

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

06-0966415

### STONINGTON HISTORICAL SOCIETY, INC.

**Net Asset / Fund Balance at Beginning of Year** 3,881,676

#### Revenue

Contributions	<u>930,212</u>		
Program service revenue	<u>46,890</u>		
Investment income	<u>20,569</u>		
Capital gain / loss	<u>430</u>		
Fundraising / Gaming:			
Gross revenue	<u>61,959</u>		
Direct expenses	<u>78,095</u>		
Net income	<u>-16,136</u>		
Other income	<u>74,800</u>		
<b>Total revenue</b>		<u>1,056,765</u>	

#### Expenses

Program services	<u>377,808</u>		
Management and general	<u>152,759</u>		
Fundraising	<u>49,528</u>		
<b>Total expenses</b>		<u>580,095</u>	
<b>Excess / (deficit)</b>			<u>476,670</u>

Changes 118,023

**Net Asset / Fund Balance at End of Year** 4,476,369

#### Reconciliation of Revenue

Total revenue per financial statements	<u>1,181,115</u>
Less:	
Unrealized gains	<u>118,023</u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>6,327</u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u><u>1,056,765</u></u>

#### Reconciliation of Expenses

Total expenses per financial statements	<u>586,422</u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>6,327</u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u><u>580,095</u></u>

#### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>4,156,951</u>	<u>4,695,601</u>	
Liabilities	<u>275,275</u>	<u>219,232</u>	
Net assets	<u><u>3,881,676</u></u>	<u><u>4,476,369</u></u>	<u>594,693</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/22  
 Failure to file penalty \_\_\_\_\_

Form **8879-TE**

**IRS e-file Signature Authorization for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning . . . . . 2021, and ending . . . . . 20 . . . . .

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Name of filer

**STONINGTON HISTORICAL SOCIETY, INC.**

EIN or SSN

**06-0966415**

Name and title of officer or person subject to tax **WILLIAM GRIFFITH  
VP/TREASURER**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,056,765</u>
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	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize HOYT, FILIPPETTI & MALAGHAN, LLC to enter my PIN 66415 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } Date } 05/24/22

**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.

06539169685  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } SUSAN K. JONES Date } 05/24/22

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

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning, and ending

Form header section containing organization name (STONINGTON HISTORICAL SOCIETY, INC.), EIN (06-0966415), address (40 PALMER ST - PO BOX 103, STONINGTON CT 06378), principal officer (FRANCES ASHLEY), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown (Total: 1,056,765), expenses breakdown (Total: 580,095), and net assets (Total: 4,476,369).

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.

Signature block for William Griffith, VP/Treasurer, including signature and title.

Preparer information for Susan K. Jones, Preparer of Susan K. Jones, HOYT, FILIPPETTI & MALAGHAN, LLC, including address and phone number.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**TO PRESERVE, INTERPRET AND CELEBRATE THE HISTORY OF ALL OF STONINGTON. THE SOCIETY MAINTAINS THREE SITES OPEN TO THE PUBLIC: THE OLD LIGHTHOUSE MUSEUM, THE CAPTAIN NATHANIEL B. PALMER HOUSE, AND THE WOOLWORTH LIBRARY.**

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 \$ **377,808** including grants of \$ ) (Revenue \$ )

**MUSEUM SERVICES INCLUDING THE OLD LIGHTHOUSE MUSEUM AND THE NATHANIEL B. PALMER HOUSE WHICH AID IN THE PRESERVATION OF THE HISTORY OF STONINGTON. ALSO, THE WOOLWORTH LIBRARY WHICH AID IN THE PRESERVATION OF ARCHIVES OF LOCAL RECORDS, MANUSCRIPTS AND PHOTOGRAPHS.**

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

**N/A**

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

**N/A**

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

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

4e Total program service expenses **u 377,808**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

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

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	7
1b	0

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>16</b>	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>16</b>	
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	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?	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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 **u CT**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**ELIZABETH WOOD**  
**STONINGTON**

**P.O. BOX 103**

**CT 06378**

**860-535-8445**



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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH WOOD	40.00									
EXECUTIVE DIRECTOR	0.00	X					63,285	0	0	
(2) FRANCES ASHLEY	3.00									
PRESIDENT	0.00	X		X			0	0	0	
(3) DODIE BUMP	3.00									
DIRECTOR	0.00	X					0	0	0	
(4) MELANIE CAVA	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) RICHARD COLE	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) CHUCK DANIS	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) DAVE ERSKINE	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) WILLIAM GRIFFITH	3.00									
VP/TREASURER	0.00	X		X			0	0	0	
(9) WILLIAM HOBBS	3.00									
SECRETARY	0.00	X		X			0	0	0	
(10) RICHARD LARKIN	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) PAUL LEEMING	2.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>EVELYNN LYONS</b>	2.00									
DIRECTOR	0.00	X						0	0	0
(13) <b>NAKAI NORTHUP</b>	2.00									
DIRECTOR	0.00	X						0	0	0
(14) <b>KATHLEEN SNODDON</b>	2.00									
DIRECTOR	0.00	X						0	0	0
(15) <b>TOM SANFORD</b>	2.00									
DIRECTOR	0.00	X						0	0	0
(16) <b>BOB SUPPICICH</b>	2.00									
DIRECTOR	0.00	X						0	0	0
(17) <b>KIRBY WILLIAMS</b>	2.00									
DIRECTOR	0.00	X						0	0	0
<b>1b Subtotal</b>								<b>63,285</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>63,285</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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>		<b>X</b>
<b>5</b> 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>		<b>X</b>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>CONSIGLI CONTSTRUCTION CO., INC</b>	<b>CONSTRUCTION</b>	<b>250,000</b>

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	23,548				
	<b>c</b> Fundraising events	<b>1c</b>	161,013				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	37,300				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	708,351				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	930,212				
	<b>Program Service Revenue</b>	<b>2a</b> MUSEUM ADMISSIONS & SALES	Business Code	39,551	39,551		
<b>b</b> LIBRARY			7,001	7,001			
<b>c</b> PUBLICATIONS			338	338			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		<b>u</b>	46,890				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	20,569			20,569
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	99,010				
		(ii) Personal					
		<b>6b</b> Less: rental expenses	29,846				
	<b>c</b> Rental inc. or (loss)	69,164					
	<b>d</b> Net rental income or (loss)	<b>u</b>	69,164	69,164			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	29,778				
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales exps.	29,348				
	<b>c</b> Gain or (loss)	430					
	<b>d</b> Net gain or (loss)	<b>u</b>	430	430			
	<b>8a</b> Gross income from fundraising events (not including \$ 161,013 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	61,959				
		<b>b</b> Less: direct expenses	78,095				
<b>c</b> Net income or (loss) from fundraising events		<b>u</b>	-16,136				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	13,582					
	<b>b</b> Less: cost of goods sold	7,946					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>	5,636	5,636			
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions	<b>u</b>	1,056,765	122,120	0	20,569		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>63,285</b>		<b>63,285</b>	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>128,125</b>	<b>91,848</b>	<b>7,537</b>	<b>28,740</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>9,035</b>	<b>4,335</b>	<b>3,343</b>	<b>1,357</b>
<b>10</b> Payroll taxes	<b>19,548</b>	<b>9,380</b>	<b>7,233</b>	<b>2,935</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	<b>1,539</b>		<b>1,539</b>	
<b>c</b> Accounting	<b>19,652</b>		<b>19,652</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>6,530</b>		<b>5,030</b>	<b>1,500</b>
<b>13</b> Office expenses	<b>7,013</b>		<b>5,693</b>	<b>1,320</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>53,703</b>	<b>45,647</b>	<b>8,056</b>	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	<b>5,181</b>		<b>5,181</b>	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>108,137</b>	<b>108,137</b>		
<b>23</b> Insurance	<b>26,699</b>	<b>20,024</b>	<b>6,675</b>	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM COSTS	<b>98,698</b>	<b>93,357</b>	<b>2,034</b>	<b>3,307</b>
<b>b</b> EVENT EXPENSES	<b>8,170</b>			<b>8,170</b>
<b>c</b> COMPUTER EXPENSES	<b>6,810</b>		<b>6,810</b>	
<b>d</b> DUES & SUBSCRIPTIONS	<b>6,598</b>	<b>3,799</b>	<b>600</b>	<b>2,199</b>
<b>e</b> All other expenses	<b>11,372</b>	<b>1,281</b>	<b>10,091</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>580,095</b>	<b>377,808</b>	<b>152,759</b>	<b>49,528</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	322,706	1	470,405
	2	Savings and temporary cash investments	7,277	2	15,809
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	228,662	4	462,794
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	59,965	8	53,638
	9	Prepaid expenses and deferred charges	14,911	9	11,686
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,311,689		
	10b	Less: accumulated depreciation	1,620,990	10c	2,690,699
	11	Investments—publicly traded securities	729,509	11	971,993
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	18,577
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	4,156,951	16	4,695,601	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	268,131	17	10,510
	18	Grants payable		18	
	19	Deferred revenue	4,094	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	204,953
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,050	25	3,769
	26	<b>Total liabilities.</b> Add lines 17 through 25	275,275	26	219,232
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	3,859,199	27	3,951,054
	28	Net assets with donor restrictions	22,477	28	525,315
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	3,881,676	32	4,476,369
33	<b>Total liabilities and net assets/fund balances</b>	4,156,951	33	4,695,601	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,056,765</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>580,095</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>476,670</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>3,881,676</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>118,023</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>4,476,369</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	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		<b>X</b>
<b>2b</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	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

**u Attach to Form 990 or Form 990-EZ.**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**STONINGTON HISTORICAL SOCIETY, INC.**

Employer identification number

**06-0966415**

**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).)
- 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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	233,797	517,351	1,081,725	304,174	930,212	3,067,259
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	233,797	517,351	1,081,725	304,174	930,212	3,067,259
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						3,067,259

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	233,797	517,351	1,081,725	304,174	930,212	3,067,259
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,966	17,677	28,267	23,508	20,569	107,987
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						3,175,246

**12** Gross receipts from related activities, etc. (see instructions) 12 **1,039,413**

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	96.60%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	<b>15</b>	95.62%

**16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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



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

(Complete only if you checked the box on line 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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
<b>9</b> Distributable amount for 2021 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 .....			
<b>b</b> From 2017 .....			
<b>c</b> From 2018 .....			
<b>d</b> From 2019 .....			
<b>e</b> From 2020 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 .....			
<b>b</b> Excess from 2018 .....			
<b>c</b> Excess from 2019 .....			
<b>d</b> Excess from 2020 .....			
<b>e</b> Excess from 2021 .....			



**Schedule B  
(Form 990)****Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service**u Attach to Form 990 or Form 990-PF.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.****2021**

Name of the organization

Employer identification number

**STONINGTON HISTORICAL SOCIETY, INC.****06-0966415**

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization

**STONINGTON HISTORICAL SOCIETY, INC.**

Employer identification number

**06-0966415****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL & ANN ADAIR 8 STONINGTON COMMONS UNIT 14 STONINGTON CT 06378	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MS. FRANCES C. ASHLEY 7 MAIN STREET STONINGTON CT 06378	\$ 27,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GARY BUONANNO & SUSAN DANAHER BUONAN 45 DOLPHIN COVE QUAY STAMFORD CT 06902	\$ 19,174	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MRS. PRUDENCE FAIRBROTHER MEEHAN 50202 MANLY DRIVE CHAPEL HILL NC 27517	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOYCE & FRANCIS PANDOLFI 168 WATER STREET STONINGTON CT 06378	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ALEX ROEPERS 5 WATER STREET STONINGTON CT 06378	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

**STONINGTON HISTORICAL SOCIETY, INC.**

Employer identification number

**06-0966415**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BARBARA TIMKEN 227 WAMPASSUC POINT ROAD STONINGTON CT 06378	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

STONINGTON HISTORICAL SOCIETY, INC.

Employer identification number

06-0966415

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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  Yes  No

**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
<b>1a</b> Beginning of year balance	729,091	1,044,420	899,188	959,878	873,262
<b>b</b> Contributions	176,410	21,023	63,176	28,141	18,661
<b>c</b> Net investment earnings, gains, and losses	139,010	52,923	167,862	-56,200	128,997
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	72,518	389,275	85,806	32,631	61,042
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	971,993	729,091	1,044,420	899,188	959,878

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** 100.00 %
  - b** Permanent endowment **u** \_\_\_\_\_ %
  - c** Term endowment **u** \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes                      | No                                  |
|------------------------------------|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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
<b>1a</b> Land		565,349		565,349
<b>b</b> Buildings		3,589,607	1,480,892	2,108,715
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		156,733	140,098	16,635
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>2,690,699</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**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) <b>SECURITY DEPOSITS</b>	<b>3,769</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u 3,769</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>1,181,115</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>118,023</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>6,327</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>124,350</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>1,056,765</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>1,056,765</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>586,422</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>6,327</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>6,327</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>580,095</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>580,095</b>

**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 X - FIN 48 FOOTNOTE**

**THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES**

**ON EXEMPT FUNCTION INCOME AS A PUBLIC CHARITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.**

**CONSEQUENTLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.**

**THE ORGANIZATION DID NOT RECOGNIZE ANY LIABILITY FOR UNCERTAIN TAX POSITIONS AS DEFINED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.**

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**Part XIII Supplemental Information** *(continued)*

**COST OF GOODS SOLD** \$ **6,327**

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**COST OF GOODS SOLD** \$ **6,327**

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

U Attach to Form 990 or Form 990-EZ.

U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

**STONINGTON HISTORICAL SOCIETY, INC.**

Employer identification number

**06-0966415**

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

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.  
.....  
.....  
.....  
.....  
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	<u>DECK THE WALL</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	210,045	12,927	222,972
	2	Less: Contributions	161,013		161,013
	3	Gross income (line 1 minus line 2)	49,032	12,927	61,959
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	78,095		78,095
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-16,136

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**STONINGTON HISTORICAL SOCIETY, INC.**

Employer identification number

**06-0966415**

**FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS**

THE SOCIETY IS A NON-STOCK NON-PROFIT ORGANIZATION MADE UP OF MEMBERS. THE MEMBERS ARE RESPONSIBLE FOR ELECTING THE MEMBERS OF THE BOARD OF DIRECTORS.

**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**

AT THE ANNUAL MEETING MEMBERS ELECT DIRECTORS TO SUCCEED THOSE WHOSE TERM IS EXPIRING OR TO FILL ANY VACANCIES.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

A DRAFT OF THE 990 IS GIVEN TO THE FINANCE COMMITTEE FOR REVIEW AND TO RECOMMEND THE BOARD APPROVES IT. THE 990 IS THEN PRESENTED TO THE FULL BOARD FOR THEIR REVIEW AND APPROVAL.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

THIS IS DONE THROUGH BOARD DISCUSSIONS AND REVIEW OF FINANCIAL DATA AT MONTHLY BOARD MEETINGS. IN ADDITION, EACH BOARD MEMBER IS REQUIRED TO SIGN ANNUALLY, A STATEMENT IN A PRESCRIBED FORM AS TO HIS OR HER COMPLIANCE WITH THE SOCIETY'S CONFLICT POLICIES AND PROCEDURES.

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION ANNUALLY AND MAKES ANY CHANGES AS NECESSARY.

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

Employer identification number

**STONINGTON HISTORICAL SOCIETY, INC.**

**06-0966415**

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

COST OF GOODS SOLD \$ 6,327

COST OF GOODS SOLD \$ -6,327

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

**u Attach to your tax return.**

**u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

OMB No. 1545-0172

**2021**

Attachment Sequence No. **179**

**STONINGTON HISTORICAL SOCIETY, INC.**

Identifying number  
**06-0966415**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>108,137</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>108,137</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

**u Attach to your tax return.**

**u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

OMB No. 1545-0172

**2021**

Attachment Sequence No. **179**

**STONINGTON HISTORICAL SOCIETY, INC.**

Identifying number  
**06-0966415**

Business or activity to which this form relates

**RENTAL**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>5,193</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>5,193</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
2	ADDITIONAL CONSTRUCTION	1/01/00	8,064			8,064	39 MO S/L	4,361	207
3	LIBRARY - OTHER CONST COST	6/20/98	7,897			7,897	39 MO S/L	4,567	203
4	LIBRARY - BUILDER	6/20/98	504,318			504,318	39 MO S/L	292,028	12,931
5	LIBRARY - ARCHITECT	6/20/98	58,640			58,640	39 MO S/L	33,960	1,504
6	LIBRARY - ARCHITECT	12/01/95	8,873			8,873	40 MO S/L	5,548	222
7	LIBRARY - PLANNING	6/01/95	4,220			4,220	40 MO S/L	2,705	105
8	BUILDING - LIGHTHOUSE	8/01/87	60,340			60,340	31 MO S/L	60,340	0
10	BUILDING - PALMER HOUSE	12/01/94	455,479			455,479	40 MO S/L	296,062	11,387
13	BENCH	6/30/99	395			395	7 MO S/L	395	0
14	CARPETING	4/14/99	2,952			2,952	7 MO S/L	2,952	0
15	COPIER	2/24/99	570			570	5 MO S/L	570	0
16	EXTERIOR BENCH	6/20/98	470			470	7 MO S/L	470	0
17	2 SHELF BOOK TRUCK	6/20/98	174			174	7 MO S/L	174	0
18	ROLLING ALUM LADDER	6/20/98	446			446	7 MO S/L	446	0
19	FICHE CABINET	6/20/98	1,049			1,049	7 MO S/L	1,049	0
20	CHAIRS	6/20/98	1,620			1,620	7 MO S/L	1,620	0
21	CHAIRS (23)	6/20/98	4,574			4,574	7 MO S/L	4,574	0
22	FILE CABINETS (18)	6/20/98	6,876			6,876	7 MO S/L	6,876	0
23	MICRO FICHE READER	6/20/98	6,990			6,990	7 MO S/L	6,990	0
24	TABLES (4)	6/20/98	4,200			4,200	7 MO S/L	4,200	0
25	DISP CASES/CIRC DESK	6/20/98	30,770			30,770	10 MO S/L	30,770	0
26	BOOK SHELVING	6/20/98	18,510			18,510	5 MO S/L	18,510	0
27	VARIOUS FURN & EQUIP	8/01/87	31,025			31,025	10 MO S/L	31,025	0
29	FURNACE	8/28/98	2,106			2,106	10 MO S/L	2,106	0
30	WINDOW COVER	6/30/96	2,080			2,080	7 MO S/L	2,080	0
31	SIGN	6/30/96	1,135			1,135	7 MO S/L	1,135	0
32	DISPLAY CABINET	4/01/95	1,500			1,500	7 MO S/L	1,500	0
33	FILE CABINETS	9/01/95	300			300	7 MO S/L	300	0
34	RUG	7/01/95	2,695			2,695	7 MO S/L	2,695	0
35	NEW COMPUTER - PH	6/01/07	1,145			1,145	5 MO S/L	1,145	0
36	OIL TANK	5/15/09	1,700			1,700	10 MO S/L	1,700	0
62	LIGHTHOUSE GLASS FLOOR	12/18/02	10,180			10,180	25 MO S/L	7,379	407
63	GATE	12/29/99	2,400			2,400	39 MO S/L	1,300	61
64	CLOSETS	7/21/99	4,170			4,170	39 MO S/L	2,295	107
65	BASEMENT OFFICE	11/30/98	4,298			4,298	40 MO S/L	2,377	107
66	IMPROVEMENTS	6/30/97	5,435			5,435	40 MO S/L	3,263	136
67	ARCHITECT FEES	12/01/95	700			700	40 MO S/L	444	17
68	WINDOW	9/01/95	3,041			3,041	40 MO S/L	1,925	76
69	GATE & ENTRY	6/01/95	5,545			5,545	40 MO S/L	3,551	139
71	ELECT/ARCHITECT	11/01/94	710			710	40 MO S/L	466	18
72	ROOF	8/01/94	483			483	40 MO S/L	317	12
73	MOTION DETECTOR	8/01/94	365			365	40 MO S/L	239	10
74	VENTS TOWER	6/01/94	225			225	40 MO S/L	154	6
75	ARCHITECT FEES	4/01/94	500			500	40 MO S/L	341	12
76	SEWER	4/01/94	347			347	40 MO S/L	235	9
77	STORM DOOR	3/01/94	290			290	40 MO S/L	192	7
78	SEWER	4/01/93	347			347	31 MO S/L	305	11
79	SEWER	4/01/92	347			347	31 MO S/L	317	11
80	IMPROVEMENTS	8/01/90	31,802			31,802	31 MO S/L	30,671	1,010
81	IMPROVEMENTS	7/01/90	36,378			36,378	31 MO S/L	35,794	584
82	SEWER	4/01/90	347			347	31 MO S/L	339	8
83	SEWER	4/01/89	347			347	31 MO S/L	347	0
84	SEWER	4/01/88	347			347	31 MO S/L	347	0
85	LIGHTHOUSE IMPROVEMENTS	3/31/07	12,768			12,768	25 MO S/L	6,895	511
86	ROOF WORK	3/14/08	25,500			25,500	25 MO S/L	12,750	1,020
87	ELECTRICAL	3/31/08	3,200			3,200	7 MO S/L	3,200	0
88	CONCRETE CAP FOR LIGHTHOUSE	11/07/09	3,089			3,089	15 MO S/L	2,299	206
89	ICE HOUSE/PRIVY	12/31/03	106,016			106,016	25 MO S/L	74,213	4,241
90	ICE HOUSE/PRIVY	7/03/02	6,093			6,093	25 MO S/L	4,480	244
91	PALMER HOUSE - ROOFING	11/21/01	1,175			1,175	25 MO S/L	899	47
92	FENCE	6/05/01	50,866			50,866	25 MO S/L	39,619	2,035
93	CHAIRLIFT ACCESS	11/29/00	37,116			37,116	10 MO S/L	37,116	0
94	FENCE	10/28/98	5,215			5,215	40 MO S/L	2,897	131
95	GRAPE ARBOR & PATIO	6/27/98	6,185			6,185	40 MO S/L	3,496	155
96	OUTBUILDING RENOV	6/30/97	2,774			2,774	40 MO S/L	1,660	69
97	IMPROVEMENTS	6/30/96	2,000			2,000	40 MO S/L	1,225	50
98	STORM WINDOWS	12/01/95	231			231	40 MO S/L	148	5
99	RACE	8/01/95	674			674	40 MO S/L	428	17

## STOH STONINGTON HISTORICAL SOCIETY, INC.

06-0966415

## Federal Asset Report

FYE: 12/31/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
100	SPRINKLERS	8/01/95	752			752	40 MO S/L	458	19
101	BATH FIXTURES	6/01/95	665			665	40 MO S/L	430	17
102	SEWER	4/01/95	2,300			2,300	40 MO S/L	1,487	57
103	SPRINKLER SYSTEM	1/01/05	34,850			34,850	30 MO S/L	18,588	1,162
104	PAINTING & IMPROV. PH	6/06/07	3,140			3,140	25 MO S/L	1,697	125
105	BOILER PH - DEPOSIT	7/01/08	4,000			4,000	31 MO S/L	1,587	127
106	IMPROVEMENTS	12/31/05	14,571			14,571	20 MO S/L	10,201	729
107	FURNACE	2/01/08	3,600			3,600	10 MO S/L	3,600	0
111	LAND - LIGHTHOUSE	8/01/87	153,456			153,456	0 -- Land	0	0
113	LAND - PALMER	12/01/94	267,135			267,135	0 -- Land	0	0
114	LAND - VALENTI LOT	12/01/95	21,934			21,934	0 -- Land	0	0
115	ROOF - PALEMR HOUSE	5/31/10	13,600			13,600	40 MO S/L	3,598	340
116	STORM SHUTTERS	10/15/10	15,028			15,028	40 MO S/L	3,851	376
118	HVAC SYSTEM-LIBRARY	9/25/13	18,228			18,228	40 MO S/L	3,304	455
119	ROOF-LIBRARY	10/01/13	11,065			11,065	40 MO S/L	2,006	276
120	PH DRIVEWAY	7/06/15	14,000			14,000	25 MO S/L	3,080	560
121	Parking Lot Palmer House	7/17/17	14,400			14,400	15 MO S/L	3,280	960
122	New Kitchen	11/15/17	20,885			20,885	39 MO S/L	1,696	535
123	Painting Iron fence Palmer House	6/19/17	12,314			12,314	15 MO S/L	2,873	821
124	Painting exterior PH and fence	7/17/17	14,280			14,280	10 MO S/L	4,879	1,428
126	Cement Walkway	5/07/18	4,525			4,525	15 MO S/L	804	302
127	Lighthouse Phase 1	9/30/20	1,529,006			1,529,006	25 MO S/L	15,290	61,160
129	Printer	5/15/20	3,250			3,250	5 MO S/L	433	650
130	PALMER HOUSE CIP	12/31/21	5,000			5,000	0 -- Memo	0	0
131	ARCADE BOILER DEPOSIT	12/31/21	5,000			5,000	0 -- Memo	0	0
132	LIGHTHOUSE PHASE II CIP	12/31/21	18,577			18,577	0 -- Memo	0	0
	<b>Total Other Depreciation</b>		<u>3,808,180</u>			<u>3,808,180</u>		<u>1,189,918</u>	<u>108,137</u>
	<b>Total ACRS and Other Depreciation</b>		<u>3,808,180</u>			<u>3,808,180</u>		<u>1,189,918</u>	<u>108,137</u>
	<b>Grand Totals</b>		3,808,180			3,808,180		1,189,918	108,137
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>3,808,180</u>			<u>3,808,180</u>		<u>1,189,918</u>	<u>108,137</u>

## STOH STONINGTON HISTORICAL SOCIETY, INC.

06-0966415

## Federal Asset Report

FYE: 12/31/2021

## RENTAL

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	BUILDING - ARCADE	8/01/87	90,440			90,440	31 MO S/L	90,440	0
9	BUILDING - OCEAN BANK	8/01/87	142,500			142,500	31 MO S/L	142,500	0
11	CABINETS/COUNTERTOPS	4/04/08	8,775			8,775	10 MO S/L	8,775	0
12	APPLIANCES	4/25/08	3,198			3,198	7 MO S/L	3,198	0
37	TUB	12/29/99	1,585			1,585	39 MO S/L	859	41
38	IMPROVEMENTS	5/01/95	5,288			5,288	40 MO S/L	3,369	132
39	SEWER	4/01/94	182			182	40 MO S/L	127	5
40	SEWER	10/01/93	3,300			3,300	39 MO S/L	2,311	84
41	IMPROVEMENTS	7/01/93	352			352	31 MO S/L	305	11
42	SEWER	7/01/93	410			410	31 MO S/L	357	13
43	SEWER	6/01/93	278			278	31 MO S/L	245	9
44	SEWER	4/01/93	182			182	31 MO S/L	163	5
45	IMPROVEMENTS	2/01/93	659			659	31 MO S/L	584	21
46	IMPROVEMENTS	1/01/93	3,579			3,579	31 MO S/L	3,181	113
47	IMPROVEMENTS	12/01/92	2,577			2,577	31 MO S/L	2,296	82
48	IMPROVEMENTS	12/01/92	4,887			4,887	31 MO S/L	4,349	155
49	IMPROVEMENTS	11/01/92	2,338			2,338	31 MO S/L	2,084	75
50	IMPROVEMENTS	8/01/91	1,735			1,735	31 MO S/L	1,617	55
51	IMPROVEMENTS	7/01/91	18,248			18,248	31 MO S/L	17,278	580
52	IMPROVEMENTS	4/01/90	182			182	31 MO S/L	181	1
53	IMPROVEMENTS	4/01/89	182			182	31 MO S/L	182	0
54	IMPROVEMENTS	4/01/88	182			182	31 MO S/L	182	0
55	RENOVATIONS	4/11/08	10,000			10,000	25 MO S/L	5,000	400
56	RENOVATIONS	5/23/08	5,420			5,420	25 MO S/L	2,710	217
57	RENOVATIONS	6/25/08	3,899			3,899	25 MO S/L	1,950	156
58	RENOVATIONS	7/15/08	979			979	25 MO S/L	490	39
59	RENOVATIONS	8/21/08	3,570			3,570	25 MO S/L	1,785	143
60	DRAINAGE PIPE	10/31/08	3,500			3,500	25 MO S/L	1,750	140
61	RENOVATIONS	8/12/08	1,300			1,300	25 MO S/L	650	52
108	ROOF/SHINGLES	5/23/08	10,970			10,970	25 MO S/L	5,485	439
109	9 WINDOW SASHES	8/13/09	4,575			4,575	7 MO S/L	4,575	0
110	LAND - ARCADE	8/01/87	56,910			56,910	0 -- Land	0	0
112	LAND - OCEAN BANK	8/01/87	65,914			65,914	0 -- Land	0	0
117	ALARM SYSTEM-ARCADE	3/19/10	2,750			2,750	10 MO S/L	2,750	0
118	NEW ROOF ARCADE	10/21/11	11,600			11,600	40 MO S/L	2,658	290
125	Painting Bank	12/06/17	6,800			6,800	10 MO S/L	2,097	680
127	Improvements	4/04/19	12,250			12,250	25 MO S/L	858	490
128	Improvements	4/28/20	30,591			30,591	40 MO S/L	510	765
<b>Total Other Depreciation</b>			<u>522,087</u>			<u>522,087</u>		<u>317,851</u>	<u>5,193</u>
<b>Total ACRS and Other Depreciation</b>			<u>522,087</u>			<u>522,087</u>		<u>317,851</u>	<u>5,193</u>
<b>Grand Totals</b>			522,087			522,087		317,851	5,193
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>522,087</u>			<u>522,087</u>		<u>317,851</u>	<u>5,193</u>



Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
2	ADDITIONAL CONSTRUCTION	1/01/00	8,064			8,064	39 MO S/L	4,361	207
3	LIBRARY - OTHER CONST COST	6/20/98	7,897			7,897	39 MO S/L	4,567	203
4	LIBRARY - BUILDER	6/20/98	504,318			504,318	39 MO S/L	292,028	12,931
5	LIBRARY - ARCHITECT	6/20/98	0			0	0 HY	0	0
6	LIBRARY - ARCHITECT	12/01/95	8,873			8,873	40 MO S/L	5,548	222
7	LIBRARY - PLANNING	6/01/95	4,220			4,220	40 MO S/L	2,705	105
8	BUILDING - LIGHTHOUSE	8/01/87	60,340			60,340	31 MO S/L	60,340	0
10	BUILDING - PALMER HOUSE	12/01/94	455,479			455,479	40 MO S/L	296,062	11,387
13	BENCH	6/30/99	395			395	7 MO S/L	395	0
14	CARPETING	4/14/99	2,952			2,952	7 MO S/L	2,952	0
15	COPIER	2/24/99	570			570	5 MO S/L	570	0
16	EXTERIOR BENCH	6/20/98	470			470	7 MO S/L	470	0
17	2 SHELF BOOK TRUCK	6/20/98	174			174	7 MO S/L	174	0
18	ROLLING ALUM LADDER	6/20/98	446			446	7 MO S/L	446	0
19	FICHE CABINET	6/20/98	1,049			1,049	7 MO S/L	1,049	0
20	CHAIRS	6/20/98	1,620			1,620	7 MO S/L	1,620	0
21	CHAIRS (23)	6/20/98	4,574			4,574	7 MO S/L	4,574	0
22	FILE CABINETS (18)	6/20/98	6,876			6,876	7 MO S/L	6,876	0
23	MICRO FICHE READER	6/20/98	6,990			6,990	7 MO S/L	6,990	0
24	TABLES (4)	6/20/98	4,200			4,200	7 MO S/L	4,200	0
25	DISP CASES/CIRC DESK	6/20/98	30,770			30,770	10 MO S/L	30,770	0
26	BOOK SHELVING	6/20/98	18,510			18,510	5 MO S/L	18,510	0
27	VARIOUS FURN & EQUIP	8/01/87	31,025			31,025	10 MO S/L	31,025	0
29	FURNACE	8/28/98	2,106			2,106	10 MO S/L	2,106	0
30	WINDOW COVER	6/30/96	2,080			2,080	7 MO S/L	2,080	0
31	SIGN	6/30/96	1,135			1,135	7 MO S/L	1,135	0
32	DISPLAY CABINET	4/01/95	1,500			1,500	7 MO S/L	1,500	0
33	FILE CABINETS	9/01/95	300			300	7 MO S/L	300	0
34	RUG	7/01/95	2,695			2,695	7 MO S/L	2,695	0
35	NEW COMPUTER - PH	6/01/07	1,145			1,145	5 MO S/L	1,145	0
36	OIL TANK	5/15/09	1,700			1,700	10 MO S/L	1,700	0
62	LIGHTHOUSE GLASS FLOOR	12/18/02	10,180			10,180	25 MO S/L	7,379	407
63	GATE	12/29/99	2,400			2,400	39 MO S/L	1,300	61
64	CLOSETS	7/21/99	4,170			4,170	39 MO S/L	2,295	107
65	BASEMENT OFFICE	11/30/98	4,298			4,298	40 MO S/L	2,377	107
66	IMPROVEMENTS	6/30/97	5,435			5,435	40 MO S/L	3,263	136
67	ARCHITECT FEES	12/01/95	700			700	40 MO S/L	444	17
68	WINDOW	9/01/95	3,041			3,041	40 MO S/L	1,925	76
69	GATE & ENTRY	6/01/95	5,545			5,545	40 MO S/L	3,551	139
71	ELECT/ARCHITECT	11/01/94	710			710	40 MO S/L	466	18
72	ROOF	8/01/94	483			483	40 MO S/L	317	12
73	MOTION DETECTOR	8/01/94	365			365	40 MO S/L	239	10
74	VENTS TOWER	6/01/94	225			225	40 MO S/L	154	6
75	ARCHITECT FEES	4/01/94	500			500	40 MO S/L	341	12
76	SEWER	4/01/94	347			347	40 MO S/L	235	9
77	STORM DOOR	3/01/94	290			290	40 MO S/L	192	7
78	SEWER	4/01/93	347			347	31 MO S/L	305	11
79	SEWER	4/01/92	347			347	31 MO S/L	317	11
80	IMPROVEMENTS	8/01/90	31,802			31,802	31 MO S/L	30,671	1,010
81	IMPROVEMENTS	7/01/90	36,378			36,378	31 MO S/L	35,794	584
82	SEWER	4/01/90	347			347	31 MO S/L	339	8
83	SEWER	4/01/89	347			347	31 MO S/L	347	0
84	SEWER	4/01/88	347			347	31 MO S/L	347	0
85	LIGHTHOUSE IMPROVEMENTS	3/31/07	12,768			12,768	25 MO S/L	6,895	511
86	ROOF WORK	3/14/08	25,500			25,500	25 MO S/L	12,750	1,020
87	ELECTRICAL	3/31/08	3,200			3,200	7 MO S/L	3,200	0
88	CONCRETE CAP FOR LIGHTHOUSE	11/07/09	3,089			3,089	15 MO S/L	2,299	206
89	ICE HOUSE/PRIVY	12/31/03	106,016			106,016	25 MO S/L	74,213	4,241
90	ICE HOUSE/PRIVY	7/03/02	6,093			6,093	25 MO S/L	4,480	244
91	PALMER HOUSE - ROOFING	11/21/01	1,175			1,175	25 MO S/L	899	47
92	FENCE	6/05/01	50,866			50,866	25 MO S/L	39,619	2,035
93	CHAIRLIFT ACCESS	11/29/00	37,116			37,116	10 MO S/L	37,116	0
94	FENCE	10/28/98	5,215			5,215	40 MO S/L	2,897	131
95	GRAPE ARBOR & PATIO	6/27/98	6,185			6,185	40 MO S/L	3,496	155
96	OUTBUILDING RENOV	6/30/97	2,774			2,774	40 MO S/L	1,660	69
97	IMPROVEMENTS	6/30/96	2,000			2,000	40 MO S/L	1,225	50
98	STORM WINDOWS	12/01/95	231			231	40 MO S/L	148	5
99	RACE	8/01/95	674			674	40 MO S/L	428	17

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
100	SPRINKLERS	8/01/95	752			752	40 MO S/L	458	19
101	BATH FIXTURES	6/01/95	665			665	40 MO S/L	430	17
102	SEWER	4/01/95	2,300			2,300	40 MO S/L	1,487	57
103	SPRINKLER SYSTEM	1/01/05	34,850			34,850	30 MO S/L	18,588	1,162
104	PAINTING & IMPROV. PH	6/06/07	3,140			3,140	25 MO S/L	1,697	125
105	BOILER PH - DEPOSIT	7/01/08	4,000			4,000	31 MO S/L	1,587	127
106	IMPROVEMENTS	12/31/05	14,571			14,571	20 MO S/L	10,201	729
107	FURNACE	2/01/08	3,600			3,600	10 MO S/L	3,600	0
111	LAND - LIGHTHOUSE	8/01/87	153,456			153,456	0 -- Land	0	0
113	LAND - PALMER	12/01/94	267,135			267,135	0 -- Land	0	0
114	LAND - VALENTI LOT	12/01/95	21,934			21,934	0 -- Land	0	0
115	ROOF - PALEMR HOUSE	5/31/10	0			0	0 HY	0	0
116	STORM SHUTTERS	10/15/10	0			0	0 HY	0	0
118	HVAC SYSTEM-LIBRARY	9/25/13	0			0	0 HY	0	0
119	ROOF-LIBRARY	10/01/13	0			0	0 HY	0	0
120	PH DRIVEWAY	7/06/15	14,000			14,000	25 MO S/L	3,080	560
121	Parking Lot Palmer House	7/17/17	14,400			14,400	15 MO S/L	3,280	960
122	New Kitchen	11/15/17	20,885			20,885	39 MO S/L	1,696	535
123	Painting Iron fence Palmer House	6/19/17	12,314			12,314	15 MO S/L	2,873	821
124	Painting exterior PH and fence	7/17/17	14,280			14,280	10 MO S/L	4,879	1,428
126	Cement Walkway	5/07/18	4,525			4,525	15 MO S/L	804	302
127	Lighthouse Phase 1	9/30/20	0			0	0 HY	0	0
129	Printer	5/15/20	0			0	0 HY	0	0
130	PALMER HOUSE CIP	12/31/21	0			0	0 HY	0	0
131	ARCADE BOILER DEPOSIT	12/31/21	0			0	0 HY	0	0
132	LIGHTHOUSE PHASE II CIP	12/31/21	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>2,130,786</u>			<u>2,130,786</u>		<u>1,127,476</u>	<u>43,376</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,130,786</u>			<u>2,130,786</u>		<u>1,127,476</u>	<u>43,376</u>
	<b>Grand Totals</b>		2,130,786			2,130,786		1,127,476	43,376
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>2,130,786</u>			<u>2,130,786</u>		<u>1,127,476</u>	<u>43,376</u>

## STOH STONINGTON HISTORICAL SOCIETY, INC.

06-0966415

## AMT Asset Report

FYE: 12/31/2021

## RENTAL

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	BUILDING - ARCADE	8/01/87	90,440			90,440	31 MO S/L	90,440	0
9	BUILDING - OCEAN BANK	8/01/87	142,500			142,500	31 MO S/L	142,500	0
11	CABINETS/COUNTERTOPS	4/04/08	8,775			8,775	10 MO S/L	8,775	0
12	APPLIANCES	4/25/08	3,198			3,198	7 MO S/L	3,198	0
37	TUB	12/29/99	1,585			1,585	39 MO S/L	859	41
38	IMPROVEMENTS	5/01/95	5,288			5,288	40 MO S/L	3,369	132
39	SEWER	4/01/94	182			182	40 MO S/L	127	5
40	SEWER	10/01/93	3,300			3,300	39 MO S/L	2,311	84
41	IMPROVEMENTS	7/01/93	352			352	31 MO S/L	305	11
42	SEWER	7/01/93	410			410	31 MO S/L	357	13
43	SEWER	6/01/93	278			278	31 MO S/L	245	9
44	SEWER	4/01/93	182			182	31 MO S/L	163	5
45	IMPROVEMENTS	2/01/93	659			659	31 MO S/L	584	21
46	IMPROVEMENTS	1/01/93	3,579			3,579	31 MO S/L	3,181	113
47	IMPROVEMENTS	12/01/92	2,577			2,577	31 MO S/L	2,296	82
48	IMPROVEMENTS	12/01/92	4,887			4,887	31 MO S/L	4,349	155
49	IMPROVEMENTS	11/01/92	2,338			2,338	31 MO S/L	2,084	75
50	IMPROVEMENTS	8/01/91	1,735			1,735	31 MO S/L	1,617	55
51	IMPROVEMENTS	7/01/91	18,248			18,248	31 MO S/L	17,278	580
52	IMPROVEMENTS	4/01/90	182			182	31 MO S/L	181	1
53	IMPROVEMENTS	4/01/89	182			182	31 MO S/L	182	0
54	IMPROVEMENTS	4/01/88	182			182	31 MO S/L	182	0
55	RENOVATIONS	4/11/08	10,000			10,000	25 MO S/L	5,000	400
56	RENOVATIONS	5/23/08	5,420			5,420	25 MO S/L	2,710	217
57	RENOVATIONS	6/25/08	3,899			3,899	25 MO S/L	1,950	156
58	RENOVATIONS	7/15/08	979			979	25 MO S/L	490	39
59	RENOVATIONS	8/21/08	3,570			3,570	25 MO S/L	1,785	143
60	DRAINAGE PIPE	10/31/08	3,500			3,500	25 MO S/L	1,750	140
61	RENOVATIONS	8/12/08	1,300			1,300	25 MO S/L	650	52
108	ROOF/SHINGLES	5/23/08	10,970			10,970	25 MO S/L	5,485	439
109	9 WINDOW SASHES	8/13/09	4,575			4,575	7 MO S/L	4,575	0
110	LAND - ARCADE	8/01/87	56,910			56,910	0 -- Land	0	0
112	LAND - OCEAN BANK	8/01/87	65,914			65,914	0 -- Land	0	0
117	ALARM SYSTEM-ARCADE	3/19/10	0			0	0 HY	0	0
118	NEW ROOF ARCADE	10/21/11	0			0	0 HY	0	0
125	Painting Bank	12/06/17	6,800			6,800	10 MO S/L	2,097	680
127	Improvements	4/04/19	0			0	0 HY	0	0
128	Improvements	4/28/20	0			0	0 HY	0	0
<b>Total Other Depreciation</b>			<u>464,896</u>			<u>464,896</u>		<u>311,075</u>	<u>3,648</u>
<b>Total ACRS and Other Depreciation</b>			<u>464,896</u>			<u>464,896</u>		<u>311,075</u>	<u>3,648</u>
<b>Grand Totals</b>			464,896			464,896		311,075	3,648
<b>Less: Dispositions and Transfers</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>464,896</u>			<u>464,896</u>		<u>311,075</u>	<u>3,648</u>

STOH STONINGTON HISTORICAL SOCIETY, INC.

06-0966415

FYE: 12/31/2021

## Depreciation Adjustment Report

### All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
-------------	-------------	--------------	--------------------	------------	------------	---

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
2	ADDITIONAL CONSTRUCTION	1/01/00	8,064	207	207
3	LIBRARY - OTHER CONST COST	6/20/98	7,897	202	202
4	LIBRARY - BUILDER	6/20/98	504,318	12,931	12,931
5	LIBRARY - ARCHITECT	6/20/98	58,640	1,504	0
6	LIBRARY - ARCHITECT	12/01/95	8,873	222	222
7	LIBRARY - PLANNING	6/01/95	4,220	106	106
8	BUILDING - LIGHTHOUSE	8/01/87	60,340	0	0
10	BUILDING - PALMER HOUSE	12/01/94	455,479	11,387	11,387
13	BENCH	6/30/99	395	0	0
14	CARPETING	4/14/99	2,952	0	0
15	COPIER	2/24/99	570	0	0
16	EXTERIOR BENCH	6/20/98	470	0	0
17	2 SHELF BOOK TRUCK	6/20/98	174	0	0
18	ROLLING ALUM LADDER	6/20/98	446	0	0
19	FICHE CABINET	6/20/98	1,049	0	0
20	CHAIRS	6/20/98	1,620	0	0
21	CHAIRS (23)	6/20/98	4,574	0	0
22	FILE CABINETS (18)	6/20/98	6,876	0	0
23	MICRO FICHE READER	6/20/98	6,990	0	0
24	TABLES (4)	6/20/98	4,200	0	0
25	DISP CASES/CIRC DESK	6/20/98	30,770	0	0
26	BOOK SHELVING	6/20/98	18,510	0	0
27	VARIOUS FURN & EQUIP	8/01/87	31,025	0	0
29	FURNACE	8/28/98	2,106	0	0
30	WINDOW COVER	6/30/96	2,080	0	0
31	SIGN	6/30/96	1,135	0	0
32	DISPLAY CABINET	4/01/95	1,500	0	0
33	FILE CABINETS	9/01/95	300	0	0
34	RUG	7/01/95	2,695	0	0
35	NEW COMPUTER - PH	6/01/07	1,145	0	0
36	OIL TANK	5/15/09	1,700	0	0
62	LIGHTHOUSE GLASS FLOOR	12/18/02	10,180	408	408
63	GATE	12/29/99	2,400	62	62
64	CLOSETS	7/21/99	4,170	107	107
65	BASEMENT OFFICE	11/30/98	4,298	108	108
66	IMPROVEMENTS	6/30/97	5,435	135	135
67	ARCHITECT FEES	12/01/95	700	18	18
68	WINDOW	9/01/95	3,041	76	76
69	GATE & ENTRY	6/01/95	5,545	138	138
71	ELECT/ARCHITECT	11/01/94	710	18	18
72	ROOF	8/01/94	483	12	12
73	MOTION DETECTOR	8/01/94	365	9	9
74	VENTS TOWER	6/01/94	225	5	5
75	ARCHITECT FEES	4/01/94	500	13	13
76	SEWER	4/01/94	347	9	9
77	STORM DOOR	3/01/94	290	7	7
78	SEWER	4/01/93	347	11	11
79	SEWER	4/01/92	347	11	11
80	IMPROVEMENTS	8/01/90	31,802	121	121
81	IMPROVEMENTS	7/01/90	36,378	0	0
82	SEWER	4/01/90	347	0	0
83	SEWER	4/01/89	347	0	0
84	SEWER	4/01/88	347	0	0
85	LIGHTHOUSE IMPROVEMENTS	3/31/07	12,768	510	510
86	ROOF WORK	3/14/08	25,500	1,020	1,020
87	ELECTRICAL	3/31/08	3,200	0	0
88	CONCRETE CAP FOR LIGHTHOUSE	11/07/09	3,089	206	206
89	ICE HOUSE/PRIVY	12/31/03	106,016	4,240	4,240
90	ICE HOUSE/PRIVY	7/03/02	6,093	243	243
91	PALMER HOUSE - ROOFING	11/21/01	1,175	47	47
92	FENCE	6/05/01	50,866	2,034	2,034
93	CHAIRLIFT ACCESS	11/29/00	37,116	0	0
94	FENCE	10/28/98	5,215	130	130
95	GRAPE ARBOR & PATIO	6/27/98	6,185	154	154
96	OUTBUILDING RENOV	6/30/97	2,774	70	70
97	IMPROVEMENTS	6/30/96	2,000	50	50
98	STORM WINDOWS	12/01/95	231	6	6

Asset	Description	Date In Service	Cost	Tax	AMT
99	RACE	8/01/95	674	17	17
100	SPRINKLERS	8/01/95	752	18	18
101	BATH FIXTURES	6/01/95	665	16	16
102	SEWER	4/01/95	2,300	58	58
103	SPRINKLER SYSTEM	1/01/05	34,850	1,162	1,162
104	PAINTING & IMPROV. PH	6/06/07	3,140	126	126
105	BOILER PH - DEPOSIT	7/01/08	4,000	127	127
106	IMPROVEMENTS	12/31/05	14,571	728	728
107	FURNACE	2/01/08	3,600	0	0
111	LAND - LIGHTHOUSE	8/01/87	153,456	0	0
113	LAND - PALMER	12/01/94	267,135	0	0
114	LAND - VALENTI LOT	12/01/95	21,934	0	0
115	ROOF - PALEMR HOUSE	5/31/10	13,600	340	0
116	STORM SHUTTERS	10/15/10	15,028	375	0
118	HVAC SYSTEM-LIBRARY	9/25/13	18,228	456	0
119	ROOF-LIBRARY	10/01/13	11,065	277	0
120	PH DRIVEWAY	7/06/15	14,000	560	560
121	Parking Lot Palmer House	7/17/17	14,400	960	960
122	New Kitchen	11/15/17	20,885	536	536
123	Painting Iron fence Palmer House	6/19/17	12,314	821	821
124	Painting exterior PH and fence	7/17/17	14,280	1,428	1,428
126	Cement Walkway	5/07/18	4,525	302	302
127	Lighthouse Phase 1	9/30/20	1,529,006	61,161	0
129	Printer	5/15/20	3,250	650	0
130	PALMER HOUSE CIP	12/31/21	5,000	0	0
131	ARCADE BOILER DEPOSIT	12/31/21	5,000	0	0
132	LIGHTHOUSE PHASE II CIP	12/31/21	18,577	0	0
	<b>Total Other Depreciation</b>		<u>3,808,180</u>	<u>106,655</u>	<u>41,892</u>
	<b>Total ACRS and Other Depreciation</b>		<u>3,808,180</u>	<u>106,655</u>	<u>41,892</u>
	<b>Grand Totals</b>		<u>3,808,180</u>	<u>106,655</u>	<u>41,892</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	BUILDING - ARCADE	8/01/87	90,440	0	0
9	BUILDING - OCEAN BANK	8/01/87	142,500	0	0
11	CABINETS/COUNTERTOPS	4/04/08	8,775	0	0
12	APPLIANCES	4/25/08	3,198	0	0
37	TUB	12/29/99	1,585	40	40
38	IMPROVEMENTS	5/01/95	5,288	133	133
39	SEWER	4/01/94	182	4	4
40	SEWER	10/01/93	3,300	85	85
41	IMPROVEMENTS	7/01/93	352	11	11
42	SEWER	7/01/93	410	13	13
43	SEWER	6/01/93	278	9	9
44	SEWER	4/01/93	182	6	6
45	IMPROVEMENTS	2/01/93	659	21	21
46	IMPROVEMENTS	1/01/93	3,579	114	114
47	IMPROVEMENTS	12/01/92	2,577	82	82
48	IMPROVEMENTS	12/01/92	4,887	155	155
49	IMPROVEMENTS	11/01/92	2,338	74	74
50	IMPROVEMENTS	8/01/91	1,735	55	55
51	IMPROVEMENTS	7/01/91	18,248	390	390
52	IMPROVEMENTS	4/01/90	182	0	0
53	IMPROVEMENTS	4/01/89	182	0	0
54	IMPROVEMENTS	4/01/88	182	0	0
55	RENOVATIONS	4/11/08	10,000	400	400
56	RENOVATIONS	5/23/08	5,420	216	216
57	RENOVATIONS	6/25/08	3,899	155	155
58	RENOVATIONS	7/15/08	979	39	39
59	RENOVATIONS	8/21/08	3,570	142	142
60	DRAINAGE PIPE	10/31/08	3,500	140	140
61	RENOVATIONS	8/12/08	1,300	52	52
108	ROOF/SHINGLES	5/23/08	10,970	438	438
109	9 WINDOW SASHES	8/13/09	4,575	0	0
110	LAND - ARCADE	8/01/87	56,910	0	0
112	LAND - OCEAN BANK	8/01/87	65,914	0	0
117	ALARM SYSTEM-ARCADE	3/19/10	2,750	0	0
118	NEW ROOF ARCADE	10/21/11	11,600	290	0
125	Painting Bank	12/06/17	6,800	680	680
127	Improvements	4/04/19	12,250	490	0
128	Improvements	4/28/20	30,591	764	0
	<b>Total Other Depreciation</b>		<u>522,087</u>	<u>4,998</u>	<u>3,454</u>
	<b>Total ACRS and Other Depreciation</b>		<u>522,087</u>	<u>4,998</u>	<u>3,454</u>
	<b>Grand Totals</b>		<u>522,087</u>	<u>4,998</u>	<u>3,454</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**STONINGTON HISTORICAL SOCIETY, INC.****06-0966415**

		2020	2021	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants .....	1. 241,026	869,364	628,338
	2. Membership dues and assessments .....	2. 26,048	23,548	-2,500
	3. Government contributions and grants .....	3. 37,100	37,300	200
	4. Program service revenue .....	4. 12,103	46,890	34,787
	5. Investment income .....	5. 23,508	20,569	-2,939
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7. 52,935	430	-52,505
	8. Net income or (loss) from fundraising events .....	8. 27,987	-16,136	-44,123
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10. -237	5,636	5,873
	11. Other revenue .....	11. 80,026	69,164	-10,862
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12. 500,496</b>	<b>1,056,765</b>	<b>556,269</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid .....	13.		
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15.	63,285	63,285
	16. Salaries, other compensation, and employee benefits .....	16. 213,732	156,708	-57,024
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. 29,432	21,191	-8,241
	19. Occupancy, rent, utilities, and maintenance .....	19. 37,091	53,703	16,612
	20. Depreciation and Depletion .....	20. 62,630	108,137	45,507
	21. Other expenses .....	21. 81,872	177,071	95,199
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22. 424,757</b>	<b>580,095</b>	<b>155,338</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23. 75,739</b>	<b>476,670</b>	<b>400,931</b>
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue .....	24. 500,496	1,056,765	556,269
	25. Total unrelated revenue .....	25. 4,793		-4,793
	26. Total excludable revenue .....	26. 163,542	142,689	-20,853
	27. Total assets .....	27. 4,156,951	4,695,601	538,650
	28. Total liabilities .....	28. 275,275	219,232	-56,043
	29. Retained earnings .....	29. 3,881,676	4,476,369	594,693
	30. Number of voting members of governing body .....	30. 18	16	
31. Number of independent voting members of governing body .....	31. 18	16		
32. Number of employees .....	32. 13	14		
33. Number of volunteers .....	33. 50	50		



Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**STONINGTON HISTORICAL SOCIETY, INC.****06-0966415**

		2020	2021	Differences
<b>Business Taxable Income</b>	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades			
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. <b>Taxable income before NOL loss</b>			
	6. Net operating loss (pre-2018)			
	7. Specific deduction		1,000	1,000
	8. <b>Unrelated business taxable income.</b>			
<b>Tax &amp; Credits</b>	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. <b>Total taxes</b>			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. <b>Total credits</b>			
	17. <b>Net tax after credits</b>			
	18. Recapture taxes and 965 tax			
	19. <b>Total Taxes</b>			
<b>Due/Refund</b>	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. <b>Total payments</b>			
	25. <b>Balance due/(Overpayment)</b>			
	26. Overpayment applied to next year			
	27. Penalties			
	28. <b>Total due/(Refund)</b>			
29. Activity Losses NOL (Post-2017)		-165	165	

Form <b>SchA</b> (990T)	<b>Two Year Comparison for Unrelated Business Activity</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		
Organization Name <b>STONINGTON HISTORICAL SOCIETY, INC.</b>		Taxpayer Identification Number <b>06-0966415</b>

Activity: **UNRELATED BUSINESS ACTIVITY**Unincorporated Business Income Tax Code: **511120**

		2020	2021	Differences
<b>R</b> <b>e</b> <b>v</b> <b>e</b> <b>n</b> <b>u</b> <b>e</b>	1. Gross profit/loss on business activities .....	1.		
	2. Capital gains/losses .....	2.		
	3. Income/loss from partnerships and S corporations .....	3.		
	4. Rental income (net of expense) .....	4.		
	5. Unrelated debt-financed income (net of expense) .....	5.		
	6. Interest, and other income from controlled organizations (net of expense) .....	6.		
	7. Investment income of specific organizations (net of expense) .....	7.		
	8. Exploited exempt activity income (net of expense) .....	8.		
	9. Advertising income (net of expense) .....	9.	-165	165
	10. Other income .....	10.		
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>-165</b>	<b>165</b>
<b>E</b> <b>x</b> <b>p</b> <b>e</b> <b>n</b> <b>s</b> <b>e</b> <b>s</b>	12. Compensation of officers, directors, and trustees .....	12.		
	13. Other salaries and wages .....	13.		
	14. Repairs and maintenance .....	14.		
	15. Bad debts .....	15.		
	16. Interest .....	16.		
	17. Taxes and licenses .....	17.		
	18. Depreciation and Depletion .....	18.		
	19. Contributions to deferred compensation plans .....	19.		
	20. Employee benefit programs .....	20.		
	21. Other deductions .....	21.		
	<b>22. Total deductions.</b> Add lines 12 through 22	<b>22.</b>		
	<b>23. Taxable income before deductions.</b> Subtract line 23 from 11	<b>23.</b>	<b>-165</b>	<b>165</b>
	24. Deductible losses .....	24.		4,164
	<b>25. Unrelated business taxable income (loss)</b>	<b>25.</b>	<b>-165</b>	<b>-4,164</b>

Form <b>990</b>	<b>Tax Return History</b>	<b>2021</b>
-----------------	---------------------------	-------------

Name <b>STONINGTON HISTORICAL SOCIETY, INC.</b>	Employer Identification Number <b>06-0966415</b>
--	---

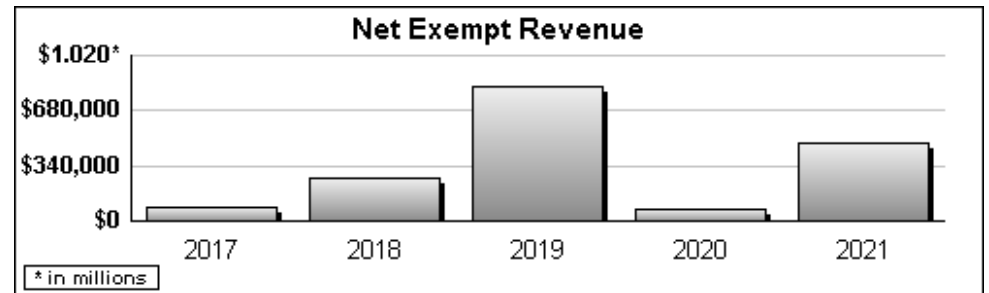
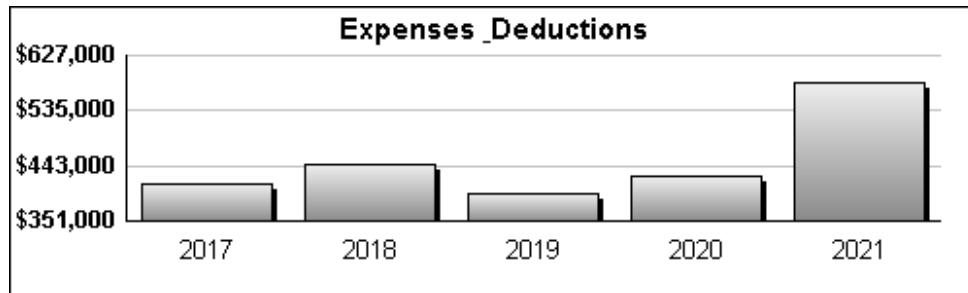
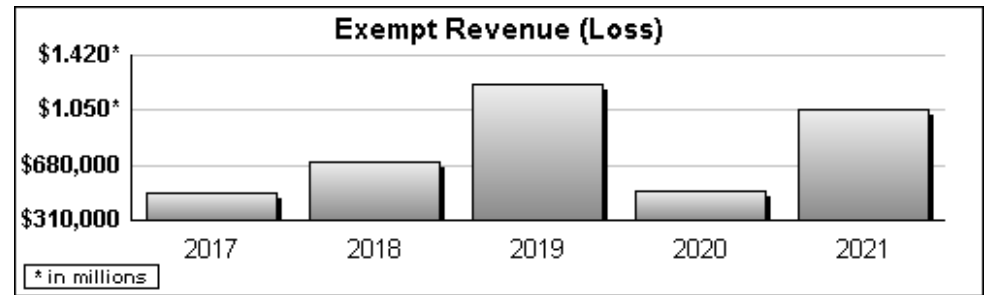
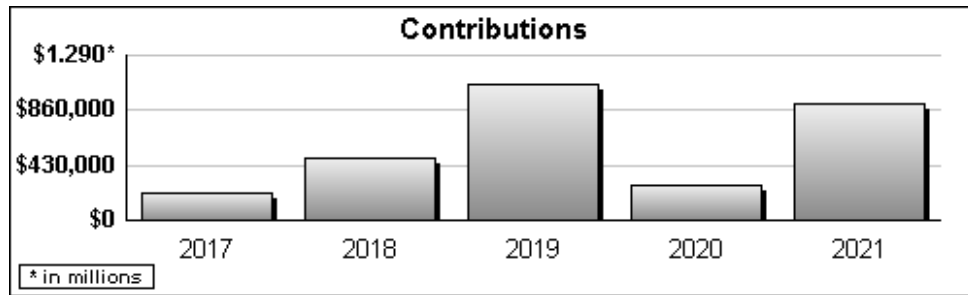
	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....	206,475	488,725	1,059,299	278,126	906,664	
Membership dues .....	27,322	28,626	22,426	26,048	23,548	
Program service revenue .....	44,193	61,028	44,475	12,103	46,890	
Capital gain or loss .....	129,314	11,707	-12,108	52,935	430	
Investment income .....	17,966	17,677	28,267	23,508	20,569	
Fundraising revenue (income/loss) .....	-8,891	28,713	7,685	27,987	-16,136	
Gaming revenue (income/loss) .....						
Other revenue .....	77,098	71,005	71,086	79,789	74,800	
<b>Total revenue</b> .....	<b>493,477</b>	<b>707,481</b>	<b>1,221,130</b>	<b>500,496</b>	<b>1,056,765</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....	58,500	62,500			63,285	
Other compensation .....	114,897	132,382	199,527	213,732	156,708	
Professional fees .....	10,313	6,000	15,900	29,432	21,191	
Occupancy costs .....	32,053	48,980	43,001	37,091	53,703	
Depreciation and depletion .....	46,815	48,936	47,368	62,630	108,137	
Other expenses .....	148,500	147,159	91,645	81,872	177,071	
<b>Total expenses</b> .....	<b>411,078</b>	<b>445,957</b>	<b>397,441</b>	<b>424,757</b>	<b>580,095</b>	
<b>Excess or (Deficit)</b> .....	<b>82,399</b>	<b>261,524</b>	<b>823,689</b>	<b>75,739</b>	<b>476,670</b>	
<b>Total exempt revenue</b> .....	<b>493,477</b>	<b>707,481</b>	<b>1,221,130</b>	<b>500,496</b>	<b>1,056,765</b>	
Total unrelated revenue .....	4,475	2,050	3,432	4,793		
Total excludable revenue .....	264,096	159,367	128,288	163,542	142,689	
Total Assets .....	2,693,693	2,865,835	3,847,216	4,156,951	4,695,601	
Total Liabilities .....	25,545	21,744	19,636	275,275	219,232	
Net Fund Balances .....	2,668,148	2,844,091	3,827,580	3,881,676	4,476,369	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2021</b>
------------------	---------------------------	-------------

Name <b>STONINGTON HISTORICAL SOCIETY, INC.</b>	Employer Identification Number <b>06-0966415</b>
--	---

\* Income shown net of expenses

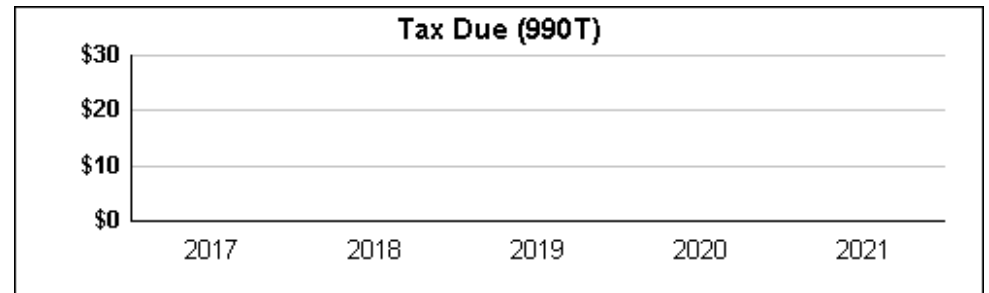
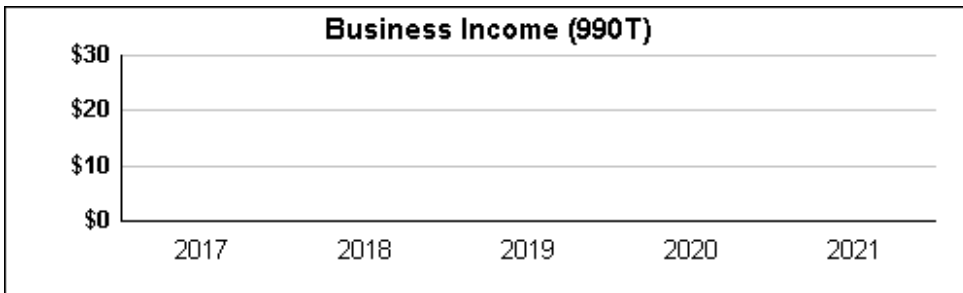
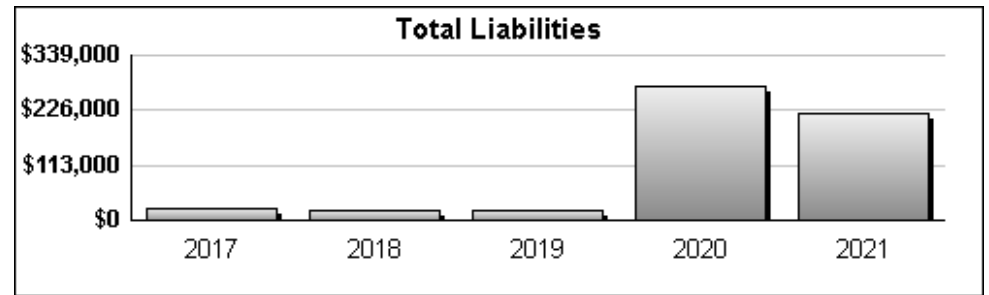
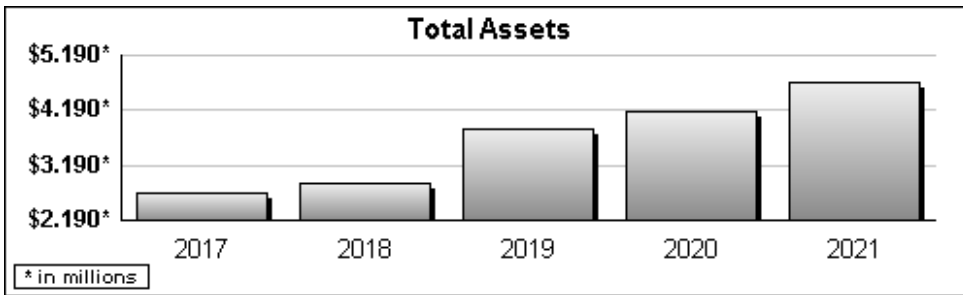
	2017	2018	2019	2020	2021	2022
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income	-1,400	-3,287	-3,999			
<b>Total trade or business income.</b>	<b>-1,400</b>	<b>-3,287</b>	<b>-3,999</b>			
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form <b>990T</b>	<b>Tax Return History</b>	<b>2021</b>
------------------	---------------------------	-------------

Name <b>STONINGTON HISTORICAL SOCIETY, INC.</b>	Employer Identification Number <b>06-0966415</b>
--	---

	2017	2018	2019	2020	2021	2022
Other deductions .....						
Net income (first activity, year 2019 & prior)	<b>-1,400</b>	<b>-3,287</b>	<b>-3,999</b>			
UBTI from all trades .....	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Charitable contributions .....						
Net operating loss deduction .....						
Specific deduction .....		<b>1,000</b>	<b>1,000</b>		<b>1,000</b>	
Section 199A deduction (trusts) .....						
Income after deductions .....						
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						



**Federal Statements**

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 20,569		14			
TOTAL	\$ <u>20,569</u>					

**Federal Statements****Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
BANK CHARGES	\$ 3,946	\$	\$ 3,946	\$
PROFESSIONAL DEVELOPMENT	3,137		3,137	
PAYROLL PROCESSING FEES	2,204		2,204	
COLLECTION COSTS	1,281	1,281		
MISCELLANEOUS	804		804	
TOTAL	<u>\$ 11,372</u>	<u>\$ 1,281</u>	<u>\$ 10,091</u>	<u>\$ 0</u>

STOH STONINGTON HISTORICAL SOCIETY, INC.

06-0966415

FYE: 12/31/2021

## Federal Statements

### Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES AND ASSESSMENTS	\$ 23,548
GOVERNMENT GRANTS OR CONTRIBUTIONS	37,300
OTHER	708,351
GALA	
CASH CONTRIBUTION	161,013
TOTAL	\$ <u>930,212</u>

### Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
	\$ 20,569
TOTAL	\$ <u>20,569</u>

### Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
ADVERTISING INCOME	\$
TOTAL	\$ <u>0</u>



STOH STONINGTON HISTORICAL SOCIETY, INC.

06-0966415

FYE: 12/31/2021

## Federal Statements

### Schedule A, Part II, Line 12 - Current year

Description

Amount

MUSEUM ADMISSIONS & SALES	\$ 39,551
LIBRARY	7,001
PUBLICATIONS	338
BOOKS & MERCHANDISE	13,582
ADVERTISING INCOME	
GALA	49,032
HOUSE TOUR	
DECK THE WALL	12,927
RENTAL	99,010
TOTAL	<u>\$ 221,441</u>

STOH STONINGTON HISTORICAL SOCIETY, INC.

06-0966415

**Federal Statements**

FYE: 12/31/2021

**GALA**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
EVENT EXPENSES	\$ <u>78,095</u>
TOTAL	\$ <u><u>78,095</u></u>

Hoyt, Filippetti & Malaghan, LLC  
1041 Poquonnock Rd  
Groton, CT 06340-4211

STONINGTON HISTORICAL SOCIETY, INC.  
40 PALMER ST - PO BOX 103  
STONINGTON, CT 06378-1014

