

AAFCPAS, INC.
50 WASHINGTON STREET
WESTBOROUGH, MA 01581

HISTORIC BOSTON INCORPORATED
3 SCHOOL STREET
BOSTON, MA 02108

|||||

DRAFT

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CLIENT'S COPY

DRAFT



50 Washington Street
Westborough, MA 01581
508.366.9100
aafcpa.com

MAY 31, 2024

HISTORIC BOSTON INCORPORATED
3 SCHOOL STREET
BOSTON, MA 02108

DEAR KATHY:

ENCLOSED IS THE ORGANIZATION'S 2023 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-PF 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-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024.

NO AMOUNT IS DUE ON FORM 990-PF.

FORM 990-T RETURN:

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

NO AMOUNT IS DUE ON FORM 990-T.

MASSACHUSETTS FORM M-990T RETURN:

THE MASSACHUSETTS FORM M-990T SHOULD BE MAILED ON OR BEFORE DECEMBER 16, 2024 TO:

MASS. DEPARTMENT OF REVENUE
P.O. BOX 7067
BOSTON, MA 02204

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

NO PAYMENT IS REQUIRED.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

DRAFT

TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING
DECEMBER 31, 2023

PREPARED FOR:

HISTORIC BOSTON INCORPORATED
3 SCHOOL STREET
BOSTON, MA 02108

PREPARED BY:

AAFCPAS, INC.
50 WASHINGTON STREET
WESTBOROUGH, MA 01581

AMOUNT DUE OR REFUND:

NO AMOUNT IS DUE

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
DECEMBER 31, 2023

PREPARED FOR:

HISTORIC BOSTON INCORPORATED
3 SCHOOL STREET
BOSTON, MA 02108

PREPARED BY:

AAFCPAS, INC.
50 WASHINGTON STREET
WESTBOROUGH, MA 01581

AMOUNT DUE OR REFUND:

NO AMOUNT IS DUE.

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

IRS E-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

HISTORIC BOSTON INCORPORATED

EIN or SSN

04-6111819

Name and title of officer or person subject to tax

KATHY KOTTARIDIS EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

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

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize AAFCPAS, INC. to enter my PIN 74084. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

**** THIS IS NOT A FILEABLE COPY ****

Date

Part III Certification and Authentication

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

0419895555

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

AAFCPAS, INC.

Date

05/31/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. HISTORIC BOSTON INCORPORATED	Taxpayer identification number (TIN) 04-6111819
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3 SCHOOL STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02108	

Enter the Return Code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **KATHY KOTTARIDIS**
3 SCHOOL STREET - BOSTON, MA 02108

Telephone No. **617-442-1859** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

2023

Form 990-PF

Department of the Treasury Internal Revenue Service

For calendar year 2023 or tax year beginning , and ending

Name of foundation: HISTORIC BOSTON INCORPORATED
A Employer identification number: 04-6111819
B Telephone number: 617-442-1859
C If exemption application is pending, check here ...
D 1. Foreign organizations, check here ...
2. Foreign organizations meeting the 85% test, check here and attach computation ...
E If private foundation status was terminated under section 507(b)(1)(A), check here ...
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ...
G Check all that apply: Initial return, Final return, Address change, Initial return of a former public charity, Amended return, Name change
H Check type of organization: Section 501(c)(3) exempt private foundation
I Fair market value of all assets at end of year: \$ 11,106,293.
J Accounting method: Accrual

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26), ending with Adjusted net income of 0.

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing		419,407.	377,137.	377,136.
	2	Savings and temporary cash investments		149,118.	204,045.	204,045.
	3	Accounts receivable	205,945.			
		Less: allowance for doubtful accounts		94,141.	205,945.	205,945.
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable		85,950.		
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable	5,506,487.			
		Less: allowance for doubtful accounts	3,534,678.	1,971,809.	1,971,809.	1,971,809.
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges		35,896.	112,755.	112,755.
	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock	STMT 10	259,318.	179,726.	179,726.
	c	Investments - corporate bonds	STMT 11	218,721.	314,173.	314,173.
	11	Investments - land, buildings, and equipment: basis				
	Less: accumulated depreciation					
12	Investments - mortgage loans					
13	Investments - other	STMT 12	0.	43,465.	43,465.	
14	Land, buildings, and equipment: basis	7,233,139.				
	Less: accumulated depreciation	STMT 13 2,759,923.	5,385,499.	4,473,216.	4,473,216.	
15	Other assets (describe STATEMENT 14)		3,283,118.	3,224,023.	3,224,023.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		11,902,977.	11,106,294.	11,106,293.	
Liabilities	17	Accounts payable and accrued expenses		550,936.	383,575.	
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable		2,133,512.	1,223,625.	
	22	Other liabilities (describe STATEMENT 15)		1,589,900.	1,978,748.	
	23	Total liabilities (add lines 17 through 22)		4,274,348.	3,585,948.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.					
	24	Net assets without donor restrictions		6,648,578.	7,170,346.	
	25	Net assets with donor restrictions		980,051.	350,000.	
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.					
	26	Capital stock, trust principal, or current funds				
	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
	28	Retained earnings, accumulated income, endowment, or other funds				
29	Total net assets or fund balances		7,628,629.	7,520,346.		
30	Total liabilities and net assets/fund balances		11,902,977.	11,106,294.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	7,628,629.
2	Enter amount from Part I, line 27a	2	-253,086.
3	Other increases not included in line 2 (itemize) SEE STATEMENT 9	3	319,803.
4	Add lines 1, 2, and 3	4	7,695,346.
5	Decreases not included in line 2 (itemize) WRITE OFF OF INVESTMENTS IN AFFILIATES	5	175,000.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	7,520,346.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a VARIOUS SALES OF INVESTMENTS	P		
b VARIOUS SALES OF FIXED ASSETS	P		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 47,993.		38,961.	9,032.
b 1,637,936.		1,590,864.	47,072.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			9,032.
b			47,072.
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	56,104.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3	56,104.

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: <u>06/24/84</u> (attach copy of letter if necessary - see instructions)	1	N/A
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	
3 Add lines 1 and 2	3	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6 Credits/Payments:		
a 2023 estimated tax payments and 2022 overpayment credited to 2023	6a	0.
b Exempt foreign organizations - tax withheld at source	6b	0.
c Tax paid with application for extension of time to file (Form 8868)	6c	0.
d Backup withholding erroneously withheld	6d	0.
7 Total credits and payments. Add lines 6a through 6d	7	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11 Enter the amount of line 10 to be: Credited to 2024 estimated tax Refunded	11	

Part VI-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
1c Did the foundation file Form 1120-POL for this year?
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b If "Yes," has it filed a tax return on Form 990-T for this year?
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered. See instructions.
8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G?
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023?
10 Did any persons become substantial contributors during the tax year?
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of KATHY KOTTARIDIS Telephone no. 617-442-1859
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here
16 At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with columns: Question, Yes, No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, 4b. Includes 'N/A' entries for 2b and 3b.

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	X	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	X	
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? SEE STATEMENT 18 If "Yes," attach the statement required by Regulations section 53.4945-5(d).	X	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A		
8 Is the foundation 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?		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 17		155,384.	17,040.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LISA LEWIS 3 SCHOOL STREET, BOSTON, MA 02108	PROJECT DIRECTOR 35.00	121,045.	15,893.	0.
ANTONIO LOPES 3 SCHOOL STREET, BOSTON, MA 02108	RE DEV. DIRECTOR 35.00	130,704.	5,734.	0.

Total number of other employees paid over \$50,000 0

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Rows include WS AIKEN LLC, CLIFTONLARSONALLEN LLP, CRE BROKERAGE BOSTON LLC, AAFCPAS, INC., and OTHER TOMORROWS LLC.

Part VIII-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity (including number of organizations served, etc.) and Expenses. Rows 1-4 include references to statements 19, 20, and 21.

Part VIII-B Summary of Program-Related Investments

Table with 2 columns: Description of program-related investments made by the foundation during the tax year on lines 1 and 2, and Amount. Row 1 contains 'N/A'.

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	544,682.
b	Average of monthly cash balances	1b	496,231.
c	Fair market value of all other assets (see instructions)	1c	336,560.
d	Total (add lines 1a, b, and c)	1d	1,377,473.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,377,473.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	20,662.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	1,356,811.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	67,841.

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	
2a	Tax on investment income for 2023 from Part V, line 5	2a	
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	

Part XI Qualifying Distributions (see instructions)

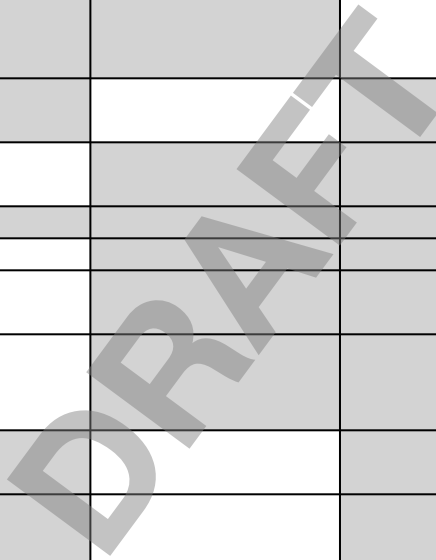
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	183,345.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	183,345.

Form 990-PF (2023)

Part XII Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only				
b Total for prior years:				
_____ , _____ , _____				
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022				
f Total of lines 3a through e				
4 Qualifying distributions for 2023 from Part XI, line 4: \$ _____				
a Applied to 2022, but not more than line 2a ...				
b Applied to undistributed income of prior years (Election required - see instructions) ...				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2023 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instr. ...				
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2018 not applied on line 5 or line 7				
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2019 ...				
b Excess from 2020 ...				
c Excess from 2021 ...				
d Excess from 2022 ...				
e Excess from 2023 ...				



Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling 06/24/84

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	0.	74,403.	0.	0.	74,403.
b 85% (0.85) of line 2a	0.	63,243.	0.	0.	63,243.
c Qualifying distributions from Part XI, line 4, for each year listed	183,345.	1,981,224.	478,570.	749,763.	3,392,902.
d Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	183,345.	1,981,224.	478,570.	749,763.	3,392,902.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed	45,227.	49,602.	52,661.	40,827.	188,317.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income					0.

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
NONE				
Total			3a	0.
b Approved for future payment				
NONE				
Total			3b	0.

DRAFT

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1)	Cash		X
(2)	Other assets		X
b Other transactions:			
(1)	Sales of assets to a noncharitable exempt organization		X
(2)	Purchases of assets from a noncharitable exempt organization		X
(3)	Rental of facilities, equipment, or other assets		X
(4)	Reimbursement arrangements		X
(5)	Loans or loan guarantees		X
(6)	Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees			X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee: _____ Date: _____ Title: **EXECUTIVE DIRECTOR**

May the IRS discuss this return with the preparer shown below? See instr. Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SORIE KABA, CPA	SORIE KABA, CPA	05/31/24		P01317106
	Firm's name AAFCPAS, INC.		Firm's EIN 04-2571780		
Firm's address 50 WASHINGTON STREET WESTBOROUGH, MA 01581				Phone no. 508-366-9100	

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

HISTORIC BOSTON INCORPORATED

Employer identification number

04-6111819

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization HISTORIC BOSTON INCORPORATED	Employer identification number 04-6111819
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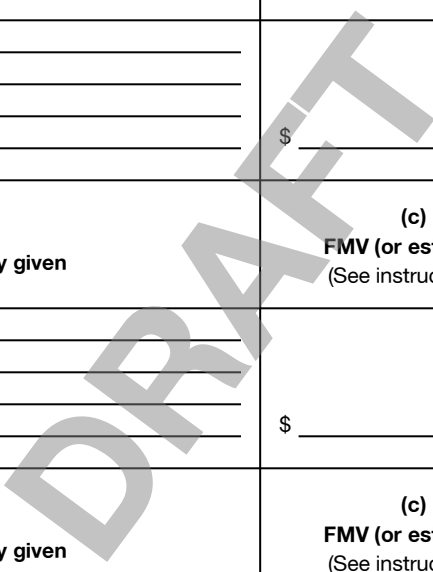
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LYNNE SPENCER 15 TRIMOUNTAIN ROAD NAHANT, MA 01908	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MR. & MRS. AMOS B. HOSTETTER R. TRUST PILOT HOUSE ASSOCIATES, LLC, 2 ATLANTIC AVE BOSTON, MA 02110	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ELIZABETH B. JOHNSON FUND 88 BLACK FALCON AVENUE, SUITE 167 S3A BOSTON, MA 02110	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC BOSTON INCORPORATED	Employer identification number 04-6111819
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

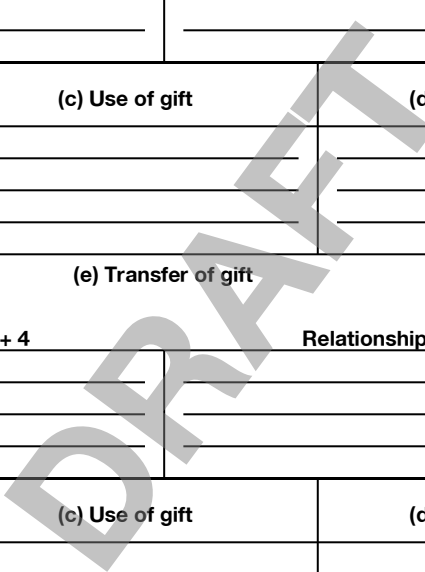
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



Name of organization HISTORIC BOSTON INCORPORATED	Employer identification number 04-6111819
---	---

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	



FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST	7,852.	0.	7,852.	7,852.	7,852.
MUTUAL FUNDS	17,025.	0.	17,025.	17,025.	17,025.
TO PART I, LINE 4	24,877.	0.	24,877.	24,877.	24,877.

FORM 990-PF RENTAL INCOME STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
BULDING IN BOSTON MASSACHUSETTS	1	1,136,880.
BULDING IN BOSTON MASSACHUSETTS	2	24,360.
BULDING IN BOSTON MASSACHUSETTS	3	87,066.
TOTAL TO FORM 990-PF, PART I, LINE 5A		1,248,306.

FORM 990-PF RENTAL EXPENSES STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ACCOUNTING FEES		52,028.	
COMMUNICATIONS		1,610.	
INSURANCE		32,082.	
OFFICE EQUIPMENT AND SUPPLIES		1,792.	
PAYROLL TAXES		5,562.	
PENSION PLANS AND EMPLOYEE BENEFITS		4,436.	
SALARIES		62,373.	
PRINTING AND POSTAGE		207.	
REPAIRS AND MAINTENANCE		82,119.	
REAL ESTATE TAXES		203,451.	
AMORTIZATION		13,877.	
LEGAL FEES		2,549.	
DEPRECIATION		16,742.	
UTILITIES		24,607.	
PROPERTY MANAGEMENT FEES		3,173.	
INTEREST		37,022.	
CONTRACTED SERVICES		311.	
MISCELLANEOUS		520.	
- SUBTOTAL -	1		544,461.
DEPRECIATION		42,850.	
INSURANCE		7,342.	
INTEREST		16,371.	
REAL ESTATE TAXES		6,386.	

UTILITIES			2,896.	
ACCOUNTING FEES			18,514.	
SALARIES			22,196.	
OFFICE EQUIPMENT AND SUPPLIES			1,937.	
PRINTING AND POSTAGE			94.	
PENSION PLANS AND EMPLOYEE BENEFITS			1,902.	
PAYROLL TAXES			1,654.	
AMORTIZATION			7,559.	
CONTRACTED SERVICES			2,239.	
LEGAL FEES			1,611.	
	-	SUBTOTAL -	2	133,551.
DEPRECIATION			59,615.	
INTEREST			7,436.	
REPAIRS AND MAINTENANCE			41,697.	
UTILITIES			2,094.	
RENT			14,868.	
INSURANCE			11,574.	
PROPERTY MANAGEMENT FEES			2,400.	
REAL ESTATE TAXES			553.	
LEGAL FEES			1,645.	
ACCOUNTING FEES			5,566.	
OFFICE EQUIPMENT AND SUPPLIES			422.	
PRINTING AND POSTAGE			22.	
PENSION PLANS AND EMPLOYEE BENEFITS			572.	
PAYROLL TAXES			497.	
SALARIES			6,673.	
	-	SUBTOTAL -	3	155,634.
TOTAL RENTAL EXPENSES				<u>833,646.</u>
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B				<u><u>414,660.</u></u>

FORM 990-PF	LEGAL FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	19,572.	0.	19,572.	0.
LEGAL FEES	2,549.	2,549.	2,549.	0.
LEGAL FEES	1,611.	1,611.	1,611.	0.
LEGAL FEES	1,645.	1,645.	1,645.	0.
TO FM 990-PF, PG 1, LN 16A	25,377.	5,805.	25,377.	0.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING SERVICES	189,873.	0.	189,873.	0.
ACCOUNTING FEES	52,028.	52,028.	52,028.	0.
ACCOUNTING FEES	18,514.	18,514.	18,514.	0.
ACCOUNTING FEES	5,566.	5,566.	5,566.	0.
TO FORM 990-PF, PG 1, LN 16B	265,981.	76,108.	265,981.	0.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL SERVICE FEES	4,559.	0.	4,559.	0.
OTHER FEES	34,970.	0.	34,970.	0.
INVESTMENT FEES	4,080.	0.	4,080.	0.
PROPERTY MANAGEMENT FEES	3,173.	3,173.	3,173.	0.
CONTRACTED SERVICES	311.	311.	311.	0.
CONTRACTED SERVICES	2,239.	2,239.	2,239.	0.
PROPERTY MANAGEMENT FEES	2,400.	2,400.	2,400.	0.
TO FORM 990-PF, PG 1, LN 16C	51,732.	8,123.	51,732.	0.

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	25,302.	0.	16,587.	8,715.
PAYROLL TAXES	5,562.	5,562.	5,562.	0.
REAL ESTATE TAXES	203,451.	203,451.	203,451.	0.
REAL ESTATE TAXES	6,386.	6,386.	6,386.	0.
PAYROLL TAXES	1,654.	1,654.	1,654.	0.
REAL ESTATE TAXES	553.	553.	553.	0.
PAYROLL TAXES	497.	497.	497.	0.
TO FORM 990-PF, PG 1, LN 18	243,405.	218,103.	234,690.	8,715.

FORM 990-PF	OTHER EXPENSES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROGRAM ACTIVITIES	13,688.	0.	13,469.	219.
MISCELLANEOUS	15,299.	0.	3,514.	11,785.
OFFICE EQUIPMENT AND SUPPLIES	23,558.	0.	8,677.	14,881.
COMMUNICATIONS	14,837.	0.	11,673.	3,164.
COMMUNICATIONS	1,610.	1,610.	1,610.	0.
OFFICE EQUIPMENT AND SUPPLIES	1,792.	1,792.	1,792.	0.
MISCELLANEOUS	520.	520.	520.	0.
OFFICE EQUIPMENT AND SUPPLIES	1,937.	1,937.	1,937.	0.
OFFICE EQUIPMENT AND SUPPLIES	422.	422.	422.	0.
AMORTIZATION	21,436.	21,436.	21,436.	0.
TO FORM 990-PF, PG 1, LN 23	95,099.	27,717.	65,050.	30,049.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 9
DESCRIPTION		AMOUNT
UNREALIZED GAIN ON INVESTMENTS		65,003.
SALE OF TAX CREDIT		254,800.
TOTAL TO FORM 990-PF, PART III, LINE 3		319,803.

FORM 990-PF	CORPORATE STOCK	STATEMENT 10
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITIES	179,726.	179,726.
TOTAL TO FORM 990-PF, PART II, LINE 10B	179,726.	179,726.

FORM 990-PF	CORPORATE BONDS	STATEMENT 11
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
BONDS	314,173.	314,173.
TOTAL TO FORM 990-PF, PART II, LINE 10C	314,173.	314,173.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 12	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
OTHER	FMV	43,465.	43,465.
TOTAL TO FORM 990-PF, PART II, LINE 13		43,465.	43,465.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 13	
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	212,688.	0.	212,688.
BUILDINGS AND IMPROVEMENTS	6,054,456.	2,738,069.	3,316,387.
PROJECTS UNDER DEVELOPMENT	916,160.	0.	916,160.
FURNITURE AND EQUIPMENT	49,835.	21,854.	27,981.
TOTAL TO FM 990-PF, PART II, LN 14	7,233,139.	2,759,923.	4,473,216.

FORM 990-PF	OTHER ASSETS		STATEMENT 14
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEFERRED LEASING COSTS, NET	36,474.	109,547.	109,547.
DUE FROM AFFILIATES	666,866.	718,921.	718,921.
INVESTMENT IN AFFILIATE	991,055.	818,556.	818,556.
SECURITY DEPOSITS	91,820.	104,526.	104,526.
PROJECT MANAGEMENT FEE			
RECEIVABLE, NET	902,473.	902,473.	902,473.
DEFERRED RENT RECEIVABLE	353,797.	335,938.	335,938.
RIGHT-OF-USE ASSET	240,633.	234,062.	234,062.
TO FORM 990-PF, PART II, LINE 15	<u>3,283,118.</u>	<u>3,224,023.</u>	<u>3,224,023.</u>

FORM 990-PF	OTHER LIABILITIES		STATEMENT 15
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
SECURITY DEPOSITS	78,618.	98,380.	
LINE OF CREDIT	1,096,860.	1,459,148.	
OPERATING LEASE LIABILITY	414,422.	421,220.	
TOTAL TO FORM 990-PF, PART II, LINE 22	<u>1,589,900.</u>	<u>1,978,748.</u>	

DRAFT

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

HAYDEN BUILDING MM LLC

45-4774178

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

3 SCHOOL STREET
BOSTON, MA 02108

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

KITTREDGE MM LLC

46-5315975

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

3 SCHOOL STREET
BOSTON, MA 02108

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

VERTULLO BUILDING LLC

04-6111819

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

3 SCHOOL STREET
BOSTON, MA 02108

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

HBI REAL ESTATE HOLDINGS LLC

04-6111819

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

3 SCHOOL STREET
BOSTON, MA 02108

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

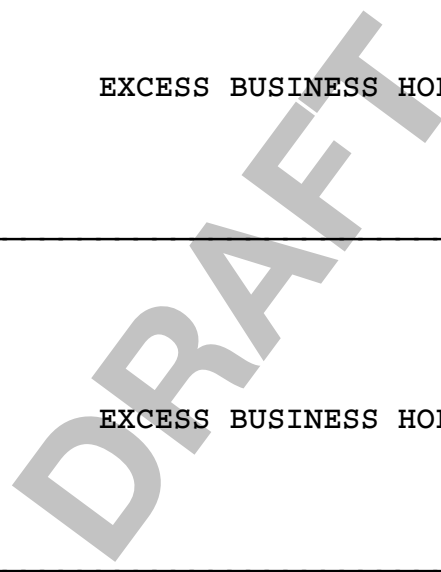
HAYDEN BUILDING LLC

30-0721618

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

3 SCHOOL STREET
BOSTON, MA 02108



NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

KITTREDGE LLC

90-0970862

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

3 SCHOOL STREET
BOSTON, MA 02108

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

FOWLER CLARK FARM MM LLC

82-3764222

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

3 SCHOOL STREET
BOSTON, MA 02108

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

50 CEDAR STREET HOLDINGS LLC

83-2365067

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

3 SCHOOL STREET
BOSTON, MA 02108

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

611 COLUMBIA ROAD HOLDINGS LLC

83-2361654

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

3 SCHOOL STREET
BOSTON, MA 02108

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

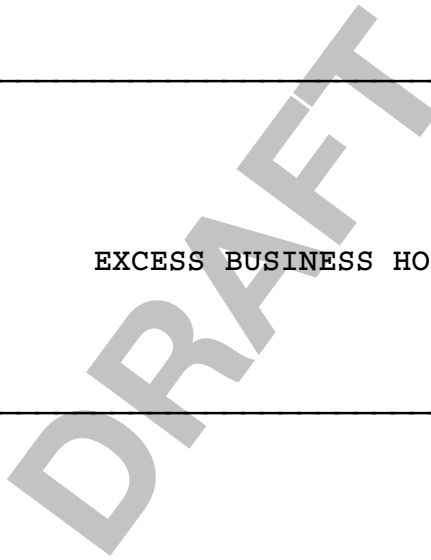
HAYDEN MASTER TENANT LLC

61-1677667

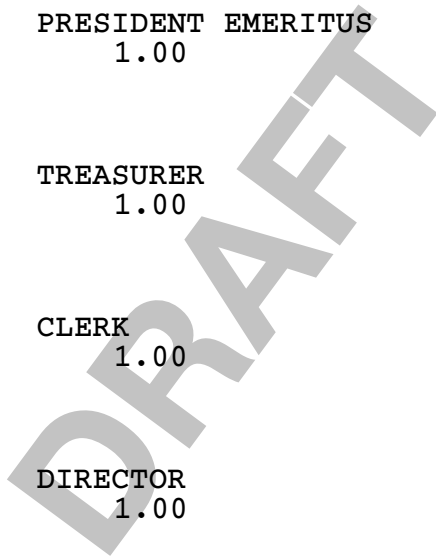
ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

3 SCHOOL STREET
BOSTON, MA 02108



NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KATHY KOTTARIDIS 3 SCHOOL STREET BOSTON, MA 02108	EXECUTIVE DIRECTOR 35.00	155,384.	17,040.	0.
MICHAEL DURAND 3 SCHOOL STREET BOSTON, MA 02108	PRESIDENT 1.00	0.	0.	0.
PAUL MCDONOUGH 3 SCHOOL STREET BOSTON, MA 02108	PRESIDENT EMERITUS 1.00	0.	0.	0.
SAMMY NABULSI 3 SCHOOL STREET BOSTON, MA 02108	TREASURER 1.00	0.	0.	0.
JAMES LABECK 3 SCHOOL STREET BOSTON, MA 02108	CLERK 1.00	0.	0.	0.
FELICIA JACQUES 3 SCHOOL STREET BOSTON, MA 02108	DIRECTOR 1.00	0.	0.	0.
EMILY AXELROD 3 SCHOOL STREET BOSTON, MA 02108	DIRECTOR 1.00	0.	0.	0.
DAVID BLACK 3 SCHOOL STREET BOSTON, MA 02108	DIRECTOR 1.00	0.	0.	0.
KARILYN CROCKETT 3 SCHOOL STREET BOSTON, MA 02108	DIRECTOR 1.00	0.	0.	0.
BRIAN AWE 3 SCHOOL STREET BOSTON, MA 02108	DIRECTOR 1.00	0.	0.	0.



HISTORIC BOSTON INCORPORATED

04-6111819

HENRY MOSS
3 SCHOOL STREET
BOSTON, MA 02108

DIRECTOR
1.00

0. 0. 0.

JULIE PAUL BROWN
3 SCHOOL STREET
BOSTON, MA 02108

DIRECTOR
1.00

0. 0. 0.

DAKOTA JONES
3 SCHOOL STREET
BOSTON, MA 02108

DIRECTOR
1.00

0. 0. 0.

CHRISTOPHER SCOVILLE
3 SCHOOL STREET
BOSTON, MA 02108

DIRECTOR
1.00

0. 0. 0.

MICHAEL FELDMAN
3 SCHOOL STREET
BOSTON, MA 02108

DIRECTOR (UNTIL 4/2023)
1.00

0. 0. 0.

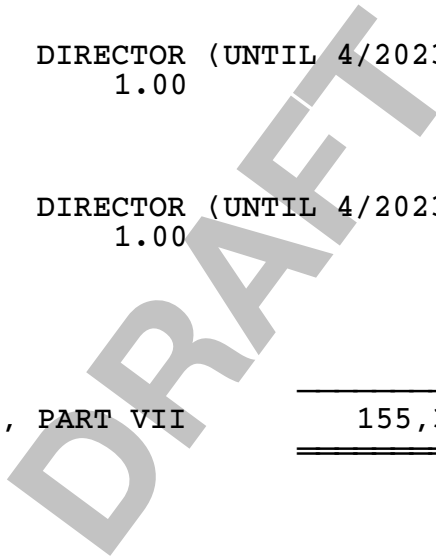
DEREK LUMPKINS
3 SCHOOL STREET
BOSTON, MA 02108

DIRECTOR (UNTIL 4/2023)
1.00

0. 0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

155,384. 17,040. 0.



FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT
PART VI-B, LINE 5D

STATEMENT 18

GRANTEE'S NAME

FOWLER CLARK FARM LLC

GRANTEE'S ADDRESS3 SCHOOL STREET
BOSTON, MA 02108

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
1,245,000.	12/31/17	362,201.

PURPOSE OF GRANT

HBI PROVIDED A BRIDGE LOAN TO FOWLER CLARK FARM LLC FOR FINANCING, OF WHICH \$362,201 INCLUDING ACCRUED INTEREST, WAS OUTSTANDING AS OF 12/31/23. CONSISTENT WITH HBI'S MISSION, THE PURPOSE OF THIS PROGRAM RELATED INVESTMENT IS TO RESTORE AND PRESERVE AN AT-RISK HISTORIC PROPERTY.

DATES OF REPORTS BY GRANTEE

PROMISSORY NOTE AGREEMENT DATED 12/28/17

ANY DIVERSION BY GRANTEE

NONE NOTED

RESULTS OF VERIFICATION

AS PART OF THEIR EXPENDITURE RESPONSIBILITY PROCESS, HBI VERIFIED THE FOLLOWING:

1. THE INVESTMENT WAS USED FOR THE REHABILITATION OF THE HISTORIC PROPERTY, WHICH IS PURPOSE OF THE GRANT.
2. HBI ENTERED INTO AN OPERATING AGREEMENT, WHEREBY THE TERMS OF THE AGREEMENT OUTLINE THE NATURE OF THE REHABILITATION PROJECT. HBI RECEIVES INTERNAL FINANCIAL STATEMENTS AND TAX FILINGS ANNUALLY.
3. THE GRANTEE HAS KEPT ADEQUATE BOOKS AND RECORDS AND MADE THEM AVAILABLE TO HBI THROUGHOUT THE YEAR. THE BOOKS AND RECORDS OF FOWLER CLARK FARM LLC WERE AUDITED BY AN INDEPENDENT AUDITOR AND INCLUDED IN HBI'S FINANCIAL STATEMENTS AND THUS, HBI IS REASONABLY ASSURED THE MONIES WERE USED FOR ITS INTENDED PURPOSE.
4. THE EXPENDITURES MADE WITH THIS FUNDING DO NOT RELATE TO CARRYING ON PROPAGANDA, INFLUENCE LEGISLATION, OR INFLUENCE THE OUTCOME OF ANY PUBLIC ELECTIONS OR TO CARRY ON VOTER REGISTRATION DRIVES.

GRANTEE'S NAME

KITTREDGE LLC

GRANTEE'S ADDRESS

3 SCHOOL STREET
BOSTON, MA 02108

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
486,608.	01/31/22	486,608.

PURPOSE OF GRANT

HBI PROVIDED A LOAN TO KITTREDGE LLC TO PAY OFF ITS EXISTING LOAN WITH A BANK WHICH WAS DUE. THE LOAN'S OUTSTANDING BALANCE AT 12/31/23 WAS \$486,608. CONSISTENT WITH HBI'S MISSION, THE PURPOSE OF THIS PROGRAM RELATED INVESTMENT IS TO RESTORE AND PRESERVE A HISTORIC PROPERTY.

DATES OF REPORTS BY GRANTEE

12/31/23

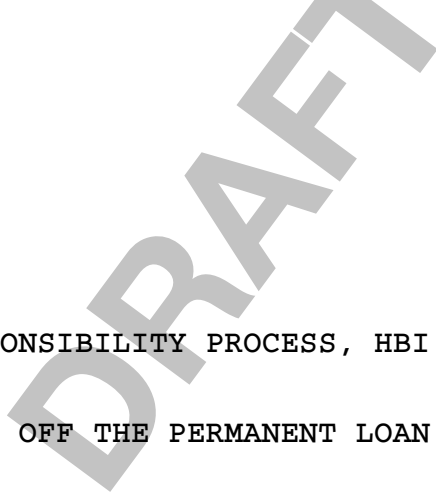
ANY DIVERSION BY GRANTEE

NONE NOTED

RESULTS OF VERIFICATION

AS PART OF THEIR EXPENDITURE RESPONSIBILITY PROCESS, HBI VERIFIED THE FOLLOWING:

1. THE INVESTMENT WAS USED TO PAY OFF THE PERMANENT LOAN ON KITTREDGE LLC'S PROPERTY.
2. HBI RECEIVED BACK UP DOCUMENTATION FOR THE LOAN PAYOFF. HBI RECEIVES INTERNAL FINANCIAL STATEMENTS AND TAX FILINGS ANNUALLY.
3. THE GRANTEE HAS KEPT ADEQUATE BOOKS AND RECORDS AND MADE THEM AVAILABLE TO HBI THROUGHOUT THE YEAR. THE BOOKS AND RECORDS OF KITTREDGE LLC WERE AUDITED BY AN INDEPENDENT AUDITOR AND INCLUDED IN HBI'S FINANCIAL STATEMENTS AND THUS, HBI IS REASONABLY ASSURED THE MONIES WERE USED FOR ITS INTENDED PURPOSE.
4. THE EXPENDITURES MADE WITH THIS FUNDING DO NOT RELATE TO CARRYING ON PROPAGANDA, INFLUENCE LEGISLATION, OR INFLUENCE THE OUTCOME OF ANY PUBLIC ELECTIONS OR TO CARRY ON VOTER REGISTRATION DRIVES.



FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 19

ACTIVITY ONE

RENTAL: RENTAL PROPERTY CONSISTS OF THREE HISTORIC PROPERTIES, ALL REDEVELOPED BY HBI. THE OLD CORNER BOOKSTORE, IS A COMMERCIAL BUILDING ON THE OFFICIAL FREEDOM TRAIL SITE IN DOWNTOWN BOSTON WITH RETAIL AND OFFICE SPACE. THE VERTULLO BUILDING, THE OLDEST AND ONLY SURVIVING WOODEN COMMERCIAL BUILDING IN THE CLARY AND LOCAN SQUARES COMMERCIAL DISTRICT OF HYDE PARK, CONTAINS FIVE SMALL BUSINESSES AND FOUR UPPER STORY RESIDENTIAL UNITS. THE EUSTIS FIREHOUSE BUILDING, THE OLDEST REMAINING FIREHOUSE IN BOSTON, BUILT IN 1859, IS OPERATED AS COMMERCIAL OFFICE SPACE.

TO FORM 990-PF, PART VIII-A, LINE 1

EXPENSES

833,646.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 20

ACTIVITY TWO

REAL ESTATE DEVELOPMENT: REPRESENTS HBI'S EFFORTS TO REDEVELOP AND REHABILITATE AT-RISK HISTORIC PROPERTIES. A PROJECT MAY BE UNDER REVIEW, WITH UNDERWRITING AND PRE-DEVELOPMENT ACTIVITY IN PROCESS FOR ONE OR SEVERAL YEARS, IN ORDER TO PLAN ITS REDEVELOPMENT OR TO CONCLUDE IT IS NOT FEASIBLE. WHEN A PROJECT IS READY FOR REDEVELOPMENT, HBI ARRANGES FINANCING, INVESTMENT AND PRIVATE OR PUBLIC FUNDING AS APPROPRIATE FOR THE PROPERTY TO CARRY OUT THE PLAN.

TO FORM 990-PF, PART VIII-A, LINE 2

EXPENSES

38,961.

ACTIVITY THREE

EASEMENT MONITORING: DESIGNED TO PROTECT SIGNIFICANT RESOURCES IN PERPETUITY FROM UNSYMPATHETIC OR INAPPROPRIATE EXTERIOR OR INTERIOR ALTERATIONS, NEGLECT, OR DEMOLITION BY MEANS OF PRESERVATION RESTRICTION AGREEMENTS.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 3

445,385.

DRAFT

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name HISTORIC BOSTON INCORPORATED	Employer Identification Number 04-6111819
--------------------------------------	--

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - RENT OF RESIDENT AND	261,321.
FEDERAL PRE-2018 NET OPERATING LOSS	94,787.
MA NET OPERATING LOSS	356,108.

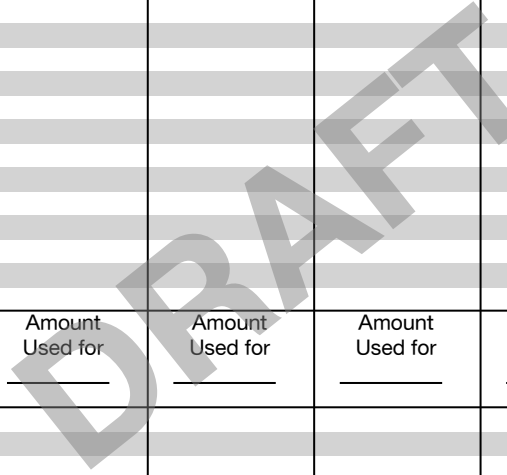
DRAFT

Type and Entity: RENT OF RESIDENT AND C POST-2017 NO
 Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

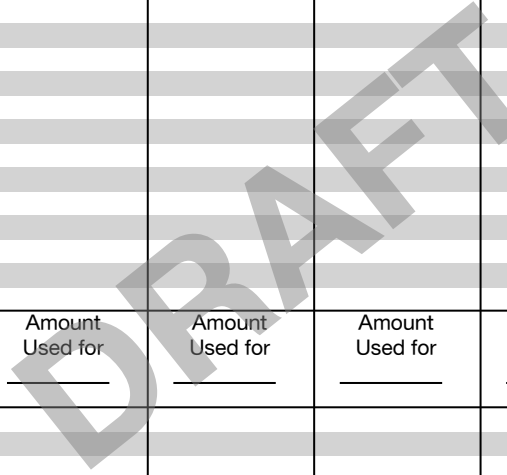
Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
			_____	_____	_____	_____	_____	_____	_____	_____	_____
A 2018	59,172.										
B 2019	33,636.										
C 2020	61,708.										
D 2021	73,364.										
E 2022	17,648.										
F 2023	15,793.										
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
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N											
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W											



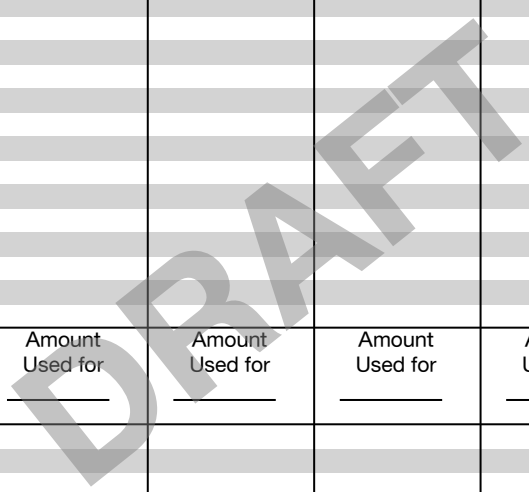
Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2015	10,049.									
B	2016	20,250.									
C	2017	64,488.									
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
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M											
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U											
V											
W											



Type and Entity: NOL MA **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2015	10,049.									
B	2016	20,250.									
C	2017	64,488.									
D	2018	59,172.									
E	2019	33,636.									
F	2020	61,708.									
G	2021	73,364.									
H	2022	17,648.									
I	2023	15,793.									
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
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V											
W											



IRS E-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer: HISTORIC BOSTON INCORPORATED; EIN or SSN: 04-6111819; Name and title of officer or person subject to tax: KATHY KOTTARIDIS, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

1a Form 990 check here; 2a Form 990-EZ check here; 3a Form 1120-POL check here; 4a Form 990-PF check here; 5a Form 8868 check here; 6a Form 990-T check here (checked); 7a Form 4720 check here; 8a Form 5227 check here; 9a Form 5330 check here; 10a Form 8038-CP check here; b Total revenue; b Total tax; b Tax based on investment income; b Balance due; b Total tax; b Total tax; b FMV of assets at end of tax year; b Tax due; b Amount of credit payment requested

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

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize AAFCPAS, INC. to enter my PIN 74084. ERO firm name; Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

0419895555

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: AAFCPAS, INC.; Date: 05/31/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. HISTORIC BOSTON INCORPORATED	Taxpayer identification number (TIN) 04-6111819
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3 SCHOOL STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02108	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **KATHY KOTTARIDIS**
3 SCHOOL STREET - BOSTON, MA 02108

Telephone No. **617-442-1859** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 11,106,294, D Employer identification number 04-6111819, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No (checked)

L The books are in care of KATHY KOTTARIDIS Telephone number 617-442-1859

Part I Total Unrelated Business Taxable Income table with 11 rows and 2 columns (description, amount).

Part II Tax Computation table with 7 rows and 2 columns (description, amount).

Part III Tax and Payments table with 5 main rows and sub-rows (1a-1d, 3a-3e, 4, 5) and 2 columns (description, amount).

Part III Tax and Payments <i>(continued)</i>			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		Yes No X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ <u>94,787.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
531110		\$ 245,528.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	EXECUTIVE DIRECTOR	
				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	SORIE KABA, CPA	SORIE KABA, CPA	05/31/24	PTIN P01317106
	Firm's name AAFCPAS, INC.	Firm's address 50 WASHINGTON STREET WESTBOROUGH, MA 01581		Firm's EIN 04-2571780
				Phone no. 508-366-9100

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	10,049.	0.	10,049.	10,049.
12/31/16	20,250.	0.	20,250.	20,250.
12/31/17	64,488.	0.	64,488.	64,488.
NOL CARRYOVER AVAILABLE THIS YEAR			94,787.	94,787.

DRAFT

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

OMB No. 1545-0047

2023

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization HISTORIC BOSTON INCORPORATED	B Employer identification number 04-6111819
C Unrelated business activity code (see instructions) 531110	D Sequence: 1 of 1

E Describe the unrelated trade or business **RENT OF RESIDENT AND COMMERCIAL REAL PROPERTY**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	20,054.	35,847.	-15,793.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	20,054.	35,847.	-15,793.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-15,793.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-15,793.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A **20 EUSTIS STREET, ROXBURY, MA 02119**

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property	87,066.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) STMT 26	59,615.			
b Other deductions (attach statement) STMT 27	96,019.			
c Total deductions (add lines 3a and 3b, columns A through D)	155,634.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 24	368,512.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 25	1,599,912.			
6 Divide line 4 by line 5	23.033%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	20,054.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	20,054.			
9 Allocable deductions. Multiply line 3c by line 6	35,847.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	35,847.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income		8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).		0.
				Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		0.
Totals						0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		0.
				Add amounts in column 5. Enter here and on Part I, line 9, column (B).
				0.
Totals				0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 23

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	59,172.	0.	59,172.	59,172.
12/31/19	33,636.	0.	33,636.	33,636.
12/31/20	61,708.	0.	61,708.	61,708.
12/31/21	73,364.	0.	73,364.	73,364.
12/31/22	17,648.	0.	17,648.	17,648.
NOL CARRYOVER AVAILABLE THIS YEAR			245,528.	245,528.

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 24
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
	2	
BEGINNING FIRST MONTH		368,512.
BEGINNING SECOND MONTH		368,512.
BEGINNING THIRD MONTH		368,512.
BEGINNING FOURTH MONTH		368,512.
BEGINNING FIFTH MONTH		368,512.
BEGINNING SIXTH MONTH		368,512.
BEGINNING SEVENTH MONTH		368,512.
BEGINNING EIGHTH MONTH		368,512.
BEGINNING NINTH MONTH		368,512.
BEGINNING TENTH MONTH		368,512.
BEGINNING ELEVENTH MONTH		368,512.
BEGINNING TWELFTH MONTH		368,512.
TOTAL OF ALL MONTHS		4,422,144.
NUMBER OF MONTHS IN YEAR		12
AVERAGE ACQUISITION DEBT		368,512.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 25
 AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
	2	
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR		1,628,705.
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR		1,571,118.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		1,599,912.
TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5		

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 26

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		59,615.	
- SUBTOTAL -	2		59,615.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			59,615.

FORM 990-T (A)

PART V - OTHER DEDUCTIONS

STATEMENT 27

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
INTEREST		7,436.		
REPAIRS AND MAINTENANCE		41,697.		
UTILITIES		2,094.		
RENT		14,868.		
INSURANCE		11,574.		
PROPERTY MANAGEMENT		2,400.		
REAL ESTATE TAXES		553.		
LEGAL FEES		1,645.		
ACCOUNTING FEES		5,566.		
OFFICE EQUIPMENT AND SUPPLIES		422.		
PRINTING AND POSTAGE		22.		
PENSION PLANS & BENEFITS		572.		
PAYROLL TAXES		497.		
SALARIES		6,673.		
- SUBTOTAL -	2	96,019.	1.00	96,019.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				96,019.

DRAFT

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM M-990T

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

HISTORIC BOSTON INCORPORATED
3 SCHOOL STREET
BOSTON, MA 02108

PREPARED BY:

AAFCPAS, INC.
50 WASHINGTON STREET
WESTBOROUGH, MA 01581

TO BE SIGNED AND DATED BY:

THE AUTHORIZED INDIVIDUAL(S).

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	0

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

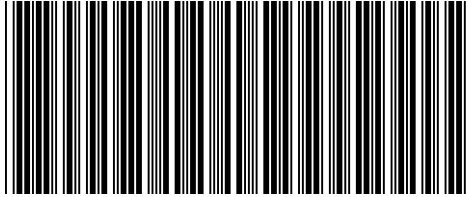
MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

MASS. DEPARTMENT OF REVENUE
P.O. BOX 7067
BOSTON, MA 02204

RETURN MUST BE MAILED ON OR BEFORE:

DECEMBER 16, 2024

SPECIAL INSTRUCTIONS:



2023 Form M-990T

MA23636011019

Unrelated Business Income Tax Return

Year beginning 01012023 Ending 12312023

HISTORIC BOSTON INCORPORATED 04 6111819 617 442 1859
3 SCHOOL STREET BOSTON MA 02108
KATHY KOTTARIDIS

Number of employees in Massachusetts Number of employees worldwide
Check if: Initial return Final return Name change Address change Amended return
Amended return due to federal change Amended return due to federal audit Amended return due to IRS BBA Partnership Audit
Enclosing Schedule DRE Enclosing Schedule FCI Enclosing Schedule TDS
S election termination or revocation Member of lower-tier entity
Check if (one only): 501(c)(3) 501
Check if: the corporation was a subsidiary in an affiliated group or a parent-subidiary controlled group during the taxable year

1. Unrelated business taxable income	1	-15793
2. Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	2	
3. Section 168(k) "bonus" depreciation adjustment	3	
4. Section 31I and 31K intangible expense add back adjustment	4	
5. Section 31J and 31K interest expense add back adjustment	5	
6. Federal NOL add back adjustment	6	
7. State and municipal bond interest not included in U.S. net income	7	
8. Other adjustments	8	
9. Other deductions	9	
10. Income subject to apportionment	10	-15793
11. Income apportionment percentage	11	1.000000
12. Multiply line 10 by line 11	12	-15793

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

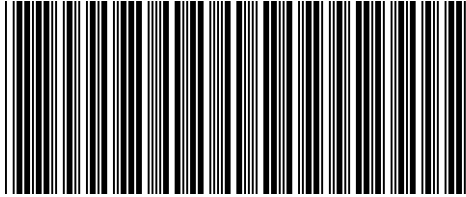
Signature of appropriate officer Date Phone
SORIE KABA, CPA 05312024 5083669100
Paid preparer's signature Date Paid preparer's EIN
SORIE KABA, CPA 05312024 04 2571780

Check if DOR may discuss this return with the paid preparer (see instructions)

Taxpayer's e-mail address
KATHY@HISTORICBOSTON.ORG

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

05/31/2024 12:58:02



2023 Form M-990T

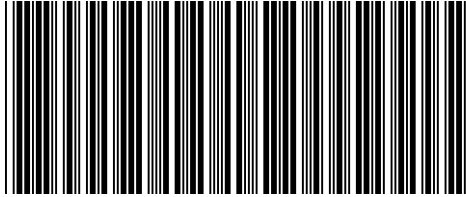
MA23636021019

Unrelated Business Income Tax Return

04 6111819

13. Income not subject to apportionment	13	
14. Add lines 12 and 13	14	-15793
15. Certified Massachusetts solar or wind power deduction	15	
16. Taxable income before net operating loss deduction	16	-15793
17. Loss carryover deduction	17	
18. Taxable income. Subtract line 17 from line 16	18	-15793
19. Multiply line 18 by .08	19	
20. Credit recapture (enclose Schedule CRS) and/or additional tax on installment sales	20	
21. Excise due before credits. Add lines 19 and 20	21	
22. Total credits. Enclose Schedule CMS	22	
23. Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0"	23	0
24. Voluntary contribution for endangered wildlife conservation	24	
25. Total excise plus voluntary contribution. Add lines 23 and 24	25	0
26. 2022 overpayment applied to 2023 estimated tax	26	
27. 2023 Massachusetts estimated tax payments (do not include amount in line 26)	27	
28. Payment made with extension	28	
29. Payment with original return. Use only if amending a return	29	
30. Pass-through entity withholding. Payer ID number	30	
31. Total refundable credits. Enclose Schedule CMS	31	
32. Total payments. Add lines 26 through 31	32	
33. Amount overpaid. Subtract line 25 from line 32	33	
34. Amount overpaid to be credited to 2024 estimated tax	34	
35. Amount overpaid to be refunded. Subtract line 34 from line 33	35	
36. Balance due. Subtract line 32 from line 25	36	
37a. M-2220 penalty	37a	
37b. Other penalties	37b	
37. Total penalty. Add lines 37a and 37b	37	
38. Interest on unpaid balance	38	
39. Total payment due at time of filing	39	

05/31/2024 12:58:02



2023 Schedule E (Form M-990T)
 MA23636031019

HISTORIC BOSTON INCORPORATED 04 6111819

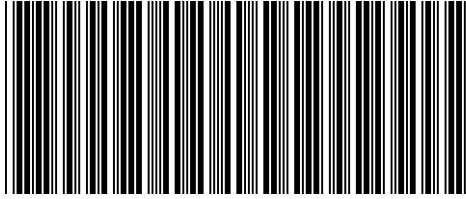
Part I Unrelated Trade or Business Income (from U.S. Form 990T, Schedule A, Part I)

1a.	Gross receipts or sales	1a	
1b.	Less returns and allowances	1b	
1c.	Balance. Subtract line 1b from line 1a	1c	
2.	Cost of goods sold	2	
3.	Gross profit. Subtract line 2 from line 1c	3	
4a.	Capital gain net income (attach Schedule D. From U.S. Form 1120).	4a	
4b.	Net gain or loss from U.S. Form 4797 (attach U.S. Form 4797).	4b	
4c.	Unused capital loss carryover	4c	
4d.	Balance. Subtract line 4c from the total of lines 4a and 4b	4d	
5.	Income or loss from a partnership or an S corporation (attach statement)	5	
6.	Rent income	6	
7.	Unrelated debt-financed income	7	-15793
8.	Interest, annuities, royalties and rents from a controlled organization	8	
9.	Investment income of § 501(c)(7), (9) or (17) organizations	9	
10.	Exploited exempt activity income	10	
11.	Advertising income	11	
12.	Other income (attach statement)	12	
13.	Total income. Combine lines 3 through 12	13	-15793

Part II Deductions not Taken Elsewhere (from U.S. Form 990T, Schedule A, Part II)

1.	Compensation of officers, directors, and trustees	1	
2.	Salaries and wages	2	
3.	Repairs and maintenance	3	
4.	Bad debts	4	
5.	Interest	5	
6.	Taxes and licenses	6	
7.	Depreciation	7	
8.	Less depreciation	8	
9.	Depletion	9	
10.	Contributions to deferred compensations	10	
11.	Employee benefit programs	11	
12.	Excess exempt expenses	12	
13.	Excess readership costs	13	
14.	Other deductions	14	
15.	Total deductions. Combine lines 1 through 14	15	

05/31/2024 12:58:02



2023 Schedule E, pg. 2

(Form M-990T)

MA23636041019

04 6111819

Unrelated Business Taxable Income Before Adjustments

16. Unrelated business taxable income before adjustments. Subtract Part II, line 15 from Part I, line 13	16	-15793
17. Deduction for net operating loss	17	
18. Unrelated business taxable income	18	-15793

Part III Other Adjustments

1. Research and development	1	
2. Adjustments other than in lines 1 and 2		
Item	Amount	

2. Total line 2 adjustments	2	
3. Total Part III adjustments. Combine total of lines 2 through 3. Enter this amount on Form M-990T, line 8	3	

Part IV Other Deductions (Form M-990T, Line 9)

1. Abandoned building and renovation deduction	1	
2. Deductions other than in line 1		
Item	Amount	

2. Total line 2 deductions	2	
3. Total Part IV adjustments. Combine total of lines 1 and 2. Enter this amount on Form M-990T, line 9	3	

Part V Adjustments (Income not subject to apportionment from Form M-990T, Line 13)

1. List item(s) and amount(s) of income not subject to apportionment		
Item	Amount	
1. Total Part V adjustments. Enter this amount on Form M-990T, line 13	1	