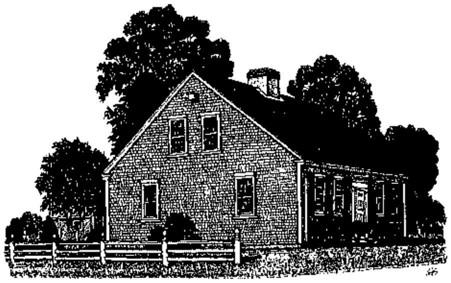
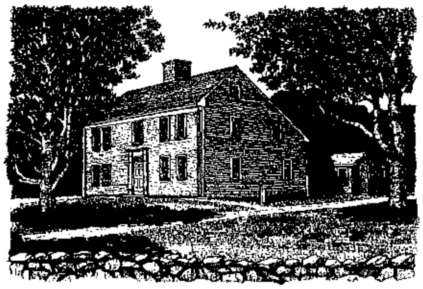


Jericho House



Josiah Dennis Manse

West Dennis Graded School House

Dennis Historical Society

Community Preservation Committee
P.O. Box 2060
485 Main Street
South Dennis, MA 02660

May 3, 2015

Gentlemen:

On behalf of the Dennis Historical Society, I am pleased to submit twelve copies of an application for Grant to the Town of Dennis Community Preservation Committee for:

Continued Development of the
Accessible Digital Archive

To the best of my knowledge, this application completely and fully complies with the requirements of the instructions for the *Application For Dennis Community Preservation Funds - Calendar Year 2015.*

If you have any questions, please feel free to contact me at any time

Sincerely,

Roger K. Sullivan

Roger K. Sullivan
(508) 760 3721
Roger_K_Sullivan@msn.com

RECEIVED
MAY 03 2016
9:20a
TOWN OF DENNIS

Post Office Box 607
South Dennis, Massachusetts 02660

Application For
Dennis Community Preservation Funds
Fiscal Year 2016 Funding

Continued Development
of the

Accessible Digital Archive

Requested By

The Dennis Historical Society, Inc.

APPLICATION FOR
DENNIS COMMUNITY PRESERVATION FUNDS
FISCAL YEAR 2016 FUNDING

SYNOPSIS

1. *Project Title:* Accessible Digital Archive *(Digital Archive Project)*
2. *Organization Name:* The Dennis Historical Society, Inc.
3. *Amount Requested from CPA funds*: $58,238
4. *Purpose:* Historic Preservation
5. *Project site locations:*
   Dennis Historical Society Library, West Dennis Library, Rt. 28, West Dennis, private homes.

   Digital Archive Location: Availability: World Wide Web. Physical Location: Longsight Group's geographically distributed servers.

6. *Synopsis of Project:*

The *Dennis Historical Society Archive* is an Internet accessible archive of the history of Dennis, MA. DHS is honored to have had the continuing support of the CPC that has allowed the Town of Dennis becoming the statewide leader in providing its historical archives for the international public. This archive contains over 15,000 items and has been searched over 2,356,893 times by people in fourteen countries including the United States during the past year. This Application proposes slightly less than the funding for the Fiscal Year 2015 Program.

APPLICANT INFORMATION

7. *Project Title:* Accessible Digital Archive
8. *Organization Name:* The Dennis Historical Society, Inc.
9. *Address (street and post office box):*

   P.O. Box 607 (no street address)
   South Dennis, MA 02660
   E-mail: Dennis Historical Society - dennishs@cape.com
   Website: Dennis Historical Society – www.dennishistsoc.org
   Digital Archive: archive.dennishistsoc.org
   Also easily accessed by search terms such as "Dennis Archive" or variants thereto.

10. *Federal Tax Identification Number* – 042624741

11. *Contact Person(s):*

Roger K. Sullivan
Project Manager
6 Brooksweld Lane
West Dennis, MA 02670
(978) 828-3520
E-mail: roger_k_sullivan@msn.com

11a Name of Person Who Will Receive Funds Lawrence Symington Treasurer

APPLICANT BACKGROUND

12. Brief Applicant history:

The Dennis Historical Society, Inc. (DHS) was formed in 1963 to accept gifts of Dennis-related artifacts for use in the Jericho Historical Center that had been presented to the town in 1962. The Dennis

Historical Society, Inc. by charter is an educational organization established to stimulate an interest in local history, to promote scholarly effort, to foster the continued collection and preservation of historical data and material, and to cooperate with individuals and other organizations having similar interest. Its mission is to preserve, promote and present the history of Dennis, Massachusetts.

DHS is a non-profit organization whose only sources of funding are membership dues, donations, book sales and occasional fund-raising activities. The Society annually hosts approximately a dozen public historical presentations and other functions. DHS owns most of the artifacts in and has oversight of three Town of Dennis owned museums, each of which is operated by their own committee and open to the public on regular published schedules (DHS Website, Dennis Chamber of Commerce Website, etc.). These museums are:

1801 Jericho Historical Center and Barn Museum. Built by Captain Theophilus Baker and gifted to the Town of Dennis in 1962. It is listed on the State Register of Historic Places. It is open seasonally several days a week from about the end of June to the beginning of September, for special events and tours.

1736 Josiah Dennis Manse Museum was purchased by the town in 1967 and recently completely restored. This is the original home of the first settled minister of the town. It is listed on the National Register of Historic Places, in the Massachusetts Cultural Resource Information System, and is covered by a Massachusetts Historical Commission preservation restriction.

The *1867 West Dennis Graded School* was restored in 2002. It is listed on the National Register of Historic Places, in the Massachusetts Cultural Resource Information System, and is covered by a Massachusetts Historical Commission preservation restriction.

The 1877 Rose Victorian in West Dennis. This historic Victorian home built by Captain Calvin F. Baker was acquired by DHS as the result of a 2013 bequest by Kathleen Roche. This bequest also includes a 1884 Barn housing the Gift Shop and associated outbuildings. DHS operates the Gift Shop on a seasonal basis and uses the home for meetings and functions as it continues to make necessary repairs to restore the property to its original splendor.

DHS maintains a comprehensive library at and under agreement with the West Dennis Public Library. DHS also sponsors programs of historical interest for their members and the general public and interacts with other Cape Cod historical organizations through its membership in the Cape and Islands Historical Association. DHS is also a member of the Dennis Chamber of Commerce.

13. Names of governing board, trustees or directors

Officers:

Elected Directors

Betsy Harrison, President
David Talbott, Terri Fox, Vice Presidents
Bonnie Hempel - Recording Secretary
Ruth Derick - Corresponding Secretary
Lawrence Symington - Treasurer
June Howes - Assistant Treasurer

Elected Directors:

Virginia Devine
Mary Kuhrtz
Bo Durst
Patricia Corcoran
Robert Poskitt

Appointed Directors:

Diane Rochelle, Dennis Historical Commission
Peter Howes, Technology
Dawn Dellner, Membership &
Jericho Historical Center
Terri Fox, Josiah Dennis Manse
V. Devine & B. Harrison, Programs
Jennifer O'Neil, Publicity
Phyllis Horton, Curator/Archivist &
West Dennis Graded School
Patricia Sakellis, Rose Victorian
Richard Howes, Photographer
Ruth Derick & Paul Lapense, Librarians
Jen Ward, Member At Large

14. Summary of comparable projects completed

Dennis Manse Restoration (2006 CPA grant)
Dennis Manse Restoration (2007 CPA grant)
Historic Artifacts Preservation (2007 CPA grant)
Dennis Manse Restoration (2008 CPA grant)
Dennis Manse Restoration Debt (2009 CPA grant)
Dennis Manse Restoration (2009 CPA grant)
Dennis Manse Restoration (2010 CPA grant)
Oil Paintings Conservation (2013 CPA grant)
UV framed glass protection (2013 CPA grant)
DHS Historical Archive (2006-2015 CPA grants)

PROJECT INFORMATION

15. Project Concept

Project Background

All Historical Societies function to preserve the history of their respective towns to "enhance the understanding of our nation's past and its connection to the present, demonstrating that history is not just a series of events that happened to individuals long ago but is integral to the fabric of our daily lives", as eloquently stated by the Massachusetts Historical Society.

Several years ago the Dennis Historical Society (DHS) recognized that such preservation efforts by themselves were of limited use unless the items were made available to the public for viewing, research and all uses found of interest. The late Burton Derick had previously embarked on a personal multi-year effort to collect and digitize all of the written and photographic material pertaining to the history of Dennis that he could obtain. These efforts included DHS books and records plus those borrowed from many Dennis residents and from other sources. Digitization of Town records and additional materials by outside vendors and others have augmented his efforts, resulting in a substantial trove of historic material.

At that time we established a committee to take the innovative high road to determine the best way to provide this expanding corpus of historical knowledge to the world at large. The result became the current *Searchable Digital Archive*. The Community Preservation Committee of Dennis, with great foresight, has funded this visionary effort, which has today resulted in the largest and almost the singular publically searchable historical archive of any historical society in the state.[1] The support of the CPC has resulted in the Town of Dennis becoming the statewide leader position in providing its historical archives for the international public.

In the future we would expect to add DHS Newsletters to the archive, along with other material deemed to be historically significant. Additionally, and in a similar manner in which Town Reports and Assessors records have been added to the archive, there are documents in the recently inventoried Dennis Town Vault that should be evaluated for inclusion into the archive. Funds are allocated in this application to begin that effort.

Data Ownership

Numerous disks of digital data and attendant catalogues of material were transferred to the Dennis Historical Society from time to time by Mr. Derick, with several copies delivered to insure data safety. This transferred ownership of those items to the Society. Any material not released remains the property of Dr. Derick's estate. At the time when these DHS materials are processed for entry into the CPA-funded on-line archive, ownership of this material become subject to the conditions of the CPA contracts.

Outreach

Dennis Historical Society has joined the Digital Commonwealth, a statewide consortium of libraries, museums, archives, and historical societies from across Massachusetts that provides access to photographs, manuscripts, books, audio recordings, and other materials of historical interest that have been digitized and made available by its members. Our archive has not yet been included to date due to the backlog of work by that organization.

Separately, DHS funds the attendance of our Database Administrator at the periodic Digital Commonwealth Symposia.

[1] Based on the examination of 185 historical Societies listed in the *MassHome Directory of Massachusetts Historical Societies.*

Measures of Progress

The Archive currently contains over 15,000 individual items or titles and from July 2015 to April 2016 has experienced 2,356,893 searches from Australia, Canada, China, Czech Republic, France, Germany, Israel, Italy, Japan, Netherlands, Romania, Russia, Ukraine, and United Kingdom in addition to the United States. This represents a more than doubling of the previous year's activity.

16. *Project Goals / Objectives:*

Objective of Proposed Program: Continue the growth of the *Accessible Digital Archive.*

There is a steady flow of new material being added to the Archive. This proposal seeks to continue that effort along with whatever Archive changes and modifications are appropriate to the emerging digital archiving community, as we have done in the past. Improvements to the Archive presentation occur as our host Longsight (at no cost to this program), periodically updates its software and introduces new capabilities and by the aperiodic addition of enhancements by our staff. These changes seek to improve features available to the public and to improve our cost structure.

We hold periodic review meetings to review the rate of progress, plans and problems, establish data entry priorities and to coordinate and control the contract labor to avoid unnecessary expenditures.

Changes to the published material are sought, welcomed and incorporated. For instance, identification of currently unknown buildings, locations and people are areas of focus where are seeking additional information.

The primary efforts for this year will be:

1. Continue to add items from the remaining original pool of approximately 9,000 items already scanned and awaiting indexing.
2. Refinement of existing Archive indices – especially date-related information
3. Enhancing search fields to increase search visibility and ranking in Google and other search engines.

Other efforts may include:

1. Including Dennis Historical Society newsletters in the Archive.
2. Addition other Dennis records from the Dennis Vault as deemed appropriate.

17. Describe any legal issues, ramifications, impediments about this project, if any. N/A

This proposal for is for the period of performance commencing May 2016 to May 2017. Staffing at that time may well be different than now. We are aware that personnel change may have occurred by that time or will occur during the proposed program. While we will seek to locate someone with the requisite computer expertise, training will be required, changing the efficiency dynamic during that period.

New staff will require training on both the methods for inputting data but more importantly on how to create the descriptive material, known as metadata, which uniquely indentifies each separate item. This must follow carefully established rules.

18. Describe how this Project accomplishes the goals a objectives of the CPA

This project fully meets the goals and objectives "for the acquisition, preservation, rehabilitation and restoration of historic resources" as stated in Section 5(b)(2) of the Community Preservation Act: Enabling Statute – M.G.L. ch. 44B.

This Project also meets the goals and intent of History Sections 1, 2, 5, 6 and 7, in the document Town of Dennis Community Preservation Committee Application and Criteria.

The Town of Dennis Law Firm resolved that this Project meets the goal and objectives of the CPA and is legal thereunder.

19. Describe how this Project is relevant to the current and future needs of Dennis

Students, the curious and scholars worldwide can access the growing inventory and its data for research or curiosity. All of the archive (such as the extensive collection of Dennis photographs) is fully accessible and available to all from computers in homes, schools and libraries.

What impact will this have? Dennis students, residents, scholars and interested persons worldwide now have access to a much greater store of material concerning the history of their town.

The History section in the Town of Dennis Community Preservation Committee Application and Criteria really best summarizes the relevance of this proposed effort as (excerpted and condensed):
...protect, preserve, enhance, restore ... cultural... resources of significance;
...protect, preserve, enhance...town-owned properties (in this case antique records)...of historical significance;
...provide(s) permanent protection of the historic resource;
...identifies, preserves and enhances the heritage of the Town of Dennis;
and finally ...optimizes the use and enjoyment of the Town's historic resources by residents and visitors.

20. *Describe how this Project relates to the Dennis Local Comprehensive Plan*
The Plan establishes goals and minimum performance standards for a town's heritage preservation and does not specifically address the preservation of historical artifacts and documents.

However, we believe that this effort is fully in compliance with the goals of the Dennis Local Comprehensive plan, as preserving the historical material described herein provides that body and soul to the structures, open land vistas etc. that are specifically covered in that plan, and gives us that vital human face of Historic Dennis without which the rest would have no character.

21. *Anticipated start and end dates of the project*
Start: May 1, 2016. End: April 31, 2017

PROJECT IMPLEMENTATION & BUDGET

22. *Total CPA Funding Request* $61,738

23. *Financial Plan & Discussion*

23a. Financial Planning Discussion
The labor and non-labor items enumerated below is a $512 increase over the funds approved for the FY 2014 project per the Grant Agreement #513542 dated 23 March 2015. This Budget represents the anticipated and potential expenses for the period May 2016 through the end of April 2017.

FY 15 Labor Input For May 2016 – May 2017

Project Staff	Hrs/Wk	$ Hourly	Total Weeks	Labor	Taxes	Total
Database Administrator	20	$20.00	50	$20,000	$1,950	$21,950
Database Assistant	29.5	$15.00	50	$22,125	$2,113	$24,238
					Total Labor & Taxes	$ 46,188

Category	Item		Cost
External Costs	Longsight Group Hosting & Support		$6,700.00
	Handle System		$100.00
	Digital Commonwealth Dues		$50.00
Bulk Digitization	Digital Scanning		$4,000.00
Fratus Accounting Services			$1,200.00
	Labor & Taxes From Above		$46,188
		Total Budget	$58,238.00

23b. Project Staff The expenses for employee labor above represents the maximum hours that will be expended. This level of labor hours is not guaranteed or warranted, and the actual number of hours may be less due to personnel factors not under our control. The ability to "catch-up" for hours missed is bounded by the limit of 29.5 hours per week average that can be expended per employee.

Mitzi Krueger is the technical lead and the project architect. Mitzi has substantial prior experience with complex databases, has the related substantial computer skills that are instrumental to the current progress of the project. She is the full time Circulation Manager for the Town of Yarmouth Libraries. We expect that she will continue on this program.

Chloe Kruger had supported this program in the past on a part to full-time basis. She is a fully knowledgeable and meticulous worker. Her future employment is dependent on her future plans.

23c. The Longsight Group hosts our archive database software known as *DSpace,* plus provides training, troubleshooting, advice etc. *DSpace* software is used worldwide is routinely upgraded at no additional expense to all users. Modifications are periodically accomplished, and one is in progress at present. These upgrades improve the ease of use and features available to the user. Our 'version' of *DSpace* is unique to our contract and is a deliverable item if desired.

Part of the funding for Longsight is for technical support during batch processing. We have found that it is more time (and cost) efficient to accumulate dozens of archive inputs and to submit them for 'batch' processing rather than entering each one during an on-line session. The upside is that more labor is available for metadata (item identification) preparation. There is some support-hour Longsight charge for each batch process. Batch submissions are limited to minimize expenses, but this decreases the rate of new items appearing in the Archive. Put another way, there can be several months of effort with no new items added to the Archive, with several hundred appearing in the following month.

23d. Handle System - Controls naming conventions used in all archives

23e. Digital Scanning, Inc., Scituate, MA –Digitizing bulk material (Dennis Records, etc.)

Digital Scanning undertakes projects for Harvard, MIT and other MA cities. They previously digitized 124 years of the public Town of Dennis Reports and other material.

Note that the inclusion of bulk material scanning in this out-year forecast is solely to cover possible needs through the end-date of the 2015 contract. Sources include the DHS Library archives and Town Records.

During CY2014 the Logbook of Eban Howes was scanned to PDF format. This book is a vital piece of Dennis History as his vessel, among other exploits, brought back the bodies of the Dennis Schooner Bride. She was one of many vessels lost in the disastrous gale of October 1851 in the Canadian bay of Chaleur.

23f. Fratus Business Services handles all of the tax withholding and other payroll services involved with the employees on this Project.

23g .Funding Administration & Reporting

The Dennis Historical Society will administer the funds and will provide all of the reports agreed to under the Contract to be issued in response to this proposal.

24. *Evidence of interest from potential lenders:* N/A

25. *List of funding source(s), include private/public/in-kind:*

Community Preservation Act Funds

There is free digitization available through Digital Commonwealth. This is accomplished by Boston Public Library staff. With over 300 institutions seeking their help, it is an unlikely source of support.

26. *For Community Housing Projects N/A*

SUPPORT DOCUMENTS

27. *Letters of support from community organizations or other such sources: Previously Provided*

28. *References (no more than three) N/A*

29. *Other relevant materials specific to the Project:*

30. *Copy of most recent US Income Tax Form 990: Appendix A*
31. *Certificate of Non-Collusion - Appendix B*

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Appendix A

<u>DHS Form 990</u>

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EXTENDED TO NOVEMBER 16, 2015

Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending

C Name of organization: DENNIS HISTORICAL SOCIETY, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 607 Room/suite

City or town, state or province, country, and ZIP or foreign postal code: SOUTH DENNIS, MA 02660

D Employer identification number: 04-2624741

E Telephone number: 508-394-9303

G Gross receipts $ 93,919.

F Name and address of principal officer: PETER HOWES SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ DENNISHISTSOC.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1966 **M** State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PRESERVE, PROMOTE AND PRESENT THE HISTORY OF DENNIS, MASSACHUSETTS

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,520.	65,682.
	9	Program service revenue (Part VIII, line 2g)	1,406.	1,574.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	351.	870.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,849.	21,048.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,126.	89,174.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	36,511.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,173.	47,461.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,173.	83,972.
	19	Revenue less expenses. Subtract line 18 from line 12	-7,047.	5,202.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	662,182.	675,814.
	21	Total liabilities (Part X, line 26)	0.	8,430.
	22	Net assets or fund balances. Subtract line 21 from line 20	662,182.	667,384.

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 Date

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
RICHARD F. BULGER	RICHARD F. BULGER			P00139847

Firm's name ▶ LAMB, MASON, BULGER & CO., PC Firm's EIN ▶ 04-2714253

Firm's address ▶ P.O. BOX 1233 WEST CHATHAM, MA 02669-1233 Phone no. (508)945-3575

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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 DENNIS HISTORICAL SOCIETY, INC. IS AN EDUCATIONAL ORGANIZATION ESTABLISHED TO STIMULATE AN INTEREST IN LOCAL HISTORY, TO PROMOTE SCHOLARLY EFFORT, TO FOSTER THE CONTINUED COLLECTION AND PRESERVATION OF HISTORICAL DATA AND MATERIAL, AND TO COOPERATE WITH INDIVIDUALS AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 78,766. including grants of $) (Revenue $ 22,622.)
OPERATE LOCAL HISTORICAL SOCIETY

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 78,766.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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 in Schedule O. See instructions.*

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

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 ... 1a: 19. 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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent ... 1b: 19				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶MA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in 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: ▶
LARRY SYMINGTON - 508-385-8587
63 BLACK BALL HILL ROAD, DENNIS, MA 02638

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

[X] 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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) PETER HOWES PRESIDENT	2.00	X		X				0.	0.	0.
(2) DAVID TALBOTT VICE PRESIDENT	2.00	X		X				0.	0.	0.
(3) TERRI FOX VICE PRESIDENT	2.00	X		X				0.	0.	0.
(4) LARRY SYMINGTON TREASURER	5.00	X		X				0.	0.	0.
(5) BONNIE HEMPEL SECRETARY	2.00	X		X				0.	0.	0.
(6) MARY KUHRTZ ASSISTANT TREASURER	2.00	X		X				0.	0.	0.
(7) RUTH DERICK CORRESPONDING SECRETARY	2.00	X		X				0.	0.	0.
(8) KATHLEEN DORSHIMER DIRECTOR	1.00	X						0.	0.	0.
(9) VIRGINIA DEVINE DIRECTOR	1.00	X						0.	0.	0.
(10) NANCY HOWES DIRECTOR	1.00	X						0.	0.	0.
(11) BETSY HARRISON DIRECTOR	1.00	X						0.	0.	0.
(12) PATRICIA CORCORAN DIRECTOR	1.00	X						0.	0.	0.
(13) JOSHUA CROWELL DIRECTOR	1.00	X						0.	0.	0.
(14) DAWN DELLNER DIRECTOR	1.00	X						0.	0.	0.
(15) ROGER SULLIVAN DIRECTOR	1.00	X						0.	0.	0.
(16) PHYLLIS HORTON DIRECTOR	1.00	X						0.	0.	0.
(17) RICHARD HOWES DIRECTOR	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)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) BRENDAN JOYCE DIRECTOR	1.00	X						0.	0.	0.
(19) BURT DERICK DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

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 ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address NONE	(B) Description of services	(C) Compensation

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 ▶ 0

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432008 11-07-14

14580825 729245 DENNISHISTOR 2014.04000 DENNIS HISTORICAL SOCIETY, DENNISH1

Part VIII **Statement of Revenue**

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	6,170.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	59,512.				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f ▶			65,682.			
Program Service Revenue				Business Code				
	2 a	PROGRAMS		611600	1,574.	1,574.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			1,574.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			870.			870.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
				(i) Real / (ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
				(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory						
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) ▶						
	8 a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	a	25,793.				
	b	Less: cost of goods sold	b	4,745.				
	c	Net income or (loss) from sales of inventory ▶			21,048.	21,048.		
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶						
	12	**Total revenue.** See instructions. ▶			89,174.	22,622.	0.	870.

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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 ..... [X]

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				
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	32,316.	32,316.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,195.	4,195.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,600.		3,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	347.	347.		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,551.	2,551.		
23 Insurance	4,764.	4,077.	687.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ARCHIVES	14,130.	14,130.		
b UTILITIES	3,996.	3,996.		
c SUPPLIES	3,080.	3,080.		
d BUILDING MAINTENANCE	2,928.	2,928.		
e All other expenses SEE SCH O	12,065.	11,146.	919.	
25 **Total functional expenses.** Add lines 1 through 24e	83,972.	78,766.	5,206.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	166,253.	1	166,264.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 513,385.			
	b	Less: accumulated depreciation — 10b 3,835.	495,929.	10c	509,550.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	662,182.	16	675,814.
Liabilities	17	Accounts payable and accrued expenses		17	187.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	0.	25	8,243.
	26	**Total liabilities.** Add lines 17 through 25	0.	26	8,430.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	662,182.	27	667,384.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	662,182.	33	667,384.
	34	Total liabilities and net assets/fund balances	662,182.	34	675,814.

Form **990** (2014)

432011
11-07-14

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	89,174.
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,972.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,202.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	662,182.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	667,384.

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: ☐ Cash ☒ Accrual ☐ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization	Employer identification number
DENNIS HISTORICAL SOCIETY, INC.	04-2624741

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) | 12 |

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2013 Schedule A, Part II, line 14 | 15 | %

16a **33 1/3% support test - 2014.** 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 ▶ ☐

b **33 1/3% support test - 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2013.** 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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,428.	8,170.	32,590.	3,520.	65,682.	119,390.
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		4,980.	15,621.	10,137.	27,367.	58,105.
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	9,428.	13,150.	48,211.	13,657.	93,049.	177,495.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 **Public support** (Subtract line 7c from line 6.)						177,495.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	9,428.	13,150.	48,211.	13,657.	93,049.	177,495.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,114.	1,980.	1,376.	351.	870.	6,691.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,114.	1,980.	1,376.	351.	870.	6,691.
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.)	11,542.	15,130.	49,587.	14,008.	93,919.	184,186.

14 **First five 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 2014 (line 8, column (f) divided by line 13, column (f))	15	96.37	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	93.94	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	3.63	%
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	6.06	%

19a **33 1/3% support tests - 2014.** 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 ▶ [X]

b **33 1/3% support tests - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) 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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

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)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3		

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 ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) 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? *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.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) 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? Provide details in *Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in *Part VI the role played by the organization in this regard.*	3b		

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. **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 (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .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 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No. 1545-0047

2014

Name of the organization

DENNIS HISTORICAL SOCIETY, INC.

Employer identification number

04-2624741

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year .... ▶ $ ____________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization: DENNIS HISTORICAL SOCIETY, INC.
Employer identification number: 04-2624741

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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 8/17/06, 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? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, 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)? ☐ Yes ☐ No

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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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 are a significant use of its collection items (check all that apply):

a [X] Public exhibition
b [X] Scholarly research
c [X] Preservation for future generations
d [X] Loan or exchange programs
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 [X] No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to 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 in Part XIII [ ]

Part V **Endowment Funds.** Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in 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	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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" to 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		413,800.		413,800.
b Buildings		97,357.	3,384.	93,973.
c Leasehold improvements				
d Equipment				
e Other		2,228.	451.	1,777.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				509,550.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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" to 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" to 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) PAYROLL TAX PAYABLE	8,243.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	8,243.

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 FIN 48 (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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

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

1	Total expenses and losses per audited financial statements			1	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

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 COLLECTION CONSISTS OF ARTIFACTS THAT ARE OF SIGNIFICANCE TO THE HISTORY AND CULTURES OF DENNIS. THE SOCIETY MAINTAINS A COLLECTION POLICY WHICH REQUIRES COLLECTIONS TO BE REGISTERED AND DOCUMENTED IN A TIMELY MANNER AND THAT COLLECTIONS ARE MAINTAINED IN A MANNER AND AN ENVIRONMENT THAT ENSURES ITS BEST PRESERVATION UNDER EXISTING CONDITIONS. THE COLLECTION IS MAINTAINED AT THREE HISTORIC BUILDINGS OWNED BY THE TOWN OF DENNIS WITH THE WEST DENNIS PUBLIC LIBRARY HOSTING A COLLECTION OF BOOKS, MANUSCRIPTS, PHOTOGRAPHS, SCRAPBOOKS AND OTHER EPHEMERA RELATED TO THE TOWN OF DENNIS.

PART III, LINE 4:

Part XIII Supplemental Information *(continued)*

THE COLLECTION CONSISTS OF ARTIFACTS THAT ARE OF SIGNIFICANCE TO THE HISTORY AND CULTURES OF DENNIS.

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
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Name of the organization: DENNIS HISTORICAL SOCIETY, INC.

Employer identification number: 04-2624741

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

OTHER ORGANIZATIONS HAVING SIMILAR INTEREST.

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

DENNIS HISTORICAL SOCIETY HAS MEMBERS

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

FORM 990 MADE AVAILABLE TO BOARD MEMBERS PRIOR TO FILING

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE FROM MASSACHUSETTS ATTORNEY GENERAL WEB SITE AND UPON REQUEST FROM THE HISTORICAL SOCIETY

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

ALL PUBLIC INFORMATION IS MADE AVAILABLE ON REQUEST

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

SHOP MAINTENANCE:	
PROGRAM SERVICE EXPENSES	2,872.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,872.
EXHIBITS AND PROGRAMS:	
PROGRAM SERVICE EXPENSES	1,941.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization: DENNIS HISTORICAL SOCIETY, INC. | Employer identification number: 04-2624741

FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,941.
PRINTING:	
PROGRAM SERVICE EXPENSES	1,843.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,843.
SECURITY:	
PROGRAM SERVICE EXPENSES	1,167.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,167.
POSTAGE:	
PROGRAM SERVICE EXPENSES	1,152.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,152.
GROUNDS:	
PROGRAM SERVICE EXPENSES	707.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	707.
BANK FEES:	

Name of the organization	Employer identification number
DENNIS HISTORICAL SOCIETY, INC.	04-2624741

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	634.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	634.
COLLECTION:	
PROGRAM SERVICE EXPENSES	610.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	610.
SHOP SUPPLIES:	
PROGRAM SERVICE EXPENSES	551.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	551.
DUES:	
PROGRAM SERVICE EXPENSES	303.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	303.
FILING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	285.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	285.

Name of the organization	Employer identification number
DENNIS HISTORICAL SOCIETY, INC.	04-2624741

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 12,065.

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	LAND	07/03/13	L				201,000.				201,000.			0.	
2	HOUSE	07/03/13	L				212,800.				212,800.			0.	
3	SHOP	07/03/13	SL	40.00		16	46,300.				46,300.	579.		1,158.	1,737.
4	ALARM SYSTEM	07/24/13	SL	7.00		16	2,228.				2,228.	133.		318.	451.
5	VAULT	03/10/13	SL	40.00		16	27,461.				27,461.	572.		687.	1,259.
6	STORAGE SYSTEM	12/03/13	SL	40.00		16	7,424.				7,424.			186.	186.
7	STORAGE SYSTEM	07/02/14	SL	40.00		16	16,172.				16,172.			202.	202.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						513,385.				513,385.	1,284.		2,551.	3,835.
	* GRAND TOTAL 990 PAGE 10 DEPR						513,385.				513,385.	1,284.		2,551.	3,835.

(D) - Asset disposed * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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

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

Form PC

Report for the Fiscal Period: 01/01/14 **to** 12/31/14

Attorney General's Account #: 002652

Federal ID #: 04-2624741

When did the organization first engage in charitable work in Massachusetts? 04/14/1966

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [ ] No

If yes, date of application **OR** date of determination letter: 04/01/1978

IRS Exemption under 501(c): 3

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

Check all items attached (if applicable)

- [X] Schedule A-1
- [X] Schedule A-2
- [ ] Schedule RO
- [ ] Probate Account
- [X] Copy of IRS Return
- [ ] Audited Financial Statements/Review
- [X] Filing Fee
- [ ] Amended Articles/ By-Laws

Organization Data

Name: DENNIS HISTORICAL SOCIETY, INC.

Mailing Address: PO BOX 607

City: SOUTH DENNIS State: MA ZIP: 02660

Phone Number: 508-394-9303 Fax Number:

Email: Website: DENNISHISTSOC.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	1	Organization Purpose Code 1	26
Type of Organization (Table 2)	2	Organization Purpose Code 2	

Please check box if final return prior to dissolution: [ ]

Office Use Only: Payment Received

DENNIS HISTORICAL SOCIETY, INC. 04-2624741

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

1. On what date was the organization created? 04/14/1966

2. Where was the organization created? DENNIS MASSACHUSETTS

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

Corporation	[X]	Testamentary Trust	[ ]
Unincorporated Association	[ ]	Inter Vivos Trust	[ ]

Other (please describe): ______

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? *If yes, please complete the Schedule RO on pages 13 and 14.* [ ] Yes [X] No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	65,682.
B.	Gross support and revenue	89,174.
C.	Program services and similar amounts paid out	78,766.
D.	Fundraising expenses	0.
E.	Management and general expenses	5,206.
F.	Payments to affiliates	0.
G.	Total expenses	83,972.
H.	Net assets or fund balances at the end of the year	667,384.

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

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	MARTHA KRUEGER	0.00	17,826.	0.	0.
2.	CHLOE KRUEGER	0.00	14,490.	0.	0.
3.					
4.					
5.					

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

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

	Name/Title	Amount of Compensation	Type(s) of Service
1.	LAMB, MASON, BULGER & CO	3,600.	AUDIT & TAX PREP
2.			
3.			
4.			
5.			

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

Bank	Address	Phone Number
CAPE COD FIVE	PO BOX 10, ORLEANS, MA 02653	888-225-4636
TD BANK	700 MAIN ST, DENNIS, MA 02638	800-747-7000

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other *(specify)*:

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

Address: 77 NOBSCUSSETT RD

City: DENNIS State: MA ZIP Code: 02638

12. Contact Person Name: LARRY SYMINGTON

Street Address: 63 BLACK BALL HILL RD

City: DENNIS State: MA ZIP Code: 02638

Phone Number: 508-385-8587

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? [X] Yes [ ] No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? [X] Yes [ ] No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	[ ]
an organization which: (a) does not raise more than $5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. *(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)*	[ ]

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.
STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
STATEMENT 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? [ ] Yes [X] No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

NAME AND ADDRESS	TITLE
PETER HOWES PO BOX 607 SOUTH DENNIS, MA 02660	PRESIDENT
DAVID TALBOTT PO BOX 607 SOUTH DENNIS, MA 02660	VICE PRESIDENT
TERRI FOX PO BOX 607 SOUTH DENNIS, MA 02660	VICE PRESIDENT
LARRY SYMINGTON PO BOX 607 SOUTH DENNIS, MA 02660	TREASURER
BONNIE HEMPEL PO BOX 607 SOUTH DENNIS, MA 02660	SECRETARY
MARY KUHRTZ PO BOX 607 SOUTH DENNIS, MA 02660	ASSISTANT TREASURER
RUTH DERICK PO BOX 607 SOUTH DENNIS, MA 02660	CORRESPONDING SECRETARY
KATHLEEN DORSHIMER PO BOX 607 SOUTH DENNIS, MA 02660	DIRECTOR
VIRGINIA DEVINE PO BOX 607 SOUTH DENNIS, MA 02660	DIRECTOR
NANCY HOWES PO BOX 607 SOUTH DENNIS, MA 02660	DIRECTOR
BETSY HARRISON PO BOX 607 SOUTH DENNIS, MA 02660	DIRECTOR
PATRICIA CORCORAN PO BOX 607 SOUTH DENNIS, MA 02660	DIRECTOR

JOSHUA CROWELL PO BOX 607 SOUTH DENNIS, MA 02660	DIRECTOR
DAWN DELLNER PO BOX 607 SOUTH DENNIS, MA 02660	DIRECTOR
ROGER SULLIVAN PO BOX 607 SOUTH DENNIS, MA 02660	DIRECTOR
PHYLLIS HORTON PO BOX 607 SOUTH DENNIS, MA 02660	DIRECTOR
RICHARD HOWES PO BOX 607 SOUTH DENNIS, MA 02660	DIRECTOR
BRENDAN JOYCE PO BOX 607 SOUTH DENNIS, MA 02660	DIRECTOR
BURT DERICK PO BOX 607 SOUTH DENNIS, MA 02660	DIRECTOR

FORM PC PAGE 4, LINE 18 STATEMENT 2

NAME AND ADDRESS	AREA OF RESPONSIBILITY
BOARD OF DIRECTORS	RESPONSIBLE FOR CUSTODY OF FUNDS
BOARD OF DIRECTORS	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
BOARD OF DIRECTORS	RESPONSIBLE FOR FUNDRAISING
LARRY SYMINGTON 63 BLACK BALL HILL RD DENNIS, MA 02638	CUSTODY OF FINANCIAL RECORDS
LARRY SYMINGTON 63 BLACK BALL HILL RD DENNIS, MA 02638	AUTHORIZED TO SIGN CHECKS

PETER HOWES
58 SCARSDALE RD
DENNIS, MA 02638

AUTHORIZED TO SIGN CHECKS

20. Has this organization or any of its officers, directors, or employees:
If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

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

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

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" *(see instructions and definition sections)*. Report only if payments made or promised to any individual are in excess of four months salary or $100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

If you answered **yes** *for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

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

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

	During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	☐ Yes	☒ No
B.	Has your organization leased assets to or leased assets from a related party?	☐ Yes	☒ No
C.	Has your organization been indebted to a related party?	☐ Yes	☒ No
D.	Has your organization allowed a related party to be indebted to it?	☐ Yes	☒ No
E.	Has your organization made or held an investment in a related party?	☐ Yes	☒ No
F.	Has your organization furnished goods, services, or facilities to a related party?	☐ Yes	☒ No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	☐ Yes	☒ No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	☐ Yes	☒ No
I.	Has your organization transferred income or assets to or for use by a related party?	☐ Yes	☒ No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director, or trustee receive anything of value not reported as compensation?	☐ Yes	☒ No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	☐ Yes	☒ No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	☐ Yes	☒ No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors, or trustees has a relationship?	☐ Yes	☒ No

Signature Required

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

Signature: ______________________ Date: __________

Printed Name: ______________________

Title: ______________________

Name of Preparer: LAMB, MASON, BULGER & CO., PC

Address P.O. BOX 1233

City WEST CHATHAM State MA ZIP Code 02669-1233

Phone Number (508)945-3575

Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

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

Types of solicitation activities in which you expect to engage *(check all that apply)*:

Mass Mailing	[ ]	Via the Internet	[ ]
Door-to-door	[ ]	Raffle, beano, bingo or gaming event	[ ]
Entertainment event	[ ]	Sale of goods other than by telephone	X
Telemarketing without sale of goods or ads	[ ]	Individual Mailings	X
Telemarketing with sale of goods	[ ]	Corporate solicitations	X
Telemarketing with sale of ads	[ ]	Grant Proposals	X

[ ] Other *(specify)*:

Identify the method or methods you expect to use for the fundraising *(check all that apply)*:

Professional solicitor*	[ ]	Own employees	[ ]
Professional fundraising counsel*	[ ]	Volunteers	X
Commercial co-venturer*	[ ]		

* Provide applicable names and addresses:

Professional Solicitor Name:

Address

City State ZIP Code

Professional Fundraising Counsel Name:

Address

City State ZIP Code

Commercial Co-Venturer Name:

Address

City State ZIP Code

DENNIS HISTORICAL SOCIETY, INC. 04-2624741

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

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

Name and Title: ______

Address ______

City ______ State ______ ZIP Code ______

Name and Title: ______

Address ______

City ______ State ______ ZIP Code ______

Name and Title: ______

Address ______

City ______ State ______ ZIP Code ______

Identify the individuals who will have final responsibility for the charity's distribution of contributions:
BOARD OF DIRECTORS

Name and Title: ______

Address ______

City ______ State ______ ZIP Code ______

Name and Title: ______

Address ______

City ______ State ______ ZIP Code ______

Name and Title: ______

Address ______

City ______ State ______ ZIP Code ______

Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

Types of solicitation activities in which you expect to engage *(check all that apply)*:

Mass Mailing		Via the Internet	
Door-to-door		Raffle, beano, bingo or gaming event	
Entertainment event		Sale of goods other than by telephone	X
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	X

☐ Other *(specify)*:

Identify the method or methods you expect to use for the fundraising *(check all that apply)*:

Professional solicitor*		Own employees	
Professional fundraising counsel*		Volunteers	X
Commercial co-venturer*			

* Provide applicable names and addresses:

Professional Solicitor Name:

Address

City State ZIP Code

Professional Fundraising Counsel Name:

Address

City State ZIP Code

Commercial Co-Venturer Name:

Address

City State ZIP Code

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

Name and Title: ______

Address ______

City ______ State ______ ZIP Code ______

Name and Title: ______

Address ______

City ______ State ______ ZIP Code ______

Name and Title: ______

Address ______

City ______ State ______ ZIP Code ______

Identify the individuals who will have final responsibility for the charity's distribution of contributions:
BOARD OF DIRECTORS

Name and Title: ______

Address ______

City ______ State ______ ZIP Code ______

Name and Title: ______

Address ______

City ______ State ______ ZIP Code ______

Name and Title: ______

Address ______

City ______ State ______ ZIP Code ______

Certification by Organization

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

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

Signature: ______________________________ Date: ______________

Print Name: ______________________________

Title: ______________________________

Signature: ______________________________ Date: ______________

Print Name: ______________________________

Title: ______________________________

Schedule RO

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

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

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

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

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

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

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g. executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? ☐ Yes ☒ No

Appendix B

Certificate of Non-Collusion

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CERTIFICATE OF NON-COLLUSION

The undersigned certify under penalties of perjury that this proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

[signature]	Project Manager	MAY 3. 2016
Signature	Title	Date

Dennis Historical Society, Inc.

Betsy W. Harrison
(Organization President, CEO, or legally authorized agent)
President, Dennis Historical Society

Betsy W. Harrison
Signature

4. 28. 16
(Date of Signature)