

Stamford Board of Representatives

Fiscal Committee Presentation

April 13, 2022

On behalf of the Stamford Historical Society, Inc. d/b/a Stamford History Center, we are pleased to present our budget submissions for the city's 2022-2023 fiscal year.

Over the past two years we have endeavored to keep our facility open and available to the public. With the assistance of Operational Funding from the City as well as State and Federal grants we have continued our mission through difficult times.

We have produced physical exhibits and on-line programs to keep the public engaged. Our library is and has been available for in-person research as well as on-line through our partnership with the Ferguson Library.

We are a significant resource to the city and its citizens. Please consider our request and advise if we can provide anything additional to assist in your analysis.

Thank you.



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STAMFORD, CT 06903
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Operating Funds Request FY 2022-2023

Mission Statement and Program Description

Goals and Purpose

Stamford History Center: A Resource for All of Stamford's Citizens

The Stamford Historical Society, Inc. d/b/a The Stamford History Center, the Municipal Historian of Stamford, is an educational and research institution, whose primary functions are to collect, preserve, conserve, interpret, and exhibit materials relating to Stamford, Connecticut and our region in order to engage all citizens in the telling of their stories.

The Stamford History Center seeks to serve all of the people of the Greater Stamford area through our educational programming, on-site events, community outreach, exhibits and by making our resources as available as possible.

Educational Programming

The Stamford History Center (hereafter SHC) had been offering educational programs to the Stamford Public Schools prior to the Covid-19 pandemic at no charge. These programs, which have been designed with input from the SPS, have been linked to the school curriculum and cover topics from one's understanding of the local community, the Colonial Period of Stamford and the ongoing history of immigration. The programs are targeted for the elementary school grades. We are working to reconstitute these programs in the coming year as Covid-19 issues abate.

On Site Events

SHC offers a number of events to the public during the course of each year. These include our "Hauntings and History at Hoyt Barnum" program in October at the Hoyt-Barnum House, our annual Victorian Tea, the reading of the Declaration of Independence on the 4th of July and our spring Cozy Sunday talks and workshops. In addition, we have programs around our exhibit openings and SHC mounts an annual exhibit dealing with a different facet of Stamford's History.

Community Outreach

SHC speakers frequently deliver talks and cosponsor presentations such as the annual Estelle Feinstein lecture at UCONN-Stamford. Our speakers also have presented to the Stamford Senior Men's Association, Smith House, UCONN-Stamford, Living in Retirement, and a host of other groups. These talks are also a free offering and are tailored to the requests made by the group that arranges for the talk.

Resource Accessibility

SHC has gone to great lengths to make our resources available to the public. While our budget limits our being open more than 3 days a week, all of our library materials have been linked to the catalog of the Ferguson Library. Anyone visiting our library will be helped in their research by one of our library aides at no charge. SHC volunteers help people doing genealogical research as well as those investigating the history of their homes. In this respect, we also often help realtors with property histories. We also served all independent researchers and scholars who come to use our library. Our photo collection is also a mine of data and volunteers help patrons regularly with finding photos.

Exhibits

SHC mounts one major exhibit in house annually, and we also at times have a secondary minor exhibit. Our last exhibit: *Stamford's Baby Boom(ers) 1945-1980* relives the icons of the era for those who grew up then. The exhibit included textiles, artifacts and photography almost all drawn for the Center's collections. In the past, SHC has mounted exhibits on the history of WWII veterans of Stamford, Sport in Stamford, The Fabric of Stamford and the histories of the Police and Fire Departments. SHC has also mounted off-site exhibits at the Ancient Order of Hibernians Hall, the Italian Center, the Palace Theater and the Government Center. We have also helped others mount exhibits using loans. In addition, we have repurposed areas within our building and now have permanent exhibits of portraits in our library annex, landscape paintings in or library and a special exhibit of the painting of Stamford artist Delos Palmer in our lobby area.

The Stamford History Center is just that, a Center for research by all from elementary school children working on a class project, to long time Stamford residents researching their own pasts. SHC centers the community by preserving its past and engaging all citizens in the process of recording its history.

Fiscal Year 2020/2021 Operating Results

- Revenue increased by almost 35% due to state and federal grants as well as full funding of the City Operating Funds later in the year. A tag-sale fundraiser also improved revenue.
- Expenses were 3% higher than the previous year due to repairs to the Hoyt Barnum House and expense related to the tag-sale.

- We recorded an operating loss of \$9,500 which was much lower than last year (\$32,500) and lower than expected last year at this time (\$28,600).

Fiscal Year 2021/2022 Operating Budget and Forecast

- We are now projecting total revenue for the year 5.5% ahead of last year. We will not be having a Fundraising Gala this year but we expect additional tag-sale revenue and membership and donations are expected to be higher as well.
- Expenses are expected to be in line with last year and below our budget due to the elimination of Gala expenses and the assistance we have received from the city for boiler maintenance and utilities.
- We still expect an operating loss of \$5,000 for the year which is approximately half of the loss for the prior year.

2022/2023 Proposed Operating Budget

- The 2023 Budget presumes we are able to hold a fundraising gala and provides for expenditures to reestablish our education program including the hiring of an education director and for upgrades to our computer system. We have raised some funds for both projects but the funds will not fully cover the expenses.
- Revenue budget is higher than 2022 projections primarily due to the addition of the fundraising gala.
- Expenses are higher due to gala expenses, salary for an Education Director and for computer upgrades (depending on amount, some may be capitalized).
- Operating income is budgeted as essentially break-even.

| THE STAMFORD HISTORICAL SOCIETY | | | | | | | |
|---|---------------|--------------|--------------|---------------|-------------|--------------|--------------|
| 2022 - 2023 Budget Analysis | | | | | | | |
| | 2020-2021 | | | 2021-2022 | | | 2022-2023 |
| | Budget | Actual | Variance | Budget | Actual | Projected | Budget |
| | 6/30/21 | 6/30/21 | 6/30/21 | 6/30/22 | 10/31/21 | 6/30/22 | 6/30/23 |
| Income | | | | | | | |
| Contributions, Gifts & Grants | | | | | | | |
| Fundraising Events | \$2,040.00 | \$8,877.64 | \$6,837.64 | \$31,250.00 | \$4,400.25 | \$10,000.00 | \$45,000.00 |
| Government Funding | \$37,800.00 | \$42,000.00 | \$4,200.00 | \$50,000.00 | \$45,000.00 | \$45,000.00 | \$47,500.00 |
| Membership Dues | \$11,990.00 | \$12,120.00 | \$130.00 | \$17,500.00 | \$3,180.00 | \$17,500.00 | \$17,500.00 |
| Other Contributions, Gifts & Grants | | | | | | | |
| Annual Appeal Income | \$10,500.00 | \$8,240.00 | (\$2,260.00) | \$14,000.00 | | \$14,000.00 | \$14,000.00 |
| Contributions | \$3,000.00 | \$1,153.41 | (\$1,846.59) | \$5,000.00 | \$1,113.00 | \$5,000.00 | \$7,000.00 |
| Grants | \$14,700.00 | \$30,025.00 | \$15,325.00 | \$2,000.00 | \$0.00 | \$12,000.00 | \$6,000.00 |
| Total Other Contributions, Gifts & Grants | \$28,200.00 | \$39,418.41 | \$11,218.41 | \$21,000.00 | \$1,113.00 | \$31,000.00 | \$27,000.00 |
| Total Contributions, Gifts & Grants | \$80,030.00 | \$102,416.05 | \$22,386.05 | \$119,750.00 | \$53,693.25 | \$103,500.00 | \$137,000.00 |
| Other Revenue | | | | | | | |
| Facility Rental | \$500.00 | | (\$500.00) | \$1,000.00 | \$0.00 | \$1,000.00 | \$1,000.00 |
| Sales | \$300.00 | \$170.00 | (\$130.00) | \$520.00 | \$73.00 | \$520.00 | \$600.00 |
| Miscellaneous Income | | \$6.22 | | | | | |
| Royalties | | | | | \$82.12 | \$86.12 | |
| Total Other Revenue | \$800.00 | \$176.22 | (\$623.78) | \$1,520.00 | \$155.12 | \$1,606.12 | \$1,600.00 |
| Program Service Revenue | | | | | | | |
| Education Programs | | | \$0.00 | \$250.00 | | \$250.00 | \$1,000.00 |
| Events | \$400.00 | | (\$400.00) | \$800.00 | \$0.00 | \$800.00 | \$800.00 |
| Exhibits and Library | \$345.00 | \$312.00 | (\$33.00) | \$1,850.00 | \$521.25 | \$1,850.00 | \$2,000.00 |
| Total Program Service Revenue | \$845.00 | \$312.00 | (\$533.00) | \$3,900.00 | \$801.25 | \$3,400.00 | \$4,750.00 |
| Total Income | \$81,692.06 | \$102,904.27 | \$21,212.21 | \$125,170.00 | \$54,649.62 | \$108,506.12 | \$143,350.00 |
| Expenses | | | | | | | |
| Collection & Exhibit Expenses | | | | | | | |
| Collections | | | \$0.00 | \$750.00 | | \$750.00 | \$750.00 |
| Dues and Subscriptions | \$540.00 | \$533.00 | (\$7.00) | \$700.00 | \$140.00 | \$550.00 | \$700.00 |
| Exhibit Opening | \$200.00 | \$264.99 | \$64.99 | \$500.00 | \$114.51 | \$500.00 | \$500.00 |
| Hoyt-Barnum House | \$1,920.00 | \$2,211.16 | \$291.16 | \$2,100.00 | \$275.78 | \$1,950.00 | \$2,500.00 |
| Library | \$1,775.00 | \$1,456.76 | (\$318.24) | \$800.00 | \$571.19 | \$800.00 | \$800.00 |
| Program Expense | | \$0.00 | \$0.00 | \$5,170.00 | \$0.00 | \$5,170.00 | \$4,550.00 |
| Total Collection & Exhibit Expenses | \$4,435.00 | \$4,465.91 | \$30.91 | \$10,020.00 | \$1,101.48 | \$9,720.00 | \$9,800.00 |
| Event Expenses | \$250.00 | | (\$250.00) | \$250.00 | \$31.81 | \$250.00 | \$250.00 |
| Fundraising Expenses | \$600.00 | \$2,551.04 | \$1,951.04 | \$16,970.00 | \$34.31 | \$1,350.00 | \$16,500.00 |
| General & Administrative Expenses | | | | | | | |
| Amortization Expense | \$135.00 | \$77.59 | (\$57.41) | \$152.00 | | \$152.00 | \$140.00 |
| Board Meeting | | | \$0.00 | | | \$200.00 | \$200.00 |
| Depreciation Expense | \$4,200.00 | \$4,195.99 | (\$4.01) | \$4,100.00 | | \$4,100.00 | \$3,900.00 |
| Information Technology | | | | | | | \$3,500.00 |
| Insurance | \$13,700.00 | \$13,777.33 | \$77.33 | \$17,500.00 | \$4,416.00 | \$17,500.00 | \$15,850.00 |
| Office Expenses | \$6,691.17 | \$5,673.63 | (\$1,017.54) | \$6,100.00 | \$2,614.30 | \$7,000.00 | \$6,160.00 |
| Printing & Publishing | \$0.00 | | \$0.00 | \$200.00 | \$38.00 | \$200.00 | \$200.00 |
| Processing Fees | \$200.00 | \$168.75 | (\$31.25) | \$300.00 | \$49.24 | \$300.00 | \$400.00 |
| Professional Services | \$1,850.00 | \$1,850.00 | \$0.00 | \$1,850.00 | \$50.00 | \$1,950.00 | \$1,950.00 |
| Total General & Administrative Expenses | \$26,763.70 | \$25,743.29 | (\$1,020.41) | \$30,202.00 | \$7,167.54 | \$31,202.00 | \$32,300.00 |
| Occupancy Costs | | | | | | | |
| Electricity 1508 High Ridge | \$9,700.00 | \$8,921.27 | (\$778.73) | \$10,500.00 | \$1,396.59 | \$5,000.00 | \$0.00 |
| Grounds Upkeep | \$1,500.00 | \$1,350.00 | (\$150.00) | \$1,500.00 | \$600.00 | \$1,500.00 | \$1,350.00 |
| Heating Oil 1508 High Ridge | \$9,500.00 | \$10,282.92 | \$782.92 | \$11,000.00 | | \$12,000.00 | \$12,000.00 |
| Phone and Internet 1508 High Ridge | \$2,672.72 | \$2,745.73 | \$73.01 | \$2,700.00 | \$934.72 | \$2,700.00 | \$2,800.00 |
| Repair & Maintenance 1508 High Ridge | \$9,000.00 | \$11,925.82 | \$2,925.82 | \$15,000.00 | \$233.23 | \$5,000.00 | \$5,000.00 |
| Security | \$630.00 | \$360.00 | (\$270.00) | \$600.00 | \$390.00 | \$600.00 | \$300.00 |
| Water 1508 High Ridge | \$216.31 | \$277.36 | \$61.05 | \$240.00 | \$72.66 | \$240.00 | \$250.00 |
| Total Occupancy Costs | \$33,219.03 | \$35,863.10 | \$2,644.07 | \$41,540.00 | \$3,627.20 | \$27,040.00 | \$21,700.00 |
| Payroll Expenses | \$43,552.76 | \$43,771.10 | \$218.34 | \$44,000.00 | \$14,550.68 | \$44,000.00 | \$63,078.00 |
| Total Expenses | \$108,820.49 | \$112,394.44 | \$3,573.95 | \$142,982.00 | \$26,513.02 | \$113,562.00 | \$143,628.00 |
| Net Operating Income | (\$27,128.43) | (\$9,490.17) | \$17,638.26 | (\$17,812.00) | \$28,136.60 | (\$5,055.88) | (\$278.00) |

Capital Project Request FY 2023-2029

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53 CP2061 HISTORICAL SOCIETY BUILDING UPGRADES AND REHABILITATION

Agency: 0660 Non City Agencies: Stamford Historical Society

Contact: Dr. Thomas A. Zoubek - (203) 329-1183 - tzoubek@kingschoolct.org

Location: 1508 High Ridge Rd

Neighborhood:

Voting District:

| HTE Date | 2021-10-18 | Dept Priority | 1 | Tier | 0 |
|------------|------------|------------------|---|------|-----------|
| Encumbered | 0.00 | YTD Balance | | | 11,687.26 |
| Advanced | 0.00 | Amount Available | | | 11,687.26 |
| | | Unfunded | | | 0.00 |

Project Description - 1. Replace lighting fixtures (and some wiring) throughout the building. 2. Upgrade the building site to improve safety and operations.

| Detailed Project Cost | | Justification for Inclusion in Capital Plan | | Expenditures by Year | | | |
|-----------------------|-----------|---|--|---------------------------------|----------------|--|----------------|
| Design Development | \$5,000 | <input checked="" type="checkbox"/> | Cost Savings | Fiscal Year | Authorization | Encumbered | Expenditure |
| Construction Related | \$125,000 | <input checked="" type="checkbox"/> | Life Safety | 2022 | 0.00 | 0.00 | 90.04 |
| Equipment Acquisition | \$0 | <input checked="" type="checkbox"/> | Continues On-Going Project | 2021 | 0.00 | 0.00 | 5,469.04 |
| Miscellaneous Costs | \$0 | <input checked="" type="checkbox"/> | Leverages Other Funds | 2020 | 0.00 | 0.00 | 8,168.00 |
| Professional Services | \$5,000 | <input checked="" type="checkbox"/> | Infrastructure | 2019 | 0.00 | 0.00 | 73,371.46 |
| Land Acquisition | \$0 | <input type="checkbox"/> | Quality of Life | <2019 | 1,600,000.00 | 0.00 | 1,501,304.24 |
| Art Work | \$0 | <input checked="" type="checkbox"/> | Plan Related | Total Expenditures | \$1,600,000.00 | \$0.00 | \$1,588,402.78 |
| FY 22/23 Total | \$135,000 | <input type="checkbox"/> | Public Safety Health | | | | |
| | | <input type="checkbox"/> | Mandated Legal | | | | |
| | | <input type="checkbox"/> | Positive Revenue Impact | | | | |
| | | <input checked="" type="checkbox"/> | Positive Operational Impact/Efficiency | | | | |
| | | <input type="checkbox"/> | Other | | | | |
| | | | | Method Used in Estimating Cost: | | Estimated change in annual operating cost: | |
| | | | | City Engineering Department | | \$0 | |

| Request | | FY 22/23 | | | | | Capital Forecasts | | | | | |
|----------------|------|----------|----------|-------|-----|---------|-------------------|----------|----------|----------|----------|----------|
| Funding Source | Term | Dept | Planning | Mayor | BOF | Adopted | FY 23/24 | FY 24/25 | FY 25/26 | FY 26/27 | FY 27/28 | FY 28/29 |
| Bond (City) | 20 | 135,000 | 0 | 0 | 0 | 0 | 150,000 | 75,000 | 50,000 | 50,000 | 50,000 | |
| | | 135,000 | 0 | 0 | 0 | 0 | 150,000 | 75,000 | 50,000 | 50,000 | 50,000 | |
| | | | | | | | Total | | | | | |

Comments - Replace circa 1960s interior and exterior lighting (and some cloth wiring) throughout the building (\$145K). Substantial rebates and energy savings from Eversource are expected. Upgrades to building site to include: Rehabilitate cracked front stairs, ADA ramp and railings (\$75K); Repave parking lot (\$150K); Replace leaking gutters (\$25K).

Preliminary Scope of Work

- Survey spaces served by the AHUs and identify locations for CO2 sensors.
- Install CO2 sensors in spaces and replace fixed position OA dampers with modulating dampers.
- Reprogram the controls to modulate the OA dampers on each AHU to maintain indoor air CO2 at 400-760 ppm above outdoor air.
- Provide all labor, materials, and equipment as needed to provide a fully functional system.
- Provide written schedules and spare parts list to Owner.
- Provide project management and coordination to ensure timely construction and to minimize disruption to Owner.
- Provide system balancing and commissioning to ensure proper damper operation and to ensure that the implementation is consistent with the recommended measure.
- Provide as-built documentation and warranty documents to Owner.

3.2.4.5 Upgrade Lighting to LED

The predominant lighting technology in use at the Stamford Historical Society building appears to be 32-watt T8 fluorescent lamps with electronic ballasts. This combination has been the energy efficient choice for lighting for more than a decade but it is **obsolete now that reliable and affordable LED retrofits are commercially available.**

This measure calls for retrofitting the existing fluorescent lighting with new LED retrofit kits. The LED retrofit kits to be installed in the 2x4 fluorescent fixtures will reduce the wattage from 58 watts to roughly 22 watts per fixture. Any existing LED fixtures will remain but the existing fluorescent fixtures will be retrofitted with new LED retrofit kits. The new LED kits also have the advantage of being dimmable fixtures and can be purchased with built-in occupancy sensors. The new LEDs are expected to have a useful life of 35,000 to 50,000 hours, or 11 to 16 years for fixtures operating 12 hours per day, 5 days per week.

Preliminary Scope of Work

- Confirm quantities and wattages of existing incandescent lamps.
- Provide sample LED retrofit for testing and evaluation.
- Furnish and install new LED retrofit kits in all fixtures.
- Provide all labor, equipment, and materials as required for a fully operational system.
- Provide project management and coordination to ensure timely construction and to minimize disruption to Owner.
- Provide as-build and warranty documentation to Owner.

Readily accessible areas of the property are defined as areas that were promptly made available for observation by the field observers at the time of the walk-through survey and did not require moving materials or personal property such as furniture, floor, wall, or ceiling coverings. The field observers did not enter spaces they deemed unsafe or impassable for any reason. The roof was observed from the access hatch at the bell cupola only.

The survey included representative observations, that is, a reasonable number of samples of repetitive systems, components, and areas conducted by the field observers during the walk-through survey. The concept of representative observations extends to all conditions, areas, equipment, components, systems, and buildings to the extent that they are similar and representative of one another. F&O may reasonably extrapolate representative observations and findings to all typical areas or systems of the subject property for the purposes of describing such conditions within the report and preparing the opinions of probable costs for suggested remedy of material and physical deficiencies.

Fuss & O'Neill conducted the visual walk through survey on October 6, 2021. The weather was cloudy and warm, with an ambient temperature of approximately 65° F. All building systems and components identified in Section 3 of this report were visually observed. The building maintenance manager and a volunteer with the Stamford Historical Society provided access to locked or otherwise inaccessible areas.

3.2 Building System Evaluations

3.2.1 Structural Frame and Building Envelope

3.2.1.1 Structural Frame

Description:

The foundation system consists of stone masonry walls encompassing a full basement, possibly combined with concrete footings at interior brick walls. The basement slab is a half story below grade, so the perimeter basement walls serve as frost walls for the building. The basement slab appears to be cast-in-place concrete. Other than the interior faces of basement walls, the foundation elements are concealed; therefore, their condition could not be directly observed. The limited foundation elements that are visible from the basement and around the exterior perimeter appear to be in good condition. Some efflorescence, spalled parging and other evidence of water infiltration was found at the inside face of perimeter basement walls (see photo #4). No indications of structural distress or significant settlement were noted, although some exterior doors appear to be jamming.

Most of the superstructure was concealed by original ornamental tin ceilings (see photo #5), but where visible in the basement and at isolated ceiling penetrations, floor framing consists of wood timbers supporting wood flooring (see photo #2), likely supported on interior and exterior masonry walls. The roof is supported by timber planks on timber rafters and girders (see photo #6), with supplementary posts down to bearing walls at the hips (see photo #7). The attic floor is wood planks supported by timber ceiling joists. Lateral loads throughout are resisted by perimeter and interior unreinforced stone and brick masonry shear walls. The design was likely completed without any numerical lateral load analysis, which was common for low and mid-rise buildings of this size and type during the early part of the 20th century.

Observations: The following observations of the building structure were noted:

- Evidence of water infiltration was found at the attic (see photo #8), but no significant structural deterioration was found related to the water staining.
- Shoring posts were found at the corners of the attic providing supplementary support to the wood hip girders (see photos #7, 9 & 10). No excessive deflections were noted in the vicinity of the shoring posts.
- A stone chimney extends up from the west gable of the roof. The stone appears intact, but cracks were found in mortar joints and at the concrete parging at the cap (see photo #11).
- Stone bearing walls were found extending to the attic level (see photo #12).
- A brick arch was found at an interior bearing wall in a small section where the ceiling had been removed (see photo #13).
- Some mortar loss was found at stone and brick masonry bearing and foundation walls (see photo #14).
- A section of the second floor ceiling in one of the storage areas appears to be sagging (see photo #15). No related sagging was found at the attic floor, so this is likely due to separation of the lath supporting the ceiling from the ceiling joists.
- A section of rafter tails and gutter above the front face of the building near the main entrance appears to be sagging (see photo #16).

Recommendations:

- Immediate:
 1. Repoint all exterior stone masonry that have gaps in mortar joints, including the boiler chimney and cap.
 2. Remove all ceilings that are noticeably sagging to eliminate any hazard and investigate the cause.
 3. Investigate and repair sagging rafter tails and gutter above the front entrance.
- Short-term:
 1. Repair or replace ceilings and lath where sagging was noted.
 2. Repoint brick walls in the basement that have gaps in mortar joints.
- Capital Reserve:
 1. Remove select ornamental ceilings to investigate condition of second floor and roof framing, particularly where past leaks have been noted.
 2. Prepare and implement a plan for regular monitoring of exterior facades.

3.2.1.2 Building Envelope

Description:

The exterior walls of the original building generally consist of stone masonry with interior plaster finish, punched window openings, and rafter tails supporting a roof overhang around the perimeter (see photos #1, 16 & 17). The windows, roofing and gutters of the building were reportedly replaced 10-12 years ago. This is supported by field observations.

There is an underground oil tank, concrete masonry enclosure and mechanical unit adjacent to the building in the rear parking area.

The front of the building is accessed by a main stair that rises a half story and an access ramp (see photo #21)

Observations: The following observations were noted relative to the site:

- The concrete pavement at the main (east) entrance just below the stairs is cracked and spalled to the point where it presents a tripping hazard (see photo #22).
- The exterior concrete stairs at the south entrance have a number of cracks and openings, which may create tripping hazards (see photo #23).
- Other sections of exterior concrete walkways were found that have cracks and displacements that could be tripping hazards (see photo #24).
- The paint on the handrails at the stairs at both ends of the main walkway at the front of the building have peeling paint (see photo #25).
- Cracks in the retaining wall at the ramp revealed voids under the ramp slab (see photo #26).
- The asphalt parking lot had a number of cracks and depressions, some with vegetation growing through (see photo #27).

Recommendations:

- Immediate:
 1. Repair pavements at walkways near entrances.
- Short Term:
 1. Repair damaged stairs.
 2. Repair cracks in other pavements that may create tripping hazards.
 3. Repair cracks and voids at handicap ramp.
 4. Wire brush and repaint stair handrails.
- Capital Reserve:
 1. Repave parking area as required.
 2. Maintain landscaping.

3.2.3 Mechanical, Electrical, Plumbing

3.2.3.1 HVAC

Description

In 2013, there was a renovation that equipped the building with sophisticated HVAC and control systems, designed to maintain precise control of the space temperature and relative humidity levels. With the exception of some steam radiators, virtually all the existing HVAC equipment in the building was installed as part of this renovation; however, the capabilities of these relatively new systems are not being fully utilized at the present time. It is our understanding that these systems were seen as too expensive to run, and some of the equipment has not been operated for at least five years.



#36 – Interior fluorescent lights



#37 – Exit sign



#38 – Incandescent light



#39 – Incandescent lights



#13 – Brick arch at interior bearing wall



#14 – Mortar loss at brick bearing wall



#15 – Sagging ceiling



#16 – Sagging gutter above front entrance



#23 – Cracks at south side stairs



#24 – Cracks at spalls at front walk



#25 – Peeling paint at handrails



#26 – Cracks and voids below ramp slab



#27 – Damaged asphalt at rear parking lot

Masotti & Masotti LLC
Certified Public Accountants
1100 Summer Street Suite 401
Stamford, CT 06905-5534

October 29, 2021

The Stamford Historical Society, Inc
1508 High Ridge Road
Stamford, CT 06903

The Stamford Historical Society, Inc:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2021.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Masotti & Masotti LLC

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2020Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

| | | | |
|--|---|------------|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE STAMFORD HISTORICAL SOCIETY, INC | | D Employer identification number 06-6039238 |
| | Doing business as | | E Telephone number 203-329-1183 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 322,761. |
| | 1508 HIGH RIDGE ROAD | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 06903 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions |
| F Name and address of principal officer: JOSEPH MAIDA 1508 HIGH RIDGE ROAD, STAMFORD, CT 06903 | | | H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.STAMFORDHISTORY.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1901 M State of legal domicile: CT |

Part I Summary

| | | | |
|---|---|--|----------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE SOCIETY IS DEDICATED TO PRESERVING REGIONAL HISTORY AND PROVIDING OPPORTUNITIES FOR THE | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 16 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 16 |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 2 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 33 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 176. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 74,763. | 91,938. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 818. | 1,912. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 9,101. | 18,390. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 884. | 6,755. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 85,566. | 118,995. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| Expenses | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 41,884. | 41,883. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,933. | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 70,757. | 71,449. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 112,641. | 113,332. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | -27,075. | 5,663. |
| | Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year |
| 21 Total liabilities (Part X, line 26) | | 385,012. | 437,581. |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | | 6,074. | 5,550. |
| | | 378,938. | 432,031. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|-------------------------------|---|---------------------------|--------------------------------|---|------------------|
| Sign Here | Signature of officer | | Date | | |
| | WILLIAM EYNON, TREASURER | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | JOHN A CURRAN, CPA | JOHN A CURRAN, CPA | 10/29/21 | <input type="checkbox"/> | P00357626 |
| Firm's name | Firm's name ▶ MASOTTI & MASOTTI LLC | | Firm's EIN ▶ 06-0769038 | | |
| | Firm's address ▶ 1100 SUMMER STREET SUITE 401 STAMFORD, CT 06905 | | Phone no. 203-323-1191 | | |

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

032001 12-23-20

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

Form **990** (2020)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

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

THE STAMFORD HISTORICAL SOCIETY, INC., THE MUNICIPAL HISTORIAN OF STAMFORD, IS AN EDUCATIONAL AND RESEARCH INSTITUTION, WHOSE PRIMARY FUNCTIONS ARE TO COLLECT, PRESERVE, CONSERVE, INTERPRET, AND EXHIBIT MATERIALS RELATING TO STAMFORD, CONNECTICUT AND OUR REGION IN ORDER TO

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 \$ 27,861. including grants of \$) (Revenue \$ 7.)
EXHIBITS - THE STAMFORD HISTORICAL SOCIETY MAINTAINS A COLLECTION OF OBJECTS, TEXTILES, FURNITURE AND CLOTHING REFLECTING THE DIVERSE HISTORY OF THE CITY OF STAMFORD. EACH YEAR A SELECTION OF THESE IS PUT ON DISPLAY.

4b (Code:) (Expenses \$ 29,457. including grants of \$) (Revenue \$ 1,905.)
EDUCATION - THE STAMFORD HISTORICAL SOCIETY MAINTAINS DOCUMENTS AND MATERIALS FOR HISTORICAL AND GENELOGICAL RESEARCH. THE SOCIETY ALSO PROVIDES IN-CLASSROOM AND ON-SITE EDUCATIONAL PROGRAMS FOR LOCAL SCHOOLS ABOUT THE HISTORY OF STAMFORD.

4c (Code:) (Expenses \$ 15,070. including grants of \$) (Revenue \$ 0.)
HOYT BARNUM HOUSE - THE STAMFORD HISTORICAL SOCIETY MAINTAINS THE OLDEST HOUSE IN STAMFORD, CT., A NATIONAL HISTORIC SITE, WHICH IS OPEN FOR EDUCATIONAL TOURS.

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

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

4e Total program service expenses **72,388.**

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? | 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | 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 | | 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? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II | | 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? If "Yes," complete Schedule L, Part III | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | 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)? If "Yes," complete Schedule R, Part V, line 2 | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

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

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**

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

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

| | Yes | No |
|--|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | X |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | |
| 12b | | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | | |
| 12c | | |
| 13 Did the organization have a written whistleblower policy? | | X |
| 14 Did the organization have a written document retention and destruction policy? | | X |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | | X |
| b Other officers or key employees of the organization | | X |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | |

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

WILLIAM EYNON - 203-329-1183
1508 HIGH RIDGE ROAD, STAMFORD, CT 06903

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) THOMAS ZOUBEK, PHD EXECUTIVE DIRECTOR | 10.00 | X | | | | | | 24,000. | 0. | 0. |
| (2) RICK LEWIS DIRECTOR | 7.00 | X | | | | | | 0. | 0. | 0. |
| (3) VINCENT MURACE FIRST VICE CHAIRMAN | 2.00 | X | | | | | | 0. | 0. | 0. |
| (4) BRAD LUPINACCI DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) WILLIAM EYNON TREASURER | 5.00 | X | | | | | | 0. | 0. | 0. |
| (6) SEBASTIAN KULESZA RECORDING SECRETARY | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) RICHARD LEWIS CORRESPONDING SECRETARY | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) EILEEN ROSNER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) RONALD S. HERBST, JD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) THOMAS PORTER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) JOSEPH MAIDA CHAIRMAN | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) FREDRICK PETERSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) EMILY DERR SECOND VICE CHAIRMAN | 4.00 | X | | | | | | 0. | 0. | 0. |
| (14) MAISAM NOUH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) JUDITH NORINSKY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) JENNIFER HAWTHORNE DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|--|---|--|----------------------|--|--------------------------------------|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | 12,120. | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 42,000. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 37,818. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ | | | | |
| | h | Total. Add lines 1a-1f | | 91,938. | | | |
| Program Service Revenue | 2 a | EDUCATION PROGRAMS | Business Code 900099 | 1,600. | 1,600. | | |
| | b | LIBRARY | 900099 | 305. | 305. | | |
| | c | EXHIBITS | 900099 | 7. | 7. | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 1,912. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 16,972. | | | 16,972. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | 6a | | | | |
| | b | Less: rental expenses | 6b | | | | |
| | c | Rental income or (loss) | 6c | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other 7a 202,885. | | | | |
| | b | Less: cost or other basis and sales expenses | 7b 201,467. | | | | |
| | c | Gain or (loss) | 7c 1,418. | | | | |
| | d | Net gain or (loss) | | 1,418. | | | 1,418. |
| | 8 a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a 8,878. | | | | |
| | b | Less: direct expenses | 8b 2,299. | | | | |
| | c | Net income or (loss) from fundraising events | | 6,579. | | | 6,579. |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b | Less: cost of goods sold | 10b | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | MISCELLANEOUS INCOME | Business Code 900099 | 176. | | 176. | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 176. | | | |
| 12 | Total revenue. See instructions | | 118,995. | 1,912. | 176. | 24,969. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 24,000. | 18,000. | 2,400. | 3,600. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 14,388. | | 7,194. | 7,194. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 3,495. | 1,639. | 873. | 983. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 1,800. | | 1,800. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 3,237. | 697. | 2,540. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 252. | | 252. | |
| 13 Office expenses | 5,673. | 2,329. | 1,888. | 1,456. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 35,862. | 30,633. | 5,229. | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,274. | 2,341. | 1,933. | |
| 23 Insurance | 13,777. | 11,930. | 1,847. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a HOYT BARNUM HOUSE | 2,211. | 2,211. | | |
| b PROCESSING FEES | 2,058. | 886. | 472. | 700. |
| c COLLECTION & EXHIBITS | 1,722. | 1,722. | | |
| d DUES & SUBSCRIPTIONS | 533. | | 533. | |
| e All other expenses | 50. | | 50. | |
| 25 Total functional expenses. Add lines 1 through 24e | 113,332. | 72,388. | 27,011. | 13,933. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

| | | (A) Beginning of year | | (B) End of year |
|--|---|---|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 14,763. | 1 | 9,098. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 300. | 4 | 100. |
| | 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 | | 8 | |
| | 9 Prepaid expenses and deferred charges | 5,696. | 9 | 5,820. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 24,923. | | |
| | b Less: accumulated depreciation | 10b 19,387. | | |
| | 11 Investments - publicly traded securities | 9,810. | 10c 5,536. | |
| | 12 Investments - other securities. See Part IV, line 11 | 353,443. | 11 416,027. | |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 1,000. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 385,012. | 15 1,000. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 6,074. | 16 437,581. | |
| | 18 Grants payable | | 17 5,550. | |
| | 19 Deferred revenue | | 18 | |
| | 20 Tax-exempt bond liabilities | | 19 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | |
| | 22 Loans and other payables to 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 | | 21 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 22 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 23 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 24 | |
| | 26 Total liabilities. Add lines 17 through 25 | 6,074. | 25 | |
| | Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | |
| 27 Net assets without donor restrictions | | 263,349. | 26 5,550. | |
| 28 Net assets with donor restrictions | | 115,589. | 27 298,128. | |
| Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| 29 Capital stock or trust principal, or current funds | | | 28 133,903. | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | | | 29 | |
| 31 Retained earnings, endowment, accumulated income, or other funds | | | 30 | |
| 32 Total net assets or fund balances | | 378,938. | 31 | |
| 33 Total liabilities and net assets/fund balances | 385,012. | 32 432,031. | | |
| | | 33 437,581. | | |

Form 990 (2020)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|----|--|----|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 118,995. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 113,332. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 5,663. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 378,938. |
| 5 | Net unrealized gains (losses) on investments | 5 | 47,430. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 432,031. |

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | 2c | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | 3a | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | 3b | |

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE STAMFORD HISTORICAL SOCIETY, INC

Employer identification number

06-6039238

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations _____

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 90,456. | 81,565. | 83,397. | 75,581. | 93,850. | 424,849. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 90,456. | 81,565. | 83,397. | 75,581. | 93,850. | 424,849. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 424,849. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 90,456. | 81,565. | 83,397. | 75,581. | 93,850. | 424,849. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 32,476. | 28,599. | 23,449. | 9,101. | 18,390. | 112,015. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 536,864. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|----|-------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 79.14 | % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 79.98 | % |
| 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described in line 11a above?
- c** A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

| | Yes | No |
|------------|-----|----|
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

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

| | Yes | No |
|----------|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

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

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3** Parent of Supported Organizations. Answer lines 3a and 3b below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| | Yes | No |
|-----------|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

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

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

THE STAMFORD HISTORICAL SOCIETY, INC**06-6039238**

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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|---|--------------------------------|
| Name of organization | Employer identification number |
| THE STAMFORD HISTORICAL SOCIETY, INC | 06-6039238 |

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 | CITY OF STAMFORD 888 WASHINGTON BOULEVARD STAMFORD, CT 06901 | \$ 42,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | US SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW WASHINGTON, DC 20416 | \$ 17,425. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | CT HUMANITIES 100 RIVERVIEW CENTER MIDDLETOWN, CT 06457 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | STATE OF CT DEPT. OF ECONOMIC AND COMMUNITY DEVELOPMENT 450 COLUMBUS BLVD. HARTFORD, CT 06103 | \$ 5,000. | 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.) |

| | |
|---|--------------------------------|
| Name of organization | Employer identification number |
| THE STAMFORD HISTORICAL SOCIETY, INC | 06-6039238 |

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ► \$

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

| | | |
|--|--|--|
| | | |
| | | |
| | | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

| | | |
|--|--|--|
| | | |
| | | |
| | | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

| | | |
|--|--|--|
| | | |
| | | |
| | | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

| | | |
|--|--|--|
| | | |
| | | |
| | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE STAMFORD HISTORICAL SOCIETY, INC

Employer identification number

06-6039238

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 115,589. | 122,971. | 124,012. | 117,854. | 120,586. |
| b Contributions | | | | 5,988. | |
| c Net investment earnings, gains, and losses | 18,712. | -6,271. | 6,424. | 1,430. | 2,970. |
| d Grants or scholarships | 1,600. | | | | |
| e Other expenditures for facilities and programs | 1,300. | 389. | 6,749. | 618. | 5,000. |
| f Administrative expenses | 698. | 722. | 716. | 642. | 702. |
| g End of year balance | 133,903. | 115,589. | 122,971. | 124,012. | 117,854. |

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

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

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

- (i) Unrelated organizations
 (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 24,923. | 19,387. | 5,536. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 5,536. |

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE STAMFORD HISTORICAL SOCIETY, INC

Employer identification number

06-6039238

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

COMMUNITY TO UNDERSTAND AND EXPERIENCE THE PAST THROUGH THE
PRESENTATION OF EXHIBITS AND DISPLAYS, LECTURES, DEMONSTRATIONS,
SPECIAL EVENTS AND PARTICIPATORY PROGRAMS. IN PARTICULAR, WE PRESERVE
AND OFFER TOURS OF THE UNIQUE HOYT BARNUM HOUSE, BUILT IN 1699. AS THE
CITY OF STAMFORD'S HISTORY CENTER, WE HAVE A RESPONSIBILITY TO ALL
CITIZENS OF OUR COMMUNITY TO PRESERVE THE VARIED EXPERIENCES THAT
REFLECT OUR CULTURAL HERITAGE.

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

ENGAGE CITIZENS IN THE TELLING OF THEIR STORIES.

FORM 990, PART V, LINE 13, LIST OF STATES WITH QUALIFIED HEALTH PLANS:

CT

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

A DRAFT OF THE 990 FORM TAX RETURN IS PREPARED BY THE INDEPENDENT
ACCOUNTANT WHICH IS SUBMITTED TO THE CHAIRMAN AND TREASURER. ONCE THEIR
REVIEW HAS BEEN COMPLETED A COPY OF THE 990 FORM TAX RETURN IS REVIEWED BY
THE BOARD OF DIRECTORS.

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

THE ANNUAL 990 INCOME TAX RETURN IS AVAILABLE FOR PUBLIC INSPECTION TO
ANYONE WHO MAKES A REQUEST IN WRITING OR VERBALLY.

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

THE STAMFORD HISTORICAL SOCIETY, INC

Employer identification number

06-6039238

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE FOR PUBLIC
INSPECTION TO ANYONE WHO MAKES A REQUEST IN WRITNG OR VERBALLY.