHS BY FIFTY-TWO BLACK ARTISTS EXPLORES THE AFRICAN AMERICAN EXPERIENCE FROM THE HARLEM RENAISSANCE THROUGH THE CIVIL RIGHTS ERA TO THE CURRENT DAY.

CELEBRATE HISPANIC HERITAGE/CELEBRANDO LA HERENCIA HISPANA SHOWCASES THE VIBRANT DIVERSITY OF ARTISTIC EXPRESSION, AS WELL AS THE CULTURAL CONTRIBUTIONS OF ARTISTS WITH ORIGINS IN SPAIN, MEXICO, THE CARIBBEAN, AND CENTRAL AND SOUTH AMERICA. IT INCLUDES ART OF FOLKLORE, TRADITION, AND NOSTALGIA AS WELL AS WORKS THAT ADDRESS CONTEMPORARY LIFE.

DISCOVERING NEW YORK'S WRAPPER: THE ART OF FRANCIS HINES EXPLORES THE VARIETY OF MEDIA AND STYLE IN PAINTING AND SCULPTURE BY THIS ONLY ARTIST TO WRAP A BUILDING IN MANHATTAN.

MICHELLE TRAGAKISS: GEOMETRY AND GESTURE FEATURES THE WORK OF OUR 2021 MIXMASTER WINNER. HER ABSTRACT WORK IS BOTH GEOMETRIC AND GESTURAL.

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WE LOOK FORWARD TO MEETING NEW AUDIENCES THROUGH ADDITIONAL ON-LINE EXHIBITIONS. AS WELL, WE ARE AT THE START OF PLANNING FOR FUTURE TRAVELING EXHIBITIONS. AS A PARTICIPANT IN THE ART BRIDGES PROGRAM, THE MATTATUCK CONTINUES ITS PARTNERSHIP WITH BOSTON'S MUSEUM OF FINE ARTS AND IS PLANNING ITS THIRD PROJECT WITH AN ADDITIONAL ART BRIDGES PARTNER, THE MUNSON WILLIAMS PROCTOR ART INSTITUTE, UTICA, NY. WORKING WITH OUR COLLECTIONS COMMITTEE AND BOARD, WE CONTINUE TO ADD TO OUR HOLDINGS 1) ADDING TO OUR HISTORICAL AND ART COLLECTIONS 2) RECOGNIZING CONTRIBUTIONS BY UNDERRECOGNIZED CREATORS AND 3) KEEPING PACE WITH NEW DIRECTIONS IN CONTEMPORARY ART. DURING THE PAST YEAR WE ADDED NINETY-THREE WORKS THROUGH GIFTS AND ACQUISITIONS, FILLING GAPS IN THE CONNECTICUT COLLECTION AND INCREASING DIVERSITY THROUGH GENDER, RACE, AND IDENTITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
LIBRARY & ARCHIVES:

BEGINNING IN OCTOBER 2020 THE ARCHIVIST STARTED EXAMINING ALL ARCHIVAL BOXES FOR CONTENTS AND LABELS. WHERE APPLICABLE, COLLECTION BOXES WERE MERGED OR COLLECTIONS WERE REHOUSED INTO MORE APPROPRIATE CONTAINERS. BECAUSE NEW LIBRARY SHELVING HAD BEEN INSTALLED IN THE RENOVATED MUSEUM LEDGERS AND SCRAPBOOK COLLECTIONS WERE ABLE TO BE HOUSED IN THE LIBRARY INSTEAD OF LAYING ON THE ARCHIVAL STORAGE RACKS. THIS OPTIMIZED SPACE, PROVIDING ROUGHLY 25 LINEAR FEET OF ADDITIONAL SPACE.

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ANOTHER MAJOR PROJECT WAS CATALOGING THE LIBRARY'S BOOK COLLECTION.

WHILE ATTEMPTS HAD BEEN MADE IN THE PAST, IT WAS NEVER COMPLETED. THE ARCHIVIST CHOSE TO SWITCH THE CLASSIFICATION SCHEME TO LC NUMBERS WHICH REFLECTS A MORE PROFESSIONAL ACADEMIC/SPECIAL COLLECTION LIBRARY. ALL 2,400 BOOKS WERE IDENTIFIED AND COPY CATALOGED. A LIST EXISTS BUT A FUTURE INVESTMENT OF TIME/MONEY INTO A CATALOGING SOFTWARE WILL BE NECESSARY TO MAKE THIS ACCESSIBLE TO RESEARCHERS.

THE LIBRARY AND ARCHIVE IS USED BY AMATEURS AND SCHOLARS ALIKE IN AREAS OF HISTORICAL RESEARCH, ART HISTORY INVESTIGATION, AND GENEALOGY. LAST YEAR, THE MUSEUM ASSISTED WITH APPROXIMATELY 186 REGIONAL AND NATIONAL INDEPENDENT RESEARCH REQUESTS THROUGH PHONE, EMAIL, AND IN-PERSON RESEARCH APPOINTMENTS, THE NUMBER OF IN-PERSON RESEARCH APPOINTMENTS INCREASING DRAMATICALLY. WITHIN THE MUSEUM THE ARCHIVIST PROVIDED IMAGES FOR SOCIAL MEDIA AND EDUCATION DEPARTMENT REQUESTS TOTALING 60 SEPARATE COLLABORATIONS.

THE ARCHIVIST COLLABORATED WITH CURATORIAL AND EDUCATION IN CREATING MUSEUM EXHIBIT AND PROGRAM CONTENT INCLUDING: ARCHIVAL SCANS AND DRAFT FOR THE SCRIPT OF THE PROGRAM VICTORY: WHAT WATERBURY MADE DURING WWII; PRIMARY SOURCES, PHOTOGRAPHS, AND OTHER CONTENT FOR THE RE-INSTALLATION OF THE HISTORY GALLERY ; MATT ON GO PROGRAM WHICH IS REPLICATED BY EDUCATION AND VISITOR SERVICES THAT FOCUSES ON GENEALOGY AT THE MATT; RESEARCHED AND CURATED A SMALL EXHIBIT ON THE DEVELOPMENT OF PHOTOGRAPHY IN WATERBURY; AND PRESENTED THE ANNUAL ORTON P. CAMP JR. TALK ON THE STRIKES OF 1919 AND 1920 IN THE BRASS VALLEY.

EXPANDED THE COLLECTION THROUGH PURCHASES ADDING: 6 BOOKS ABOUT WATERBURY, 3 PHOTOGRAPHS, 3 WATERBURY BREWING EPHEMERA, 5 MISCELLANEOUS

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ITEMS, 4 TRANSPORTATION ITEMS, AND 12 PRESIDENTIAL/POLITICAL EPHEMERA ITEMS. WE RECEIVED 12 DISTINCT DONATIONS INCLUDING, PRESIDENTIAL EPHEMERA, NEWSPAPER ISSUES, PHOTOGRAPHS, EDUCATION EPHEMERA AND THREE SMALL ARCHIVAL COLLECTIONS. THE THREE COLLECTIONS: THE WATERBURY CHORALE COLLECTION, SACRED HEART COLLECTION, AND THE BRISTOL COMPANY RECORDS.

THE ARCHIVIST WORKED WITH THE CONNECTICUT ARCHIVES ONLINE IN ORDER TO GAIN ACCESS TO THEIR INSTANCE OF ARCHIVSPACE IN ORDER TO CREATE FINDING AIDS FOR THE ARCHIVAL COLLECTIONS. UTILIZING A GRANT FROM AMERICAN SAVINGS FOUNDATION, WE WERE ABLE TO UTILIZE AN INTERN FOR OVER 300 HOURS SUMMER 2021 WHO FOCUSED ON PROCESSING AND CREATING FINDING AIDS FOR SMALL ARCHIVAL COLLECTIONS.

THE LIBRARY AND ARCHIVE WILL CONTINUE TO WORK ON PROVIDING OPEN AND EQUITABLE ACCESS TO ALL BY ARRANGING, DESCRIBING, AND DIGITIZING ARCHIVAL MATERIAL. ADDITIONALLY, THE ARCHIVE WILL CONTINUE TO COLLECT ITEMS AND COLLECTIONS RELATED TO LOCAL HISTORY WITH A FUTURE EMPHASIS ON ARTISTS, WOMEN, MINORITIES, AND UNDERREPRESENTED VOICES IN THE COMMUNITY.

EXPENSES \$ 22,715. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,741.

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

FORM 990 IS EMAILED TO THE FULL BOARD FOR REVIEW PRIOR TO FILING

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

CONFLICT OF INTEREST STATEMENTS ARE SIGNED ANNUALLY BY ALL MEMBERS OF THE BOARD OF DIRECTORS. SHOULD A CONFLICT EXIST, THAT INDIVIDUAL IS RECUSED

Name of the organization MATTATUCK HISTORICAL SOCIETY	Employer identification number 06-0443990
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FROM ANY DECISIONS REGARDING THE CONFLICT.

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

COMPENSATION OF EXECUTIVE DIRECTOR AND TOP MANAGEMENT ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE ANNUALLY USING COMPARABILITY DATA OF SIMILAR ORGANIZATIONS.ALL DECISIONS ARE DOCUMENTED IN WRITING.

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

AVAILABLE UPON REQUEST