

MOODY, FAMIGLIETTI & ANDRONICO, LLP
1 HIGHWOOD DRIVE
TEWKSBURY, MA 01876

THE HUNDRED CLUB OF MASS, INC.
17 GLOUCESTER STREET
BOSTON, MA 02115

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CLIENT'S COPY

Client Copy

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2018

PREPARED FOR:

THE HUNDRED CLUB OF MASS, INC.
17 GLOUCESTER STREET
BOSTON, MA 02115

PREPARED BY:

MOODY, FAMIGLIETTI & ANDRONICO, LLP
1 HIGHWOOD DRIVE
TEWKSBURY, MA 01876

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2019.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20____

2018▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

THE HUNDRED CLUB OF MASS, INC.**04-2374190**

Name and title of officer

**JOHN T LYNCH
PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|---|--|---------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b 831,804. |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **MOODY, FAMIGLIETTI & ANDRONICO, LLP** to enter my PIN **74190**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

04415317069

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **05/13/19**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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.

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

OMB No. 1545-0047

2018Open to Public
Inspection**A For the 2018 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**THE HUNDRED CLUB OF MASS, INC.**

Doing business as

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

17 GLOUCESTER STREET

City or town, state or province, country, and ZIP or foreign postal code

BOSTON, MA 02115**F** Name and address of principal officer: **JOHN T. LYNCH****SAME AS C ABOVE****D** Employer identification number**04-2374190****E** Telephone number**617-536-4410****G** Gross receipts \$**3,228,777.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ 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: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **100CLUBMASS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1959** **M** State of legal domicile: **MA****Part I Summary**

| | | |
|------------------------------------|---|---|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: PROVIDING BENEFITS TO THE SURVIVING SPOUSES AND DEPENDENTS OF POLICE, COURT AND FIRE PERSONNEL |
| | 2 | Check this box <input type="checkbox"/> 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 11 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) 4 11 |
| | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 1 |
| | 6 | Total number of volunteers (estimate if necessary) 6 0 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 38 7b 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) 667,660. 661,376. |
| | 9 | Program service revenue (Part VIII, line 2g) 0. 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) 474,134. 170,428. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,141,794. 831,804. |
| | Expenses | 13 |
| 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) 58,004. 76,626. |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. |
| b | | Total fundraising expenses (Part IX, column (D), line 25) ▶ 48,894. |
| 17 | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 258,161. 291,865. |
| 18 | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 512,519. 743,293. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 629,275. 88,511. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) 7,064,621. 6,916,050. |
| | 21 | Total liabilities (Part X, line 26) 108,049. 238,070. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 6,956,572. 6,677,980. |

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 | | | |
| | JOHN T. LYNCH, PRESIDENT Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name MATTHEW KALIL, CPA, MBA | Preparer's signature | Date 05/13/19 | Check if self-employed <input type="checkbox"/> | PTIN P01517069 |
| | Firm's name ▶ MOODY, FAMIGLIETTI & ANDRONICO, LLP | Firm's EIN ▶ 04-3077056 | Phone no. (978) 557-5300 | | |
| Firm's address ▶ 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876 | | | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

PROVIDING BENEFITS TO THE SURVIVING SPOUSES AND DEPENDENTS OF POLICE,
COURT AND FIRE PERSONNEL EMPLOYED BY THE COMMONWEALTH OF
MASSACHUSETTS, OR BY A COUNTY, CITY, TOWN, OR OTHER POLITICAL
SUBDIVISION OR AGENCY THEREOF.

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 ☒ 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 ☒ 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 \$ 314,175. including grants of \$ 270,389.) (Revenue \$)
PROVIDING LUMP SUM AND MEMORIAL FUND DISTRIBUTIONS TO THE SURVIVING
SPOUSES.

4b (Code:) (Expenses \$ 224,623. including grants of \$) (Revenue \$)
FUNCTIONS AND OTHER BENEFITS PROVIDED TO BENEFICIARIES.

4c (Code:) (Expenses \$ 104,413. including grants of \$ 104,413.) (Revenue \$)
PROVIDING FINANCIAL ASSISTANCE FOR SUMMER CAMP, COLLEGE TUITION, AND
COUNSELING TO DEPENDENTS OF SURVIVING SPOUSES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **643,211.**

Part IV Checklist of Required Schedules

| | Yes | No |
|---|--------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | 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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> | 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? <i>If "Yes," complete Schedule C, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | 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? <i>If "Yes," complete Schedule D, Part VIII</i> | 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? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11f X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> | 18 | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-------------|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 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? <i>If "Yes," complete Schedule L, Part III</i> | 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 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? <i>If "Yes," complete Schedule R, Part VI</i> | 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 | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 | |

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

| | | Yes | No |
|--|-------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 1 | | |
| 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 | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 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 | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | X |
| If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | |

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

☒

Section A. Governing Body and Management

| | 1a | 1b | Yes | No |
|---|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 11 | | | |
| 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 | | 11 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | X | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | X |
| 6 Did the organization have members or stockholders? | | | X | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | X | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | X | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | | | X | |
| b Each committee with authority to act on behalf of the governing body? | | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | X |

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

| | Yes | No |
|---|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 Did the organization have a written whistleblower policy? | X | |
| 14 Did the organization have a written document retention and destruction policy? | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | | X |
| b Other officers or key employees of the organization | | 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? | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ 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 **THE ORGANIZATION - 617-536-4410**
17 GLOUCESTER STREET, BOSTON, MA 02115

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

| | | | |
|--|----------------|-----------|-----------|
| 1b Sub-total | 83,644. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | 83,644. | 0. | 0. |

| | | | |
|---|---|---|---|
| 3 | Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | 5 | X |

Form **990** (2018)

Part VIII Statement of RevenueCheck 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 | 272,500. | | | | |
| | 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 | 388,876. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2 a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 199,002. | | | 199,002. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | | | | | | |
| | c Gain or (loss) | | | | | | |
| | d Net gain or (loss) | | | -28,574. | | | -28,574. |
| | 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 | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11 a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions | | | 831,804. | 0. | 0. | 170,428. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 374,802. | 374,802. | | |
| 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 | 63,845. | 54,268. | 6,385. | 3,192. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 5,921. | 5,033. | 592. | 296. |
| 10 Payroll taxes | 6,860. | 5,831. | 686. | 343. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 11,463. | | 11,463. | |
| c Accounting | 25,171. | | 25,171. | |
| 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 | 19,139. | | | 19,139. |
| 13 Office expenses | 27,191. | 14,139. | 2,719. | 10,333. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 18,925. | 13,626. | 1,893. | 3,406. |
| 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 | 21,392. | 15,402. | 2,139. | 3,851. |
| 23 Insurance | | | | |
| 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 FUNCTIONS AND AND OTHER | 115,594. | 115,594. | | |
| b MEMORIAL FUND ADMINISTA | 43,786. | 43,786. | | |
| c WEBSITE | 7,800. | | | 7,800. |
| d OTHER EXPENSES | 1,404. | 730. | 140. | 534. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 743,293. | 643,211. | 51,188. | 48,894. |
| 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 SheetCheck 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 | 281,272. | 1 | 341,272. |
| | 2 Savings and temporary cash investments | 844,337. | 2 | 982,355. |
| | 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 669,698. | | |
| | b Less: accumulated depreciation | 10b 580,702. | | |
| | 11 Investments - publicly traded securities | 113,452. | 10c | 88,996. |
| | 12 Investments - other securities. See Part IV, line 11 | 5,825,560. | 11 | 5,503,427. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 7,064,621. | 15 | | |
| 17 Accounts payable and accrued expenses | 28,799. | 16 | 6,916,050. | |
| 18 Grants payable | 79,250. | 17 | 77,681. | |
| 19 Deferred revenue | | 18 | 160,389. | |
| 20 Tax-exempt bond liabilities | | 19 | | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | | |
| 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 | | 21 | | |
| 23 Secured mortgages and notes payable to unrelated third parties | | 22 | | |
| 24 Unsecured notes and loans payable to unrelated third parties | | 23 | | |
| 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 | | 24 | | |
| 26 Total liabilities. Add lines 17 through 25 | 108,049. | 25 | | |
| 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | 26 | 238,070. | |
| 28 Unrestricted net assets | 3,525,837. | 27 | 3,487,759. | |
| 29 Temporarily restricted net assets | 235,485. | 28 | 194,500. | |
| 30 Permanently restricted net assets | 3,195,250. | 29 | 2,995,721. | |
| 31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| 32 Capital stock or trust principal, or current funds | | 30 | | |
| 33 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| 34 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 35 Total net assets or fund balances | 6,956,572. | 33 | 6,677,980. | |
| 36 Total liabilities and net assets/fund balances | 7,064,621. | 34 | 6,916,050. | |

Form 990 (2018)

Part XI Reconciliation of Net AssetsCheck 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 | 831,804. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 743,293. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 88,511. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 6,956,572. |
| 5 | Net unrealized gains (losses) on investments | 5 | -367,103. |
| 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 | 6,677,980. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

| | Yes | No |
|---|-----------|----------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | X |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | 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 | |

Form 990 (2018)

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

THE HUNDRED CLUB OF MASS, INC.

Employer identification number

04-2374190

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 349,570. | 366,496. | 367,016. | 667,660. | 661,376. | 2412118. |
| 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 | 349,570. | 366,496. | 367,016. | 667,660. | 661,376. | 2412118. |
| 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) | | | | | | 72,304. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 2339814. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|----------------------------|
| 7 Amounts from line 4 | 349,570. | 366,496. | 367,016. | 667,660. | 661,376. | 2412118. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 173,913. | 177,445. | 171,126. | 474,134. | 199,002. | 1195620. |
| 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 | | | | | | 3607738. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 25,520. |
| 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 | | | | | | ► <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------------------------------------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 64.86 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 62.87 % |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | ► <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | ► <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (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. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 1 | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 2 | | |
| 3 By reason of the relationship described 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 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 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 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 2018 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-2018 | (iii) Distributable Amount for 2018 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

Part VI

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

Client Copy

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

THE HUNDRED CLUB OF MASS, INC.

Employer identification number

04-2374190

Part I

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ 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" on 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 on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on 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 ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 3,274,500. | 3,119,101. | 2,890,741. | 3,091,574. | 2,864,351. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | -81,354. | 338,773. | 273,427. | -92,832. | 337,614. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 123,036. | 183,374. | 45,067. | 108,001. | 110,391. |
| f Administrative expenses | | | | | |
| g End of year balance | 3,070,110. | 3,274,500. | 3,119,101. | 2,890,741. | 3,091,574. |

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 ☒ 97.60 %
 c Temporarily restricted endowment ☒ 2.40 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 640,403. | 551,407. | 88,996. |
| c Leasehold improvements | | | | |
| d Equipment | | 29,295. | 29,295. | 0. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 88,996. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 464,701. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -367,103. |
| 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 | -367,103. |
| 3 | Subtract line 2e from line 1 | 3 | 831,804. |
| 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 | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 831,804. |

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

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

| | | | |
|----------|---|-----------|----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 743,293. |
| 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 | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 743,293. |
| 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 | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 743,293. |

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 V, LINE 4:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO PROVIDE BENEFITS TO THE SURVIVING SPOUSES AND DEPENDENTS OF LAW ENFORCEMENT OFFICERS AND FIREFIGHTERS WHO HAVE LOST THEIR LIVES IN THE LINE OF DUTY DURING THE YEAR.

PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON TRADE OR BUSINESS PROFITS GENERATED BY ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT FUNCTION. THE ORGANIZATION MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES FOR PROFITS GENERATED FROM TRADE

Part XIII Supplemental Information *(continued)*

OR BUSINESS ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT FUNCTION.

AS OF DECEMBER 31, 2018, MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS NOT
GENERATED ANY UNRELATED BUSINESS TAXABLE INCOME.

THE ORGANIZATION ASSESSES THE RECORDING OF UNCERTAIN TAX POSITIONS BY
EVALUATING THE MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT REQUIREMENTS
A TAX POSITION MUST MEET BEFORE BEING RECOGNIZED AS A BENEFIT IN THE
FINANCIAL STATEMENTS. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST
AND PENALTIES ACCRUED ON ANY UNCERTAIN TAX POSITIONS AS A COMPONENT OF
INCOME TAX EXPENSE, IF ANY, IN ITS STATEMENTS OF ACTIVITIES.

Client Copy

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

THE HUNDRED CLUB OF MASS, INC.

Employer identification number

04-2374190

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes**

☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| LUMP-SUM DISTRIBUTIONS TO SURVIVING SPOUSES AND CHILDREN | 21 | 275,250. | 0. | FMV | |
| FINANCIAL ASSISTANCE TO CHILDREN OF SURVIVING SPOUSES FOR SUMMER CAMP, COUNSELING, AND COLLEGE TUITION | 27 | 89,828. | 0. | FMV | |
| FINANCIAL ASSISTANCE TO CHILDREN | 7 | 14,000. | 0. | FMV | |
| | | | | | |
| | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

THE HUNDRED CLUB OF MASS, INC.

Employer identification number

04-2374190

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

EMPLOYED BY THE COMMONWEALTH OF MASSACHUSETTS, OR BY A COUNTY, CITY,
TOWN, OR OTHER POLITICAL SUBDIVISION OR AGENCY THEREOF.

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

ONE OF THE DIRECTORS HAS A BUSINESS RELATIONSHIP WITH ANOTHER DIRECTOR IN
THAT SUCH DIRECTOR HAS ACTED AS A FINANCIAL ADVISOR ON REAL ESTATE FINANCE
TO THE OTHER DIRECTOR.

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

THE ORGANIZATION HAS MEMBERS.

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

THE MEMBERS OF THE ORGANIZATION ELECT BOARD MEMBERS AT THE ANNUAL MEETING
OF MEMBERS. UNDER THE BYLAWS OF THE ORGANIZATION, TO THE EXTENT THE NUMBER
OF PERSONS SERVING ON THE BOARD OF DIRECTORS IS AT ANY TIME LESS THAN 21,
THE BOARD OF DIRECTORS MAY, BETWEEN ANNUAL MEETINGS OF MEMBERS, ELECT SUCH
ADDITIONAL DIRECTORS AS WILL NOT ENLARGE THE BOARD OF DIRECTORS BEYOND 21
DIRECTORS.

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

THE ARTICLES OF ORGANIZATION OF THE CORPORATION EMPOWERS THE BOARD OF
DIRECTORS WITH THE ABSOLUTE DISCRETION WITH RESPECT TO DETERMINING THE
SELECTION OF RECIPIENTS AND THE AMOUNTS OF GIFTS AND CONTRIBUTIONS. NO
DECISIONS OF THE BOARD OF DIRECTORS ARE REVIEWABLE BY OR HAVE TO BE
APPROVED BY THE MEMBERS. CERTAIN RIGHTS ARE RESERVED FOR THE MEMBERS BY

Name of the organization

THE HUNDRED CLUB OF MASS, INC.

Employer identification number

04-2374190

STATUTE, THE ARTICLES OF ORGANIZATION OR THE BYLAWS, SUCH AS THE ELECTION OF DIRECTORS, AMENDMENT OF THE ARTICLES OF ORGANIZATION OR THE BYLAWS.

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

THE 990 IS REVIEWED IN DETAIL BY THE AUDIT COMMITTEE. A DRAFT OF THE FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE IRS.

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

EACH YEAR THE DIRECTORS ARE ASKED TO SIGN AN ANNUAL AFFIRMATION RE CONFLICT OF INTEREST POLICY THAT REAFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAVE READ AND UNDERSTAND IT, AND AGREES TO COMPLY WITH IT. IN ADDITION EACH DIRECTOR IS ASKED TO SIGN AN INTERNAL QUESTIONNAIRE FOR IRS FORM 990 COMPLIANCE, PART OF WHICH RELATES TO CONFLICT OF INTEREST QUESTIONS.

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

NO OFFICERS ARE COMPENSATED TO SERVE AS OFFICERS; HOWEVER, THE CLERK IS COMPENSATED FOR SERVICES SHE PROVIDES TO THE ORGANIZATION AS AN EMPLOYEE. THE BOARD PRESIDENT DOES REVIEW THE COMPENSATION OF THIS ONE EMPLOYEE OF THE ORGANIZATION EVEN THOUGH IT IS NOT REQUIRED.

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

THE ORGANIZATION WAS INCORPORATED IN 1959, PRIOR TO FORM 1023 AND THEREFORE DID NOT FILE WITH THE IRS FOR TAX EXEMPT STATUS. THE ORGANIZATION DID RECEIVE A DETERMINATION LETTER FROM THE IRS. THIS DOCUMENT AND THE 990 ARE AVAILABLE FOR INSPECTION UPON REQUEST.

Name of the organization

THE HUNDRED CLUB OF MASS, INC.

Employer identification number

04-2374190

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

THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990; PART XII; LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF THE
INDEPENDENT ACCOUNTANTS. THIS PROCESS HAS NOT CHANGED DURING THE YEAR.

Client Copy

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING
DECEMBER 31, 2018

PREPARED FOR:

THE HUNDRED CLUB OF MASS, INC.
17 GLOUCESTER STREET
BOSTON, MA 02115

PREPARED BY:

MOODY, FAMIGLIETTI & ANDRONICO, LLP
1 HIGHWOOD DRIVE
TEWKSBURY, MA 01876

AMOUNT OF TAX:

BALANCE DUE OF \$250

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

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

RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2019

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

PAYMENT FOR THE BALANCE DUE MUST BE MADE ELECTRONICALLY VIA THE
COMMONWEALTH OF MASSACHUSETTS WEBSITE AT:

WWW.MASS.GOV/AGO/EPAY

ALL THE NECESSARY ATTACHMENTS SHOULD BE INCLUDED WITH FORM PC
BEFORE FILING.

**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: 01/01/18 to 12/31/18Attorney General's Account #: 010296Federal ID #: 04-2374190Electronic Payment Confirmation #: 123075When did the organization first engage in
charitable work in Massachusetts?11/23/1959Has the organization applied for or been granted
IRS tax exempt status?☒ Yes ☐ NoIf yes, date of application **OR** date of determination letter:02/26/1962

IRS Exemption under 501(c):

3If exempt under 501(c), are contributions to the organization
tax deductible as charitable contributions?☒ Yes ☐ No**Check all items attached**

(if applicable)

- ☒ Filing Fee or Printout of
Electronic Payment
Confirmation
- ☒ Copy of IRS Return
- ☒ Audited Financial
Statements/Review
- ☐ Amended Articles/
By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☐ Schedule RO
- ☐ Schedule VCO
- ☐ Probate Account

Organization DataName: THE HUNDRED CLUB OF MASS, INC.Mailing Address: 17 GLOUCESTER STREETCity: BOSTON State: MA ZIP: 02115Phone Number: 617-536-4410 Fax Number: 617-536-9876Email: JANDERSON@100CLUBMASS.ORG Website: 100CLUBMASS.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) | <u>13</u> | Organization Purpose Code 1 | <u>60</u> |
| Type of Organization (Table 2) | <u>9</u> | Organization Purpose Code 2 | |

Please check box if final return prior to dissolution: ☐Office Use Only: **Payment Received**

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? 11/23/1959

2. Where was the organization created? BOSTON, MA

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

| | |
|---|---|
| Corporation <input checked="" type="checkbox"/> | Testamentary Trust <input type="checkbox"/> |
| Unincorporated Association <input type="checkbox"/> | Inter Vivos Trust <input type="checkbox"/> |

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 ☒ No

5. Enter your summary of financial data:

| | Financial Data | Amounts |
|----|--|------------|
| A. | Contributions, gifts, grants, and similar amounts received | 661,376. |
| B. | Gross support and revenue | 860,378. |
| C. | Program services and similar amounts paid out | 643,211. |
| D. | Fundraising expenses | 48,894. |
| E. | Management and general expenses | 51,188. |
| F. | Payments to affiliates | 0. |
| G. | Total expenses | 743,293. |
| H. | Net assets or fund balances at the end of the year | 6,677,980. |

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. | JANICE ANDERSON ASSISTANT TO THE PRESIDENT | 32.00 | 83,644. | 0. | 0. |
| 2. | | | | | |
| 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 ☒ 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. | THE MFA COMPANIES | 25,967. | AUDIT & TAX SERVICES |
| 2. | CASNER & EDWARDS, LLP | 12,336. | LEGAL SERVICES |
| 3. | METROPOLIS CREATIVE | 7,800. | WEB DEVELOPMENT |
| 4. | ADMINISTRATIVE BUSINESS SVCS | 3,416. | BOOKKEEPING |
| 5. | DAVIS, MALM & D'AGOSTINE P.C. | 1,045. | LEGAL SERVICES |

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

| Bank | Address | Phone Number |
|-----------------------------|---|--------------|
| BOSTON PRIVATE BANK & TRUST | 10 POST OFFICE SQUARE, BOSTON, MA 02109 | 617-556-1900 |
| CITIZENS BANK | 28 STATE STREET, BOSTON, MA 02109 | 617-725-5901 |
| EASTERN BANK | 112 MARKET STREET, LYNN, MA 01901 | 781-598-8591 |

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: N/A

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: JANICE ANDERSON

Street Address: 17 GLOUCESTER STREET

City: BOSTON State: MA ZIP Code: 02115

Phone Number: 617-536-4410

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? ☒ 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? ☒ 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 | <input type="checkbox"/> |
| 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. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i> | <input type="checkbox"/> |

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 ☒ 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 ADDRESSTITLE

JANICE ANDERSON
17 GLOUCESTER STREET
BOSTON, MA 02115

CLERK

MARIO DICARLO
17 GLOUCESTER STREET
BOSTON, MA 02115

DIRECTOR

C. RICHARD CARLSON
17 GLOUCESTER STREET
BOSTON, MA 02115

DIRECTOR

CAROL R. GOLDBERG
17 GLOUCESTER STREET
BOSTON, MA 02115

DIRECTOR

N. SCOTT KNIGHT
17 GLOUCESTER STREET
BOSTON, MA 02115

DIRECTOR

CAROL SAWYER PARKS
17 GLOUCESTER STREET
BOSTON, MA 02115

DIRECTOR

MAJ GEN (RET) JOSEPH C. CARTER
17 GLOUCESTER STREET
BOSTON, MA 02115

DIRECTOR

PETER H. SMYTH
17 GLOUCESTER STREET
BOSTON, MA 02115

DIRECTOR

JOSEPH F. ABELY
17 GLOUCESTER STREET
BOSTON, MA 02115

DIRECTOR

KEVIN C. PHELAN
17 GLOUCESTER STREET
BOSTON, MA 02115

DIRECTOR

OWEN B. LYNCH
17 GLOUCESTER STREET
BOSTON, MA 02115

TREASURER/DIRECTOR

THE HUNDRED CLUB OF MASS, INC.

04-2374190

JOHN T. LYNCH
17 GLOUCESTER STREET
BOSTON, MA 02115

PRESIDENT/DIRECTOR

Client Copy

FORM PC

PAGE 4, LINE 18

STATEMENT 2

NAME AND ADDRESSAREA OF RESPONSIBILITY

JOHN T. LYNCH
17 GLOUCESTER STREET
BOSTON, MA 02115

RESPONSIBLE FOR CUSTODY OF FUNDS

JOHN T. LYNCH
17 GLOUCESTER STREET
BOSTON, MA 02115

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

JANICE ANDERSON
17 GLOUCESTER STREET
BOSTON, MA 02115

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

OWEN B. LYNCH
17 GLOUCESTER STREET
BOSTON, MA 02115

CUSTODY OF FINANCIAL RECORDS

JANICE ANDERSON
17 GLOUCESTER STREET
BOSTON, MA 02115

RESPONSIBLE FOR CUSTODY OF FUNDS

OWEN B. LYNCH
17 GLOUCESTER STREET
BOSTON, MA 02115

AUTHORIZED TO SIGN CHECKS

JANICE ANDERSON
17 GLOUCESTER STREET
BOSTON, MA 02115

AUTHORIZED TO SIGN CHECKS

OWEN B. LYNCH
17 GLOUCESTER STREET
BOSTON, MA 02115

RESPONSIBLE FOR CUSTODY OF FUNDS

C. RICHARD CARLSON
17 GLOUCESTER STREET
BOSTON, MA 02115

RESPONSIBLE FOR CUSTODY OF FUNDS

JOHN T. LYNCH
17 GLOUCESTER STREET
BOSTON, MA 02115

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?

If yes, please attach an explanation.

☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| B. | Has your organization leased assets to or leased assets from a related party? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| C. | Has your organization been indebted to a related party? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| D. | Has your organization allowed a related party to be indebted to it? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| E. | Has your organization made or held an investment in a related party? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| F. | Has your organization furnished goods, services, or facilities to a related party? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| G. | Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| H. | Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| I. | Has your organization transferred income or assets to or for use by a related party? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| L. | Is any property of the organization held in the name of or commingled with the property of any other person or organization? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

STATEMENT 3

FORM PC

PAGE 6, LINE 24

STATEMENT 3

NAME AND ADDRESS

JANICE ANDERSON
17 GLOUCESTER STREET
BOSTON, MA 02115

NATURE OF TRANSACTION

WAGES PAID TO THE ASSISTANT TO THE PRESIDENT

AMOUNT INVOLVED

83,644.

PROCEDURE FOLLOWED

APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS

Client Copy

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: JOHN T. LYNCH

Title: PRESIDENT

Name of Preparer: MOODY, FAMIGLIETTI & ANDRONICO, LLP

Address 1 HIGHWOOD DRIVE

City TEWKSBURY

State MA

ZIP Code 01876

Phone Number (978) 557-5300

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 | <input checked="" type="checkbox"/> | Via the Internet | <input checked="" type="checkbox"/> |
| Door-to-door | <input type="checkbox"/> | Raffle, beano, bingo or gaming event | <input type="checkbox"/> |
| Entertainment event | <input checked="" type="checkbox"/> | Sale of goods other than by telephone | <input type="checkbox"/> |
| Telemarketing without sale of goods or ads | <input type="checkbox"/> | Individual Mailings | <input checked="" type="checkbox"/> |
| Telemarketing with sale of goods | <input type="checkbox"/> | Corporate solicitations | <input checked="" type="checkbox"/> |
| Telemarketing with sale of ads | <input type="checkbox"/> | Grant Proposals | <input type="checkbox"/> |

☒ Other (specify): VERBAL REQUESTS, RADIO SPOTS

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

| | | | |
|-----------------------------------|--------------------------|---------------|-------------------------------------|
| Professional solicitor* | <input type="checkbox"/> | Own employees | <input checked="" type="checkbox"/> |
| Professional fundraising counsel* | <input type="checkbox"/> | Volunteers | <input checked="" type="checkbox"/> |
| Commercial co-venturer* | <input type="checkbox"/> | | |

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

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

JOHN T. LYNCH

Name and Title: PRESIDENTAddress 17 GLOUCESTER STCity BOSTONState MAZIP Code 02115

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:

JOHN T. LYNCH

Name and Title: PRESIDENTAddress 17 GLOUCESTER STCity BOSTONState MAZIP Code 02115

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 | <input checked="" type="checkbox"/> | Via the Internet | <input checked="" type="checkbox"/> |
| Door-to-door | <input type="checkbox"/> | Raffle, beano, bingo or gaming event | <input type="checkbox"/> |
| Entertainment event | <input checked="" type="checkbox"/> | Sale of goods other than by telephone | <input type="checkbox"/> |
| Telemarketing without sale of goods or ads | <input type="checkbox"/> | Individual Mailings | <input checked="" type="checkbox"/> |
| Telemarketing with sale of goods | <input type="checkbox"/> | Corporate solicitations | <input checked="" type="checkbox"/> |
| Telemarketing with sale of ads | <input type="checkbox"/> | Grant Proposals | <input type="checkbox"/> |

☒ Other (specify): VERBAL REQUESTS, RADIO SPOTS

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

| | | | |
|-----------------------------------|--------------------------|---------------|-------------------------------------|
| Professional solicitor* | <input type="checkbox"/> | Own employees | <input checked="" type="checkbox"/> |
| Professional fundraising counsel* | <input type="checkbox"/> | Volunteers | <input checked="" type="checkbox"/> |
| Commercial co-venturer* | <input type="checkbox"/> | | |

* 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:

JOHN T. LYNCH

Name and Title: PRESIDENTAddress 17 GLOUCESTER STCity BOSTONState MAZIP Code 02115

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:

JOHN T. LYNCH

Name and Title: PRESIDENTAddress 17 GLOUCESTER STCity BOSTONState MAZIP Code 02115

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: _____

Printed Name: JOHN T. LYNCH

Title: PRESIDENT

Signature: _____ Date: _____

Printed Name: JOSEPH ABELY

Title: DIRECTOR

Client Copy

Schedule RO

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

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

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

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

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

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

Schedule RO ctd.

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

| | | | |
|----------------|--------------------------|----------------|---------------------|
| Name: | | Title: | |
| 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



THE HUNDRED CLUB OF MASS., INC.
FINANCIAL STATEMENTS
DECEMBER 31, 2018 AND 2017

Engineering Growth for More Than 30 Years

Business Consulting | Financial Advisory | Strategic Intelligence



To the Board of Directors
The Hundred Club of Mass., Inc.
Boston, Massachusetts

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying financial statements of The Hundred Club of Mass., Inc. (the Organization), which comprise the statements of financial position as of December 31, 2018 and 2017, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Hundred Club of Mass., Inc. as of December 31, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

A handwritten signature in cursive script that reads "Moody, Famiglietti & Andronico, LLP".

Moody, Famiglietti & Andronico, LLP
Tewksbury, Massachusetts
May 13, 2019

Statements of Financial Position
The Hundred Club of Mass., Inc.

| December 31 | 2018 | 2017 |
|---|---------------------|---------------------|
| Assets | | |
| Cash | \$ 416,172 | \$ 281,272 |
| Investments | 3,340,772 | 3,395,397 |
| Endowment | 3,070,110 | 3,274,500 |
| Property and Equipment, Net of Accumulated Depreciation | 88,996 | 113,452 |
| Total Assets | \$ 6,916,050 | \$ 7,064,621 |
| Liabilities and Net Assets | | |
| Liabilities: | | |
| Accounts Payable and Accrued Expenses | \$ 77,681 | \$ 28,799 |
| Benefits Payable | 160,389 | 79,250 |
| Total Liabilities | 238,070 | 108,049 |
| Net Assets: | | |
| Net Assets without Donor Restrictions | 3,487,759 | 3,525,837 |
| Net Assets with Donor Restrictions | 3,190,221 | 3,430,735 |
| Total Net Assets | 6,677,980 | 6,956,572 |
| Total Liabilities and Net Assets | \$ 6,916,050 | \$ 7,064,621 |

The accompanying notes are an integral part of these financial statements.

Statements of Activities
The Hundred Club of Mass., Inc.
For the Years Ended December 31
2018
2017

| | Without Donor Restrictions | With Donor Restrictions | Total | Without Donor Restrictions | With Donor Restrictions | Total |
|---|----------------------------------|----------------------------|---------------------|-------------------------------|----------------------------|---------------------|
| Operating Activities: | | | | | | |
| Revenue and Other Support: | | | | | | |
| Foundation Contributions | \$ 348,425 | \$ - | \$ 348,425 | \$ 152,550 | \$ - | \$ 152,550 |
| Member Contributions | 78,000 | 194,500 | 272,500 | 92,170 | 235,485 | 327,655 |
| Interest and Dividends | 102,720 | 96,282 | 199,002 | 88,279 | 102,595 | 190,874 |
| Other Contributions | 40,451 | - | 40,451 | 51,019 | - | 51,019 |
| Bequests and Memorials | - | - | - | 136,436 | - | 136,436 |
| Net Assets Released from Restriction | 331,767 | (331,767) | - | 338,020 | (338,020) | - |
| Donated Services | - | - | - | 9,400 | - | 9,400 |
| Total Revenue and Other Support | 901,363 | (40,985) | 860,378 | 867,874 | 60 | 867,934 |
| Operating Expenses: | | | | | | |
| Program Services: | | | | | | |
| Benefit Program Services | 621,318 | 21,893 | 643,211 | 426,711 | 23,345 | 450,056 |
| General and Administrative | 51,188 | - | 51,188 | 43,780 | - | 43,780 |
| Fundraising | 48,894 | - | 48,894 | 28,083 | - | 28,083 |
| Total Operating Expenses | 721,400 | 21,893 | 743,293 | 498,574 | 23,345 | 521,919 |
| Increase (Decrease) in Net Assets from Operations | 179,963 | (62,878) | 117,085 | 369,300 | (23,285) | 346,015 |
| Nonoperating Activities: | | | | | | |
| Realized and Unrealized (Losses) Gains on Investments and Endowments | (218,041) | (177,636) | (395,677) | 291,926 | 236,178 | 528,104 |
| (Decrease) Increase in Net Assets | (38,078) | (240,514) | (278,592) | 661,226 | 212,893 | 874,119 |
| Net Assets, Beginning of Year | 3,525,837 | 3,430,735 | 6,956,572 | 2,864,611 | 3,217,842 | 6,082,453 |
| Net Assets, End of Year | \$ 3,487,759 | \$ 3,190,221 | \$ 6,677,980 | \$ 3,525,837 | \$ 3,430,735 | \$ 6,956,572 |

The accompanying notes are an integral part of these financial statements.

Statements of Functional Expenses
The Hundred Club of Mass., Inc.
For the Years Ended December 31
2018
2017

| | Benefit Program Services | General and Administrative | Fundraising | Total | Benefit Program Services | General and Administrative | Fundraising | Total |
|--|--------------------------------|-------------------------------|------------------|-------------------|--------------------------------|-------------------------------|------------------|-------------------|
| Lump-Sum Benefits - General Fund | \$ 196,000 | \$ - | \$ - | \$ 196,000 | \$ 40,000 | \$ - | \$ - | \$ 40,000 |
| Functions and Other Benefits Provided to | | | | | | | | |
| Families of Fallen Heroes | 115,594 | - | - | 115,594 | 114,358 | - | - | 114,358 |
| Payments to Children of Fallen Heroes | 104,413 | - | - | 104,413 | 77,104 | - | - | 77,104 |
| Salaries and Related Fringe | 65,132 | 7,663 | 3,831 | 76,626 | 49,303 | 5,801 | 2,900 | 58,004 |
| Lump-Sum Benefits - Memorial Fund | 74,389 | - | - | 74,389 | 79,250 | - | - | 79,250 |
| Memorial Fund Administrative Fee | 43,786 | - | - | 43,786 | 46,690 | - | - | 46,690 |
| Professional Fees | - | 36,634 | - | 36,634 | - | 21,651 | - | 21,651 |
| Office Expense, Postage, and | | | | | | | | |
| Miscellaneous | 14,139 | 2,719 | 10,333 | 27,191 | 16,973 | 3,264 | 12,404 | 32,641 |
| Depreciation | 15,402 | 2,139 | 3,851 | 21,392 | 15,256 | 2,119 | 3,814 | 21,189 |
| Promotion | - | - | 19,139 | 19,139 | - | - | 6,184 | 6,184 |
| Occupancy | 13,626 | 1,893 | 3,406 | 18,925 | 9,918 | 1,378 | 2,480 | 13,776 |
| Website | - | - | 7,800 | 7,800 | - | - | - | - |
| Other Expense | 730 | 140 | 534 | 1,404 | 1,204 | 167 | 301 | 1,672 |
| Donated Services | - | - | - | - | - | 9,400 | - | 9,400 |
| Total | <u>\$ 643,211</u> | <u>\$ 51,188</u> | <u>\$ 48,894</u> | <u>\$ 743,293</u> | <u>\$ 450,056</u> | <u>\$ 43,780</u> | <u>\$ 28,083</u> | <u>\$ 521,919</u> |

The accompanying notes are an integral part of these financial statements.

| For the Years Ended December 31 | 2018 | 2017 |
|--|-------------------|-------------------|
| Cash Flows from Operating Activities: | | |
| (Decrease) Increase in Net Assets | \$ (278,592) | \$ 874,119 |
| Adjustments to Reconcile (Decrease) Increase in Net Assets to Net Cash Provided by Operating Activities: | | |
| Depreciation | 24,456 | 24,458 |
| Realized Loss (Gain) on Investments and Endowments | 28,574 | (283,260) |
| Unrealized Loss (Gain) on Investments and Endowments | 367,103 | (244,844) |
| Increase (Decrease) in Accounts Payable and Accrued Expenses | 48,882 | (37,121) |
| Increase (Decrease) in Benefit Payable | 81,139 | (57,434) |
| Net Cash Provided by Operating Activities | 271,562 | 275,918 |
| Cash Flows from Investing Activities: | | |
| Purchase of Investments | (1,888,218) | (985,701) |
| Proceeds from Sale of Investments | 1,721,900 | 727,439 |
| Proceeds from Sale or Maturity of Endowment | 646,499 | 1,038,170 |
| Purchase of Endowment | (616,843) | (957,391) |
| Net Cash Used in Investing Activities | (136,662) | (177,483) |
| Net Increase in Cash | 134,900 | 98,435 |
| Cash, Beginning of Year | 281,272 | 182,837 |
| Cash, End of Year | \$ 416,172 | \$ 281,272 |

1. Organization and Summary of Significant Accounting Policies:

Nature of Organization: The Hundred Club of Mass., Inc. (the Organization) is a Massachusetts nonprofit organization incorporated in November 1959. The primary purpose of the Organization is to provide benefits to the surviving spouses and dependents of police, court, and fire personnel employed by the Commonwealth of Massachusetts, or by a county, city, town, or other political subdivision or agency thereof, who have lost their lives in connection with the performance of their duties, or who while so employed, have died, leaving a surviving spouse and/or one or more children and/or other dependents.

Basis of Presentation: The financial statements of the Organization have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). The Organization reports information regarding its financial position and activities according to the following net asset classifications:

Net Assets without Donor Restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and Board of Directors.

Net Assets with Donor Restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Measure of Operations: The statements of activities report all changes in net assets, including changes in net assets from operating and nonoperating activities. Operating activities consist of those items attributable to the Organization's ongoing program benefit services and interest and dividends earned on investments. Nonoperating activities are limited to resources that generate return from investments and other activities considered to be of a more unusual or nonrecurring nature.

Fair Value Measurements: The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Contributions: Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/ or nature of any donor-imposed restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is

1. Organization and Summary of Significant Accounting Policies (Continued):

accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

Contributed property and equipment are recorded at fair value at the date of donation. Contributions with donor-imposed stipulations regarding how long contributed assets must be used are recorded as net assets with donor restrictions. Otherwise, the contributions are recorded as net assets without donor restrictions.

Contributions of services are reported as revenue and expenses without donor restrictions at the fair value of the service received only if the services create or enhance a nonfinancial asset or would typically need to be purchased by the Organization if they had not been provided by contribution, require specialized skills, and are provided by individuals with those skills. Contributions of goods and space to be used in program operations are reported as revenue and expenses without donor restrictions at the time the goods or space is received.

Cash: The Organization maintains its cash in bank deposit accounts, which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts, and believes it is not exposed to any significant credit risk on cash.

Investments, Endowment, and Investment and Endowment Income: The Organization's investments are reported at fair value as of the date of the statements of financial position. Realized and unrealized gains and losses are reflected in the accompanying statements of activities. Investment income or loss on investments (including realized and unrealized gains and losses on investments, interest and dividends) is included in net assets without donor restrictions unless the income or loss is restricted by donor or law.

Interpretation of Relevant Law: The Organization follows the Uniform Prudent Management of Institutional Funds Act (UPMIFA). The Organization's Board of Trustees has interpreted UPMIFA as considering the preservation of the fair value of the original gift as of

the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as donor-restricted endowment funds (a) the original value of gifts donated to the endowment, (b) the original value of subsequent gifts to the endowment (c) accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, and (d) appreciation (depreciation) in the fair value of endowment investments. Therefore, unless stated otherwise in the gift instrument, the assets in an endowment fund are donor-restricted assets until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate endowment funds:

- Duration and preservation of the fund
- Purposes of the Organization and the donor-restricted endowment fund
- General economic conditions
- Possible effect of inflation and deflation
- Expected total return from income and the appreciation of investments
- Other resources of the Organization
- Investment policies of the Organization

Concentrations of Credit Risk: Financial instruments that potentially subject the Organization to concentration of credit risk consist primarily of cash, investments and endowments. The Organization maintains its cash, investments and endowments with high-credit quality financial institutions.

Other Risks and Uncertainties: Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of financial position.

1. Organization and Summary of Significant Accounting Policies (Continued):

Property and Equipment: Property and equipment are recorded at cost on the date of acquisition. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets, as follows:

| | |
|-----------------------|----------|
| Building | 32 Years |
| Building Improvements | 20 Years |
| Office Equipment | 3 Years |
| Computer Equipment | 3 Years |

Functional Allocation of Expenses: The costs of providing the Organization's program and other activities have been summarized on a functional basis in the statements of activities. Expenses related directly to program activities are charged directly to program services while other expenses that are common to several functions are allocated based on management's estimates, among major classes of programs services and supporting activities.

The expenses that are allocated include the following:

| Expense | Method of Allocation |
|---|----------------------|
| Salaries and Related Benefits | Time and Effort |
| Office Expense, Postage and Miscellaneous | Time and Effort |
| Depreciation | Time and Effort |
| Occupancy | Time and Effort |

Income Taxes: The Organization is a nonprofit Organization as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal and state income taxes on trade or business profits generated by activities related to the Organization's exempt function. The Organization may be subject to

federal and state income taxes for profits generated from trade or business activities unrelated to the Organization's exempt function. As of December 31, 2018 and 2017, management believes that the Organization has not generated any unrelated business taxable income.

The Organization assesses the recording of uncertain tax positions by evaluating the minimum recognition threshold and measurement requirements a tax position must meet before being recognized as a benefit in the financial statements. The Organization's policy is to recognize interest and penalties accrued on any uncertain tax positions as a component of income tax expense, if any, in its statements of activities.

Use of Estimates: Management has used estimates and assumptions relating to the reporting of assets and liabilities and the disclosure of contingent assets and liabilities in its preparation of the financial statements in accordance GAAP. Actual results experienced by the Organization may differ from those estimates.

Subsequent Events: Management has evaluated subsequent events spanning the period from December 31, 2018 through May 13, 2019, the latter representing the issuance date of these financial statements.

Recently Adopted Accounting Policies: On August 18, 2016, FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958) - *Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classifications, deficiencies in information about liquidity and the availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The Organization has adjusted the presentation of these financial statements accordingly. The ASU 2016-14 has been applied retrospectively to all periods presented.

2. Availability and Liquidity:

The following reflects the Organization's financial assets as of December 31, 2018:

Financial Assets at December 31, 2018:

| | |
|---|------------------|
| Cash | \$ 416,172 |
| Investments | 3,340,772 |
| Endowment | 3,070,110 |
| Total Financial Assets at December 31, 2018 | <u>6,827,054</u> |

Less: Amounts Unavailable for General Expenditures within One Year Due to:

Contractual or Donor-Imposed Restrictions:

| | |
|---|------------------|
| Restricted by the Passage of Time | 194,500 |
| Subject to Appropriation - to be Held in Perpetuity | 2,995,721 |
| | <u>3,190,221</u> |

Financial Assets Available to Meet Cash Needs for General Expenditures
Over the Next Twelve Months

\$ 3,636,833

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations may come due. In addition, the Organization invests cash in excess of daily requirements in long-term investments.

3. Investments and Endowment:

Investments as of December 31, 2018 and 2017 consist of the following:

| | 2018 | 2017 |
|------------------------|---------------------|---------------------|
| Equity Securities | \$ 1,971,435 | \$ 2,087,569 |
| Fixed Income Bond Fund | 846,110 | 875,185 |
| Money Market Funds | 523,227 | 432,643 |
| | <u>\$ 3,340,772</u> | <u>\$ 3,395,397</u> |

For the years ended December 31, 2018 and 2017, the Organization's net unrealized and realized (losses) gains on these investments amounted to \$(218,041) and \$291,926.

Endowment investments as of December 31, 2018 and 2017 consist of the following:

| | 2018 | 2017 |
|-------------------------|---------------------|---------------------|
| Equity Securities | \$ 1,826,071 | \$ 1,943,972 |
| Fixed Income Bond Fund | 859,811 | 918,834 |
| Certificates of Deposit | 252,500 | 252,500 |
| Money Market Funds | 126,502 | 155,860 |
| Cash | 5,226 | 3,334 |
| | <u>\$ 3,070,110</u> | <u>\$ 3,274,500</u> |

For the years ended December 31, 2018 and 2017, the Organization's net unrealized and realized (losses) gains on these investments amounted to \$(177,636) and \$236,178.

3. Investments and Endowment (Continued):

As of December 31, 2018 and 2017, the endowment balance by net asset classification consists of the following:

| | 2018 | | |
|----------------------------------|-------------------------------|----------------------------|--------------|
| | Without Donor Restrictions | With Donor Restrictions | Total |
| Donor-Restricted Endowment Funds | \$ - | \$ 3,070,110 | \$ 3,070,110 |

| | 2017 | | |
|----------------------------------|-------------------------------|----------------------------|--------------|
| | Without Donor Restrictions | With Donor Restrictions | Total |
| Donor-Restricted Endowment Funds | \$ - | \$ 3,274,500 | \$ 3,274,500 |

The changes in the endowment balance by net asset classification as of December 31, 2018 and 2017 consist of the following:

| | Without Donor Restrictions | With Donor Restrictions | Totals |
|---|-------------------------------|----------------------------|--------------|
| Endowment Balance, December 31, 2016 | \$ - | \$ 3,119,101 | \$ 3,119,101 |
| Investment Returns: | | | |
| Net Realized and Unrealized Gains | - | 236,178 | 236,178 |
| Interest and Dividends, Net of Investment Fees | - | 102,595 | 102,595 |
| Total Investment Returns | - | 338,773 | 338,773 |
| Transfers In (Out) - Administrative Fee | 46,690 | (46,690) | - |
| Appropriation of Endowment Assets for Expenditure | (46,690) | (136,684) | (183,374) |
| Endowment Balance, December 31, 2017 | - | 3,274,500 | 3,274,500 |
| Investment Returns: | | | |
| Net Realized and Unrealized Losses | - | (177,636) | (177,636) |
| Interest and Dividends, Net of Investment Fees | - | 96,282 | 96,282 |
| Total Investment Returns | - | (81,354) | (81,354) |
| Transfers In (Out) - Administrative Fee | 43,786 | (43,786) | - |
| Appropriation of Endowment Assets for Expenditure | (43,786) | (79,250) | (123,036) |
| Endowment Balance, December 31, 2018 | \$ - | \$ 3,070,110 | \$ 3,070,110 |

3. Investments and Endowment (Continued):

Return Objectives and Risk Parameters: The Organization's President, Treasurer, and another member of the Board of Directors, who is a professional investment manager (collectively, the Investment Committee) provide recommendations and advise the Board of Directors on the management of endowment assets and investment policies. Endowment assets include donor-restricted funds that the Organization must hold in perpetuity. From time to time, the Board designates a portion of the Organization's endowment investment income to support the administration of the benefits of the perpetual funds in accordance with the donor's restrictions for use. For the years ended December 31, 2018 and 2017, the Organization's endowment spending policy provides for 1.4% of the fair value of the total endowment investments to be appropriated to support the administration.

The percentage is allocated to charge 50% to the funds to be held in perpetuity and 50% to investment income, prior to the allocation of net income to surviving spouses. This percentage was determined in an effort to prevent the rate of return from eroding the contributed principal. The endowment assets are invested with an asset allocation strategy assuming a moderate level of investment risk. The Organization's strategy is to have an appropriate amount of endowment funds invested in equity based investments to achieve its long-term return objective and an appropriate amount invested in fixed income securities and cash reserves to maintain prudent risk constraints. The allocation percentage between the risk pools is reviewed from time to time by the Board, who rely upon the Investment Committee to select the most appropriate and prudent investments. There are no board-designated endowment funds as of December 31, 2018 and 2017; all endowment funds are donor-restricted.

4. Fair Value Measurements:

Investments measured at fair value on a recurring basis as of December 31, 2018 and 2017 are as follows:

| | Fair Value Measurements at December 31, 2018 | | | |
|----------------------------------|--|--------------|--|--|
| | Quoted Prices in Active Markets for Identical Assets or Liabilities (Level 1) | | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Totals | | | | |
| Investments: | | | | |
| Equity Securities | \$ 1,971,435 | \$ 1,971,435 | \$ - | \$ - |
| Fixed Income Bond Fund | 846,110 | 846,110 | - | - |
| Money Market Funds | 523,227 | 523,227 | - | - |
| Total Investments | 3,340,772 | 3,340,772 | - | - |
| Endowments: | | | | |
| Equity Securities | 1,826,071 | 1,826,071 | - | - |
| Fixed Income Bond Fund | 859,811 | 859,811 | - | - |
| Certificates of Deposit | 252,500 | 252,500 | - | - |
| Money Market Funds | 126,502 | 126,502 | - | - |
| Cash | 5,226 | 5,226 | - | - |
| Total Endowments | 3,070,110 | 3,070,110 | - | - |
| Total Investments and Endowments | \$ 6,410,882 | \$ 6,410,882 | \$ - | \$ - |

4. Fair Value Measurements (Continued):

| Fair Value Measurements at December 31, 2017 | | | | | |
|--|--|--------------|--|--|--|
| | Quoted Prices in Active Markets for Identical Assets or Liabilities (Level 1) | | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | |
| | Total | | | | |
| Investments | | | | | |
| Equity Securities | \$ 2,087,569 | \$ 2,087,569 | \$ - | \$ - | |
| Fixed Income Bond Fund | 875,185 | 875,185 | - | - | |
| Money Market Funds | 432,643 | 432,643 | - | - | |
| Total Investments | 3,395,397 | 3,395,397 | - | - | |
| Endowments: | | | | | |
| Equity Securities | 1,943,972 | 1,943,972 | - | - | |
| Fixed Income Bond Fund | 918,834 | 918,834 | - | - | |
| Certificates of Deposit | 252,500 | 252,500 | - | - | |
| Money Market Funds | 155,860 | 155,860 | - | - | |
| Cash | 3,334 | 3,334 | - | - | |
| Total Endowments | 3,274,500 | 3,274,500 | - | - | |
| Total Investments and Endowments | \$ 6,669,897 | \$ 6,669,897 | \$ - | \$ - | |

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used for the years ended December 31, 2018 and 2017.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Organization are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Organization are deemed to be actively traded.

Equity Securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Fixed Income Securities: Valued using pricing models maximizing the use of observable inputs for similar securities. This methodology included basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quotes prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Money Market Funds: Valued at the daily closing price as reported by the fund from an active market.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

5. Net Assets with Donor Restrictions:

Net assets with donor restrictions as of December 31, 2018 and 2017 consist of the following:

| | 2018 | 2017 |
|--|--------------|--------------|
| Subject to Passage of Time: | | |
| Membership Contributions | \$ 194,500 | \$ 235,485 |
| Subject to Spending Policy and Appropriation Guidelines: | | |
| Memorial Fund - to be Held in Perpetuity | 2,995,721 | 3,195,250 |
| Total Net Assets with Donor Restrictions | \$ 3,190,221 | \$ 3,430,735 |

Net assets with donor restrictions contains donor restricted contributions in the original amount of \$1,841,042 made to the Organization to establish and maintain the Memorial Fund. The annual income of the Memorial Fund, which consists of interest and dividend income less administrative expenses earned by this fund, is to be distributed equally to the surviving spouses and dependents of law enforcement officers and firefighters who have lost their lives in the line of duty during the year. If there are no line-of-duty deaths during the year, the benefit that would have been payable carries over into the next year. The remaining balance of the funds to be held in perpetuity represents cumulative net gains on the investments. The distribution to beneficiaries is made in the year after the line-of-duty death occurs.

6. Net Assets Released from Restriction:

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes specified by donors or by the passage of time. Net assets released from restriction during the years ended December 31, 2018 and 2017 consist of the following:

| | 2018 | 2017 |
|--|------------|------------|
| Passage of Time - Membership Contributions | \$ 235,485 | \$ 235,425 |
| Scheduled Payments to Beneficiaries | 74,389 | 79,250 |
| Programmatic Administrative Fees | 21,893 | 23,345 |
| | \$ 331,767 | \$ 338,020 |

7. Property and Equipment:

Property and equipment as of December 31, 2018 and 2017 consists of the following:

| | 2018 | 2017 |
|--------------------------------|------------------|-------------------|
| Building | \$ 530,000 | \$ 530,000 |
| Building Improvements | 110,403 | 110,403 |
| Office Equipment | 16,788 | 16,788 |
| Computer Equipment | 12,507 | 12,507 |
| | <u>669,698</u> | <u>669,698</u> |
| Less: Accumulated Depreciation | <u>580,702</u> | <u>556,246</u> |
| | <u>\$ 88,996</u> | <u>\$ 113,452</u> |

Depreciation expense for the years ended December 31, 2018 and 2017 amounted to \$24,456 and \$24,458.

8. Donated Goods and Services:

The Organization receives donated goods and services. The estimated fair value for goods and services is determined by the donor or by management. There were no donated goods and services received during the year ended December 31, 2018. During the year ended December 31, 2017, the Organization received donated legal services in the amount \$9,400.

9. Indemnifications:

In the ordinary course of business, the Organization enters into various agreements containing standard indemnification provisions. The Organization's indemnification obligations under such provisions are typically in effect from the date of execution of the applicable agreement through the end of the applicable statute of limitations. The aggregate maximum potential future liability of the Organization under such indemnification provisions is uncertain. As of December 31, 2018 and 2017, no amounts have been accrued related to such indemnification provisions.



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