

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

| <u>A F</u> | or th | e 2008 calendar year, or tax year beginning 07/01, 2008, and endin | ıg | | | | 0,2009 | |
|----------------|------------------|--|-------------|------------|--------------------------------|--------------------------|------------------------|--------------|
| Вс | heck if ap | | | D Er | nployer id | entificati | on number | |
|)· | Addre: | e label or Doing Business As | | 5 | 3-0217 | 487 | | |
| 7 | Name | change print or Number and street (or P O box if mail is not delivered to street address) Room | n/suite | E Te | lephone n | umber | | |
| - 1 | Initial | return See 400 A STREET, S.E. | | (| 202) 54 | 14-24 | 22 | |
| <u>`</u> | Termi | Specific C.4. as to the second of TIP 1.4 | - 1 | | | | | |
| "├─ | Amen | ded dons. MACHT NCTON DC 20003 | ł | G G | oss receip | ts \$ | 7,537 | 441 |
| | return Applic | ation F Name and address of principal officer | | H(a) 1 | s this a grou | | | V No |
| | pendir | 10 | | | affiliates? Are all affilia | tes include | \vdash | No |
| ~ τ | Tay av | empt status | | | | | ee instructions) | L) 140 |
| 31 | | A CONTRACTOR OF THE PROPERTY O | | | | • | • | |
| | | te: > WWW. HISTORIANS. ORG | 1 | <u></u> - | Group exem | | | |
| _ | | | tormati | on 1 | 384 M | State of I | egal domicile | DC |
| عبار | rtl | Summary | | | | | | |
| کر اح | 1 | Briefly describe the organization's mission or most significant activities | | | | | | |
| | | THE ASSOCIATION'S PRIMARY PURPOSE IS TO PROMOTE HISTORI | CAL_ | STU | DIES, | | | |
| auc | ł | THE COLLECTION AND PRESERVATION OF HISTORICAL MANUSCRIP | TS. | AND | THE_ | | | |
| Ë | l | DISSEMINATION OF HISTORICAL RESEARCH. | | | | | | |
| Governance | 1 | Check this box if the organization discontinued its operations or disposed of more that | | of its | assets | | | |
| ∞ | | Number of voting members of the governing body (Part VI, line 1a) | | | | 3 | | 14 |
| es | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | • • | | 4 | | 14 |
| Activities | 5 | Total number of employees (Part V, line 2a) | | • • | | 5 | | 28 |
| Ę | 6 | Total number of volunteers (estimate if personal) | | • • | | 6 | | 20 |
| ⋖ | 7_ | Total number of volunteers (estimate if necessary) | | • • | | | 7.0 | 700 |
| | /a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | | | | 7a | | <u>,790.</u> |
| | _ <u>b</u> | Net unrelated business taxable income from Form 990-T, line 34 | | | | 7b | | <u>,894.</u> |
| | | | ļ | | or Year | | Current \ | ear |
| ē | 8 | Contribution and grants (Part VIII, line 1h) | . | | 106,86 | 3. | | <u>,518.</u> |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) RECEIVED | • | 2,8 | 331 , 89 | 1. | 2,601 | <u>,976.</u> |
| ě | יין | investment income (Part VIII, Column (A), lines 3, 4, and 7d) | | | 98,57 | 0. | -571 | <u>,259.</u> |
| _ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | (| 550,54 | 1. | 831 | ,040. |
| | 12 | Total revenue - add lines 8 through 11 (must equa 民 art VIIII) Aprum (A) (小) (1) (A) | | 3,6 | 587 , 86 | 5. | 2,977 | , 275. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | 214,66 | | | ,468. |
| | | | | | | | | NONE |
| 10 | 15 | Benefits paid to or for members (Part IX, column (A), line CGDEAL (1)T. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | • | 1 . | 351,46 | 6 | 1,551 | |
| ses | 162 | Professional fundraising fees (Part IX, column (A), line 11e) | | <u> </u> | 771740 | - | 1, 331 | NONE |
| Expense | 104 | | | _ | | | | NONE |
| Ä | A - D | Total fundraising expenses, Part IX, column (D), line 25) ▶ | - + | | | | 1 000 | 260 |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | | 945,79 | | 1,926 | |
| | 1 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | | 511,92 | | 3,544 | |
| - 10 | 19 | Revenue less expenses Subtract line 18 from line 12 | | | 175,93 | | | <u>,129.</u> |
| ž Š | 1 | | В | eginn | ing of Ye | ar | End of Y | ear |
| Assets or | 20 | Total assets (Part X, line 16) | | 4, | 751 <u>,38</u> | 6. | 4,421 | <u>,414.</u> |
| 4 B | 21 | Total liabilities (Part X, line 26) | | 1, | 42,93 | 8. | 1,078 | ,443. |
| 줉 | 22 | Net assets or fund balances Subtract line 21 from line 20 | | 3, 6 | 508,44 | 8. | 3,342 | ,971. |
| | rt II | Signature Block | | | | | | |
| نجعد | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedu | les and | States | nents and | to the | hest of my b | nowledge |
| | | and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on a | all infor | mation | of which | prepare | er has any kr | owledge |
| 6 | ign | . R la Mach | | - | | א אוניל | D | |
| | ere | Signature of officer | | | Date / | 1711 | | |
| п | CIE | | | | | | | |
| | | Darly's Nore (1 | | | | | | |
| | | Type or print name and title | - 41. 7 | | T = | | | |
| | | Preparers | eck if | _ | | arer's ide instructio | entifying numb ens) | er |
| Paid | | | ployed | ▶ | | | <u>310424</u> _ | |
| | parer's | Firm's name (or yours MCMASTER & ASSOCIATES, PC | | EIN | | 05- | 0562522 | |
| USB | Only | address, and ZIP + 4 1015 18TH STREET, NW, STE 1101 WASHINGTON, DC 20036 | | Phone | no 🕨 | | -223-50 | 01 |
| Mav | the IF | RS discuss this return with the preparer shown above? (See instructions) | | | | | X Yes | No |
| | 2 | And and Benevices Deduction Ant Notice and the communications | · · · · | | | <u> </u> | | 0 (2008) |

JSA 8E 1010 2 000

Scanned Jul 2 1 2010

| Part | V Checklist of Required Schedules | | | <u> </u> |
|----------------|--|--------|-------|--------------------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | |
| | Schedule C, Part II | 4 | x | |
| 5 | Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | | | |
| | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete | | | |
| | Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | | | |
| | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, | | | |
| | Parts VI, VII, VIII, IX, or X as applicable | 11 | X | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return | | | |
| | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Х | l |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | |
| | business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | _X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Part III. | 16 | _X | |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | <u>X</u> |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | _X |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Χ |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete | | | |
| | Schedule J | 23 | _X_ | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions | | | |
| - | 24b-24d and complete Schedule K If "No," go to question 25 | 24a | | <u>X</u> _ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| _ | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | _ | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | _X_ |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified | ا ۔۔ ا | | ١ |
| | person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | _X_ |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| o- | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or | | | ļ ,, |
| JSA 8F 1021 | substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | 990 | <u>X</u> (2008) |
| 051021 | 1.000 | Loim | J J U | (2000) |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|---------|--|-----|-----|----|
| 28 a | During the tax year, did any person who is a current or former officer, director, trustee, or key employee Have a direct business relationship with the organization (other than as an officer, director, trustee, or | | | |
| Ī | employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, | | | |
| | Part IV | 28a | | х |
| b | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | | | | |
| | professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31_ | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, | | | |
| | III, IV, and V, line 1 | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | | | |
| | Schedule R, Part V, line 2 | 35 | | Х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part | | | |
| | VI | 37 | | x |

Form **990** (2008)

Page 5

Part V

| Par | Statements Regarding Other IRS Filings and Tax Compliance | | | |
|-----|---|------|-----|-------------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | |
| | U S Information Returns Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 28 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2ь | х | |
| - | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | | | |
| | this return? | 3a | х | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3 b | X | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country | | | |
| _ | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank | | | |
| | and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | l | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | | | |
| _ | Prohibited Tax Shelter Transaction? | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | | X |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6 b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7 c | | <u> </u> |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | |
| | benefit contract? | 7e | | <u> </u> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | <u> </u> |
| | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | | |
| | required? | 7h | | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section | 1 | | |
| | 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8 | | <u> </u> |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | <u> x</u> _ |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 96 | | <u> </u> |
| 0 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] | | | |
| | Section 501(c)(12) organizations. Enter | | J | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | ĺ | |
| | amounts due or received from them) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| _b_ | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| | | Form | 990 | (2008) |

Part VI

| <u>Sec</u> | tion A. Governing Body and Management | | | |
|-------------|---|---------|-------------|----------|
| | | | Yes | No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the | | | |
| | circumstances, process, or changes in Schedule O See instructions | | | |
| 1a | Enter the number of voting members of the governing body | - | | |
| b | Enter the number of voting members that are independent 1b 14 | - | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | } |
| _ | any other officer, director, trustee, or key employee? | 2 | | _X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| _ | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | Χ_ |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | 1 | | |
| | of the governing body? | 7 a | | <u> </u> |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7 b | | X |
| 8 | Did the organizations contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following | | | |
| а | The governing body? | 8a | X_ | |
| þ | Each committee with authority to act on behalf of the governing body? | 8 b | X | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | _X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations | | | |
| | must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | _x_ | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | | _X |
| <u>Sect</u> | ion B. Policies | | | |
| | | | Yes | No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | X_ | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this is done | 12c | _ <u>X</u> | |
| 13 | Does the organization have a written whistleblower policy? | 13 | _X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | _X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | |
| а | The organization's CEO, Executive Director, or top management official? | 15a | _x | |
| b | Other officers or key employees of the organization? | 15b | _x | |
| | Describe the process in Schedule O (see instructions) | | ľ | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| Sect | ion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶_DC, | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) | s only) | | |
| | available for public inspection. Indicate how you make these available. Check all that apply. | | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte | rest | | |
| | policy, and financial statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | 20 | | |
| | State the hame, physical address, and telephone humber of the person who possesses the books and records of the | 10 | | |
| | | ic | _ | |
| | organization ►THE ASSOCIATION 400 A STREET, S. E. WASHINGTON, DC 20003 (202) 544-2422 | | . . | |

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| (A) | (B) | | | (0 | | | | (D) | (E) | (F) |
|----------------------------------|----------------------|-----------------------------------|-----------------------|------------|--------------|------------------------------|----------------|--|--|--|
| Name and Title | Average hours per | | | | k all | that ap | ply) Former | Reportable compensation | Reportable compensation | Estimated amount of |
| | week | Individual trustee or director | Institutional trustee | icer | Key employee | Highest compensated employee | mer | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| TRUDY H. PETERSON | | | | J | | | | | | |
| COUNCIL MEMBER | 1. | Х | | | | | | NONE | | NONE |
| PRASENJIT DUARA | | | | | | | | | | |
| COUNCIL MEMBER | 1. | Х | | | | | | NONE | | NONE |
| SARAH MAZA | | | | | | | | | | |
| COUNCIL MEMBER | 1. | X | | | | | <u> </u> | NONE | | <u> </u> |
| JOHN KELLY THORNTON | | | | | | | | | | |
| COUNCIL MEMBER | 1. | Х | | _ | | | | NONE | | <u> </u> |
| ELISE S. LIPKOWITZ | | | | | | | | | | |
| COUNCIL MEMBER | 1. | Х | | | | | <u> </u> | NONE | | <u>N</u> ONĘ |
| LARRY WOLFF | | | | | | | | | | |
| COUNCIL MEMBER | 1. | X | | | | | ļ. — | NONE | | NONE |
| JESUS FRANCISCO MALARET | | l l | | | | | | ,,,,,,, | : | VAND |
| COUNCIL MEMBER | 1 | Х | \vdash | \dashv | | | ├ | NONE | | NONE |
| BARBARA L TISCHLER | , | , | | | | | | NONE | | NONE |
| COUNCIL MEMEBER | 1. | X | \dashv | \dashv | | | | NONE | | <u>NONE</u> |
| GABRIELLE M. SPIEGEL | , | | | x | | | | NONE | | NONE |
| IMM. PAST PRESIDENT | 1. | - | \dashv | ^ | | | | NONE | | <u>NONE</u> |
| LAUREL THATCHER ULRICH PRESIDENT | 1. | | | х | | | | NONE | | NONE |
| DAVID J. WEBER | | - | | ^ | _ | | | NONE | | NONE |
| VICE PRESIDENT | 1. | | | $_{\rm x}$ | | | | NONE | | NONE |
| | | | | $\hat{}$ | | | | NONE | | NONE |
| IRIS BERGER VICE PRESIDENT | 1. | | | $_{\rm x}$ | | | | NONE | | NONE |
| KAREN HALTTUNEN | | | \Box | ^ | - | | | | | |
| VICE PRESIDENT | 1. | i | | x I | | | | NONE | | NONE |
| BARBARA D. METCALF | | | | ^ | | | | | | |
| PRESIDENT ELECT | 1. | | | $_{\rm x}$ | | | | NONE | | NONE |
| ARNITA A. JONES | | | | | | | | | | |
| EXECUTIVE DIRECTOR | 35 <i>.</i> | | | | х | | | 177,916. | | 25,882. |
| RANDY NORELL | | | | f | | | | | | |
| CONTROLLER | 35. | | | | | x | | 103,803. | | 18,380. |
| | | | | | | | | | | |
| | | L | | | | | | | | |

Form 990 (2008)

JSA

| Pa | art VII Section A. Officers, Directors, Tru | stees, Ke | y En | ıplo | ye | es, | and I | ligi | hest Compensat | ed Employe | es (contin | ued) |
|-----------|--|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|--|---|--------------------------|---|
| | (A) Name and title | (B) Average | $\overline{}$ | | chec | , - | that app | | (D) Reportable | (E) Reportable | I | (F) Estimated |
| | • | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensati from relate organizatio (W-2/1099-M | ed ns co ISC) o | amount of other mpensation from the rganization and related ganizations |
| | | | | | | | | | | | | |
| | | | | | | | | | - | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | ··· · | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | ** |
| | | | | | | | | | | | | |
| <u>1b</u> | Total | | | | | | | <u> </u> | 281,719. | | | 44,262 |
| 2 | Total number of individuals (including those organization ► 2 | e in 1a) w | /ho re | ece | ved | m | ore th | nan | \$100,000 in rep | oortable com | pensation | |
| 3 | Did the organization list any former offic | er, directo | or or | tru | ste | e, i | кеу е | mp | loyee, or highest | t compensate | ed | Yes No |
| 4 | employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the | | | | | | | | | | | X |
| • | the organization and related organizations | greater th | an \$ | 150 | ,00 | 0? | If "Y | es," | complete Sched | ule J for su | ch | _x |
| 5 | Did any person listed on line 1a receive services rendered to the organization? If "Yes," | | | | | | | | | | | X |
| Se | ction B. Independent Contractors | | | | | | | | | | | |
| 1 | Complete this table for your five highest compensation from the organization | compensat | ed in | dep | end | lent | cont | rac | tors that received | d more than | \$100,00 | 0 of |
| | (A) Name and business addr | ess | | | | | | | (B) Description of ser | vices | | C) ensation |
| | | | | | | | | | | | · | |
| _ | | | | | | | _ | | | | | |
| 2 | Total number of independent contractors (iii | ncluding th | nose | ın 1 |) w | vho | rece | ivec | d more than \$10 | 0,000 in | | |
| | compensation from the organization N | ONE | | | | | | | | | | |

| Par | t VIII | Statement of Revenue | | | 53-0217487 | | |
|--|--------|---|--|----------------------|--|---|---|
| | | • | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| इ इ | 1a | Federated campaigns 1a | | | | | |
| Contributions, gifts, grants and other similar amounts | b | Membership dues 1b | | | | | |
| ts, g arno | С | Fundraising events 1c | | | | | |
| gif | d | Related organizations 1d | | | I | | |
| imi, | е | Government grants (contributions) 1e | 25, 300. | | | | |
| utio er s | f | All other contributions, gifts, grants, | | | | | |
| of in | | and similar amounts not included above . 1f | 90,218. | | | | İ |
| ou | g | Noncash contributions included in lines 1a-1f \$ | | | j | | |
| | h_ | Total. Add lines 1a-1f | | 115, 518. | | | |
| Program Service Revenue | | | Business Code | | | | |
| eve | | ANNUAL CONFERENCE | | 1,048,656. | 1,048,656. | | |
| e e | | PUBLICATIONS | 541800 | _389, 332 | 310, 542. | 78, 790. | |
| ž | С | MEMBERSHIP DUES | | 1,163,988. | 1,163,988. | | - |
| Se | d | | | | | | |
| ш | е | | | | | | |
| ğ | f | All other program service revenue | | | | | |
| ٥. | g | Total. Add lines 2a-2f | | 2,601,976. | | | |
| | 3 | Investment income (including dividends, inte | rest, and | 54.564 | 54.664 | | |
| | | other similar amounts) | | 54,664 | 54,664. | · | |
| | 4 | Income from investment of tax-exempt bond | | NONE | | | |
| | 5 | Royalties · · · · · · · · · · · · · · · · · · · | (II) Personal | NONE | | 71.1 | |
| | | | (, | - | | | |
| | 6 a | Gross Rents | | | | | |
| | b | Less rental expenses | | | | | |
| | C | Rental income or (loss) | | NONE | · | | |
| | d | (i) Securities | (II) Other | NONE | | · | |
| | 7 a | Gross amount from sales of | | | | | |
| | | 200000 | • | | | | ļ |
| | D | Less cost or other basis and sales expenses 4,560,166 | | | | | |
| | _ | Gain or (loss) | | | | | |
| | C d | Net gain or (loss) | | -625, 923. | | | |
| | 8 a | Gross income from fundraising | | | | | |
| Ð | "" | events (not including \$ | | | | | |
| enr | | of contributions reported on line 1c) | 1 | 1 | | | |
| Şe^ | | See Part IV, line 18 | | Ì | | | |
| Other Revenue | ь | Less direct expenses | 1 | | _ | | |
| ş | c | Net income or (loss) from fundraising events | . <u></u> | NONE | | | |
| | ! | Gross income from gaming activities | | | | | |
| | | See Part IV, line 19 | · | | | | |
| | b | Less direct expenses | ـــــا | | | | |
| | С | Net income or (loss) from gaming activities . | . <u></u> | NONE | | | |
| | 10a | Gross sales of inventory, less returns and allowances | | | | | |
| | h | Less cost of goods sold | 1 | | | - | |
| | | Net income or (loss) from sales of inventory. | | NONE | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | ROYALTIES | | 831,040. | 831,040. | | |
| | Ь | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | | Total. Add lines 11a-11d | | 831,040. | | | |
| | 12 | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, | | | İ | | |
| | | 9c, 10c, and 11e | | 2,977,275. | 3,408,890 | 78, 790. | <u> </u> |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b`of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|------------------------------|---|--------------------------------|
| 1 Grants and other assistance to governments and | | | | |
| organizations in the U.S. See Part IV, line 21 | NONE | | | |
| 2 Grants and other assistance to individuals in | | | | |
| the U.S See Part IV, line 22 | 54,668. | 54,668. | | |
| Grants and other assistance to governments, | | | | |
| organizations, and individuals outside the | | | | |
| U.S. See Part IV, lines 15 and 16 | 11,800. | 11,800. | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, | | | | |
| trustees, and key employees | 203, 798. | 91,077. | 112,721. | |
| 6 Compensation not included above, to disqualified | | | | |
| persons (as defined under section 4958(f)(1)) and | | | | |
| persons described in section 4958(c)(3)(B) | NONE | | | |
| 7 Other salaries and wages | 1,025,036. | 458,089. | 566,947. | |
| 8 Pension plan contributions (include section 401 | 2,020,000. | | | |
| (k) and section 403(b) employer contributions). | 67,826. | 30,311. | 37, 5 <u>15.</u> | |
| 9 Other employee benefits | 167, 592. | 74,959. | 92,633. | |
| 0 Payroll taxes | 87, 324. | 39,025. | 48, 299. | · |
| • | 07,324. | 57,025. | 30,200. | |
| 1 Fees for services (non-employees) | NONE | | | |
| a Management | 270. | | 270. | |
| b Legal | 18, 350. | | 18, 350. | = |
| c Accounting | | | 10, 330. | |
| d Lobbying | NONE | | - | |
| e Professional fundraising services See Part IV, line 17 | NONE | | | |
| f Investment management fees | NONE | 410 202 | 06 707 | |
| g Other | 507,080. | 410, 283. | 96, 797. | |
| 2 Advertising and promotion | 950. | 950. | 171 001 | |
| 3 Office expenses | 667,117. | 495, 296. | 171,821. | |
| 4 Information technology | NONE | | | |
| 5 Royalties | NONE | | | |
| 6 Occupancy | NONE | | | |
| 7 Travel | 134,942. | 83, 305. | 51,637. | |
| 8 Payments of travel or entertainment expenses | | | | |
| for any federal, state, or local public officials | NONE | | | |
| 9 Conferences, conventions, and meetings | 258,171. | 250,277. | 7,894. | |
| 0 Interest | NONE | | | |
| 1 Payments to affiliates | NONE | | | |
| 2 Depreciation, depletion, and amortization | 50,571. | | 50,571. | |
| 3 Insurance | NONE | | | |
| 4 Other expenses Itemize expenses not | | | | |
| covered above (Expenses grouped together | | | | |
| and labeled miscellaneous may not exceed | | | | |
| 5% of total expenses shown on line 25 below) | | | | |
| a BAD_DEBTS | 11,962. | | 11,962. | |
| b BANK_SERVICE_CHARGES | 100, 292. | 29,188. | 71,104. | |
| c CONTRACT_SERVICES | | | | |
| d CONTRIBUTIONS AND COALITION | 143,675. | 1,680. | 141,995. | |
| e MISCELLANEOUS. | 15, 493. | 5,915. | 9,578. | |
| f All other expenses | 17,487. | 494,068. | -476,581. | |
| 5 Total functional expenses. Add lines 1 through 24f | 3,544,404. | 2,530,891. | 1,013,513. | |
| 6 Joint Costs. Check here ▶ If following | <u> </u> | | | |
| SOP 98-2 Complete this line only if the organization | | | | |
| reported in column (B) joint costs from a | | | | |
| combined educational campaign and fundraising | | | | |

| عيا | IL X | Balance Sneet | (A) | | | (B) | |
|----------------|-------|--|-------------------|-----|--------|----------------|--|
| | | | Beginning of year | | End | of yea | ır |
| | 1 | Cash - non-interest-bearing | | 1 | | | |
| | 2 | Savings and temporary cash investments | 516,818. | 2 | | 230, | 971. |
| | 3 | Pledges and grants receivable, net | 23, 391. | 3 | | 17, | 291. |
| | 4 | Accounts receivable, net | 187,171. | 4 | | 148, | 615. |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | | | |
| | | employees, or other related parties Complete Part II of Schedule L | | 5 | | _ | |
| | 6 | Receivables from other disqualified persons (as defined under section | | | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II | | | | | |
| | | of Schedule L | | 6 | | | |
| ts | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sales or use | 148,991. | 8 | | 145, | 086. |
| ä | 9 | Prepaid expenses and deferred charges | 28,660. | 9 | | 47, | 985. |
| | 10a | Land, buildings, and equipment cost basis 10a 1, 137, 739. | | | | | . |
| | b | Less accumulated depreciation. Complete | | | | | |
| | | Part VI of Schedule D | 419,421. | 10c | | 417, | 929. |
| | 11 | Investments - publicly traded securities STMT · 3 · · | 3,406,654. | | | | 314. |
| | 12 | Investments - other securities See Part IV, line 11 | | 12 | | | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets See Part IV, line 11 | 20,280. | 15 | | 15. | 223. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 4,751,386. | 16 | 4, | | 414. |
| | 17 | Accounts payable and accrued expenses | 247,519. | 17 | | | 900. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | 895, 419. | 19 | | 847. | 543. |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| Ø | 21 | Escrow account liability Complete Part IV of Schedule D | | 21 | | | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, | | | | | |
| Ē | | highest compensated employees, and disqualified persons. Complete Part II | | 1 1 | | | |
| ٔ تُـ | | of Schedule L | | 22 | | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | | - | |
| | 24 | Unsecured notes and loans payable | | 24 | - | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 25 | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,142,938. | 26 | 1. | 078. | 443. |
| | | Organizations that follow SFAS 117, check here ▶ 💢 and complete | | | | | |
| ės | | lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | 2,510,378. | 27 | 2. | 305. | <u>854.</u> |
| 3ala | 28 | Temporarily restricted net assets | 575,950. | 28 | | | 997. |
| Ā | 29 | Permanently restricted net assets | 522,120. | 29 | _ | 522, | |
| or Fund Balanc | | Organizations that do not follow SFAS 117, check here ▶ ☐ and | | | | <u> </u> | |
| 7 | } | complete lines 30 through 34. | | | | | |
| ts | 30 | Capital stock or trust principal, or current funds | : | 30 | | | |
| Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | | |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | | | |
| Net | 33 | Total net assets or fund balances | 3,608,448. | 33 | 3. | 342, | 971. |
| _ | 34 | Total liabilities and net assets/fund balances | 4,751,386. | 34 | | 421, | |
| Pa | rt XI | Financial Statements and Reporting | 17 , 517 500. | - | | 1641 | 77.1. |
| | | | | | | Yes | No |
| 1 | Acco | ounting method used to prepare the Form 990 Cash X Accrual Othe | r | | | | |
| 2а | | e the organization's financial statements compiled or reviewed by an independent account | | | . 2a | 1 | x _ |
| b | | e the organization's financial statements audited by an independent accountant? | | | | X | |
| c | | es" to lines 2a or 2b, does the organization have a committee that assumes responsibility | | | | \vdash | |
| • | | , review, or compilation of its financial statements and selection of an independent accou | | | . 2c | l x | |
| 3a | | result of a federal award, was the organization required to undergo an audit or audits as s | | • • | 1 | ^ | <u> </u> |
| | | Single Audit Act and OMB Circular A-133? | | | . 3a | ł | × |
| b | | es," did the organization undergo the required audit or audits? | | | | | |
| | | and a distribution of the sales and sales and an analysis and a sales and a sa | | | | n 990 | (2008) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

| AMERIC | | RICAL ASSOC | | | | | | <u> </u> | | 17487 |
|----------|-----------------|--------------------|--|-----------------|---------------|--------------|---|---|--|---------------------|
| Part I | | | ity Status (All organ | | | | | e instru | ctions) | |
| The orga | anization is no | ot a private found | dation because it is (P | lease check | conly one o | organizati | on) | | | |
| 1 📙 | A church, co | onvention of chu | rches, or association | of churche: | s described | ın sectio | n 170(b) | (1)(A)(i). | | |
| 2 | A school de | scribed in section | on 170(b)(1)(A)(ii). (At | tach Sched | lule E) | | | | | |
| 3 | A hospital o | r a cooperative | hospital service organ | ızatıon des | cribed in se | ction 170 | (b)(1)(A) | (iii). (Atta | ach Sched | iule H) |
| 4 | A medical | research organi | zation operated in co | njunction | with a hos | pital des | cribed in | section | 170(b)(1) | (A)(iii). Enter the |
| | hospital's na | ame, city, and sta | ate | | | | | | | |
| 5 | An organiza | ation operated fo | or the benefit of a col | lege or un | iversity ow | ned or o | perated l | oy a gove | ernmental | unit described in |
| | section 170 | (b)(1)(A)(iv). (C | omplete Part II) | | | | | | | |
| 6 | A federal, s | tate, or local gov | vernment or governme | ental unit de | escribed in s | section 1 | 70(b)(1)(| A)(v). | | |
| 7 | An organiza | ation that norma | illy receives a substan | tial part of | its suppor | t from a g | governme | ental unit | or from t | the general public |
| | described in | section 170(b) | (1)(A)(vi). (Complete F | Part II.) | | | | | | |
| 8 | A communit | ty trust describe | d in section 170(b)(1)(| (A)(vi). (Co | mplete Par | t II) | | | | |
| 9 X | | | Ily receives (1) more | | | | m contrib | outions, n | nembersh | ip fees, and gross |
| | _ | | ited to its exempt fun | | | | | | | • |
| | | | ment income and un | | | | | | | |
| | • • | - | n after June 30, 1975 | | | | • | | , | |
| 0 | | - | ind operated exclusive | | | | | - | (see instr | ructions) |
| 1 | - | - | and operated exclusi | • | • | - | | | - | · |
| | - | • | ublicly supported orga | - | | | | | | • |
| | | - | at describes the type o | | | | | | | |
| | a Typ | _ | ¬ '' | | e III - Func | | - | | | pe III - Other |
| е | | _ | ertify that the organiz | | | - | - | rectly by | one or | more disqualified |
| . Ш | • | - | ion managers and oth | | | | | | | |
| | - | section 509(a)(| = | | | F | | · J · · · - | | |
| f | | | -, I a written determina | tion from | the IRS tha | atıtısa | Type 1. | Type II o | r Type III | supporting |
| - | - | , check this box | | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,, | |
| g | • | - | the organization acce | oted any d | ift or contri | bution fro | m any of | the | • • • • • | |
| 9 | following pe | | the organization door | pica any g | , | | any o | 1110 | | |
| | | | or indirectly controls | either ali | one or toa | ether wit | h persor | s describ | oed in (ii) | Yes No |
| | | | erning body of the sup | | | 01.701 1711 | po.oo. | | (, | 11g(i) X |
| | | | person described in (i) a | | | | | | | 11g(ii) X |
| | | | of a person described | | above? | | | | • • • • • | 11g(III) X |
| h | • • | • | ation about the organi | ., ., | • | on sunno | rts | | • • • • • | · [3(/]] A |
| | of supported | (ii) EIN | (iii) Type of organization | | | · | ou notify | (vi) I | ls the | (vii) Amount of |
| | anization | (11) = 114 | (described on lines 1-9 | in col. (i) li: | sted in your | | nization in | organiza | tion in col | support |
| | | | above or IRC section (see instructions)) | governing | document? | | of your port? | | zed in the S? | |
| | ı | | (See mstractions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ** | <u> </u> | | | | | | | | |
| | | |] | |] | ļ |] |] | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | ļ. ———— | | | | | |
| | | | | | | | | | | |
| | | | <u> </u> | | | | | | | |
| | | | | | | | | | | |
| | | | | | | <u> </u> | - | | | |
| otal | | | | | | 1 | |] | ļ . | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

| Par | tll Support Schedule for Org | anizations F | escribed in S | | -0217487)(1)(A)(iv) and | 170(b)(1)(A)(v | Page 2 |
|----------------------|---|---|--------------------|-------------------|---|-----------------|----------------|
| | (Complete only if you chec | | | | | | ·/ |
| | tion A. Public Support | | T | | T | | |
| Cale | endar year (or fiscal year beginning in) 🕨 📙 | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | ļ | | | | |
| 4 | Total. Add lines 1-3 | | <u> </u> | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| | tion B. Total Support | · <u>· · · · · · · · · · · · · · · · · · </u> | · | | , | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 7 8 | Amounts from line 4 | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | ļ | | 1 | | <u> </u> |
| 12 | Gross receipts from related activities, etc. (S | ee instructions) | | | | 12 | |
| 13 | , | | | | | | |
| | organization, check this box and stop here | | | <u> </u> | <u></u> | <u> </u> | <u></u> |
| Sec | tion C. Computation of Public Supp | | | | | 1441 | |
| 14 | Public support percentage for 2008 (lin | ne 6, column (| f) divided by line | 11, column (f)) | | 14 | <u>_</u> 9 |
| 15 | Public support percentage from 2007 | Schedule A, P | art IV-A, line 26f | | | [15] | |
| 16a | 33 1/3% support test - 2008. If the or | ganization did | not check the b | ox on line 13, a | ind line 14 is 33 | 1/3% or more, | check this bo |
| | and stop here. The organization qualifi | es as a public | ly supported org | anization | | | ــــا ۲۰۰۰ |
| b | 33 1/3% support test - 2007. If the or | ganization did | not check a bo | x on line 13 or 1 | iba, and line 15 | IS 33 1/3% OF I | iore, check_ii |
| | box and stop here. The organization qu | | | | | | |
| 17a | 10%-facts-and-circumstances test - 2 is 10% or more, and if the organization in Part IV how the organization meets | meets the "fa | act-and-circumst | ances" test, che | ck this box and s | top here. Expla | ın |

Schedule A (Form 990 or 990-EZ) 2008

8E1220 1 000

b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

| Sec | tion A. Public Support | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | | | |
|-----|--|--------------------|---|--------------------|-------------------|-------------------|----------------|
| | alendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | · · · · · · · · · · · · · · · · · · · | (-, 2007 | | (5, 2000 | (-, 2 - 0 / | 15/2000 | tij rotal |
| • | membership fees received. (Do not include | | | | | | |
| | any "unusual grants ") | 1 000 000 | 1 240 220 | , ,,,,,,,, | | 1 270 506 | 2 050 044 |
| 2 | ı | 1,933,260. | 1, 348, 339. | 1,413,502. | 1, 283, 434. | 1, 279, 506. | 7, 258, 041. |
| _ | , i | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| _ | organization's tax-exempt purpose | 1,681,767. | 1,981,934. | 1, 793, 951. | 1,655,320. | 1,437,988 | 8,550,960. |
| 3 | Gross receipts from activities that are not an | ļ | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's | | | | | | |
| | benefit and either paid to or expended on | | 1 | | | 1 | |
| | its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1-5 | 3,615,027 | 3, 330, 273 | 3, 207, 453. | 2,938,754. | 2,717,494 | 15,809,001 |
| 7 a | Amounts included on lines 1, 2, and 3 | | 1 | | İ | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified persons that exceed the greater of 1% of | | | İ | | | |
| | the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | 544,960. | 233, 866. | 1 | | | 778,826 |
| c | Add lines 7a and 7b | 544, 960. | 233, 866. | | | | 778,826 |
| 8 | Public support (Subtract line 7c from | | 2007 0001 | | | | |
| | _line 6) | | | | | | 15,030,175. |
| Sec | tion B. Total Support | . | | | | | 10/030/113. |
| | alendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | Amounts from line 6. | 3, 615, 027. | 3, 330, 273 | 3, 207, 453. | 2,938,754. | 2,717,494 | 15, 809, 001 |
| | Gross income from interest, dividends, | 3,613,027. | 3, 330, 213 | 3, 201, 433. | 2,930,734. | 2, 111, 494 | 13, 809, 001 |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | 100 156 | 112 220 | 121 770 | 100 405 | 54 644 | C2C 412 |
| _ | sources | 108, 156. | 112, 338. | 131,779. | 128,495 | 54,644. | _535, 412 |
| D | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | 108, 156. | 112, 338. | 131,779. | 128, 495. | 54,644 | 535, 412 |
| 11 | 1 | | | | | | |
| | activities not included in line 10b, whether or not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| • | loss from the sale of capital assets | | | | | [| |
| | (Explain in Part IV.) | 198, 253. | 254, 502. | 350,094 | 650,541. | 831,042. | 2, 284, 432. |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | | | | | | 18,628,845 |
| 14 | First five years. If the Form 990 is for | the organization | i's first, second, | third, fourth, or | fifth tax year as | s a section 501(c | c)(3) |
| | organization, check this box and stop here. | <u></u> | <u> </u> | <u></u> | <u> </u> | | ▶ |
| Sec | tion C. Computation of Public Sup | port Percenta | ge | | | | |
| 15 | Public support percentage for 2008 (line 8, | column (f) divide | d by line 13, colum | nn (f)) | | 15 | 80.68 % |
| 16 | Public support percentage from 2007 Sche | dule A, Part IV-A, | line 27g | <u></u> | <u> </u> | 16 | 85.43% |
| Sec | tion D. Computation of Investmen | t Income Per | centage | | | | |
| 17 | Investment income percentage for 2008 (lin | | | 3, column (f)) | | 17 | 2.87% |
| 18 | Investment income percentage from 2007 S | | | | | 18 | 3.04% |
| | 33 1/3% support tests - 2008. If the org | anization did not | check the box o | n line 14, and lir | ne 15 is more th | | |
| | 17 is not more than 33 1/3 %, check this box | | | | | | ▶ x |
| h | 33 1/3% support tests - 2007. If the organ | | | | | | |
| | line 18 is not more than 33 1/3 %, check this | | | | | | |
| 20 | Private foundation. If the organization did r | | | | | | |
| | are regregation in the organization did t | | | | 11,011,00 | | |

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

| - Nz | section 501(c)(4), (5), or (6) | organizations Complete Part III. | | Employer ident | ification number |
|---------|---|---|-----------------------|--|---|
| | • | 7.6.6.6.7 7.77.6.11 | | | |
| | ERICAN HISTORICAL . rt -A To be complete | ASSOCIATION ed by all organizations exemp | t under section 50 | 11(c) and section 527 o | 217487 rganizations |
| ı a | • | ions for Schedule C for details. | t ander section of | rio, una scotton ozi o | rgamzadons. |
| 1 | Provide a description of t | he organization's direct and indirec | t political campaign | activities in Part IV | · · · · · · · · · · · · · · · · · · · |
| 2 | Political expenditures . | | | ▶ \$_ | |
| 3 | | | | | |
| Pa | rt I-B To be complete | ed by all organizations exempt | under section 50° | 1(c)(3). | |
| | | ons for Schedule C for details | | - (- / (- / - | |
| 1 | Enter the amount of any | excise tax incurred by the organiza | tion under section 49 | 955 ▶ \$ | |
| 2 | Enter the amount of any | excise tax incurred by organization | managers under se | ction 4955 ▶ \$ | |
| 3 | | d a section 4955 tax, did it file Fori | | | |
| 4a b | Was a correction made? If "Yes," describe in Part I\ | | | | · · · L Yes L No |
| | rt I-C To be complete | ed by all organizations exemp | t under section 50 | 01(c), except section 5 | 01(c)(3). |
| | See the instruct | ions for Schedule C for details. | | | |
| 1 | • | expended by the filing organization | | • | |
| _ | | | | | |
| 2 | | ling organization's funds contribute | • | | |
| _ | 527 exempt function activ | vities | | · · · · · · · · · · | |
| 3 | | t exempt function expenditures Ad | | | |
| _ | | 7b | | | |
| 4 | | file Form 1120-POL for this year? | | | |
| 5 | | es and employer identification num | | | |
| | | nount paid and indicate if the am dipromptly and directly delivered to | | | |
| | | ittee (PAC) If additional space is ne | | | cparate segregated rund |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | | | | filing organization's | contributions received and |
| | | | | funds If none, enter -0- | promptly and directly delivered to a separate |
| | | | | | political organization If |
| | | | | | none, enter -0- |
| | | | - | | |
| | - | | | | |
| | | | | | |
| | | | - | | |
| | | | | | |
| | | | | | |
| | | | - | | |
| | | | | | |
| | | | 1 | | |

| Pa | | izations exempt under section 501(c)(3) ((h)). See the instructions for Schedule C fo | | | | | | | | | |
|----------|--|---|-------------------------------------|--------------------------------|--|--|--|--|--|--|--|
| | Check ▶ If the filing organization belongs to an affiliated group. Check ▶ If the filing organization checked box A and "limited control" provisions apply. | | | | | | | | | | |
| <u> </u> | . Limits on Lobb | ying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | |
| 1 a b | | public opinion (grass roots lobbying)a legislative body (direct lobbying) | 15,064. | | | | | | | | |
| С | Total lobbying expenditures (add lines 1 | a and 1b) | 15,064. | | | | | | | | |
| d | | | | | | | | | | | |
| е | Total exempt purpose expenditures (add | I lines 1c and 1d) | 3,544,404. | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the | amount from the following table in both | | | | | | | | | |
| | columns | | 327, 220. | _ | | | | | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | |
| | Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | |
| | Over \$17,000,000 | \$1,000,000 | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25 | % of line 1f) | 81,805. | | | | | | | | |
| h | Subtract line 1g from line 1a. Enter -0- if | line g is more than line a | | | | | | | | | |
| i | Subtract line 1f from line 1c. Enter -0- if | line f is more than line c [| | | | | | | | | |
| j | | either line 1h or line 1i, did the organization file | | Yes X No | | | | | | | |

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | | |
|--|--|-----------------|-----------|-----------|------------|--|--|--|--|--|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total | | | | | |
| 2 a Lobbying non-taxable amount | 331, 121. | 334, 253. | 325, 596. | 327, 220. | 1,318,190. | | | | | |
| b Lobbying ceiling amount (150% line 2a, column(e)) | | | | | 1,977,285. | | | | | |
| c Total lobbying expenditures | 17,475. | 14,400. | 14,625. | 15,064. | 61,564. | | | | | |
| d Grassroots non-taxable amount | 82,780. | 83, 563. | 81,399. | 81,805. | 329,547. | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 494,321. | | | | | |
| f Grassroots lobbying expenditures | | | | 15,064. | 15,064. | | | | | |

Schedule C (Form 990 or 990-EZ) 2008

| Par | To be completed by organizations exempt under section 501(c)(3) that have I 5768 (election under section 501(h)). See the instructions for Schedule C for details of the complete of the compl | NOT etails | filed | Form | | • | |
|--------|--|---------------|-------------------------|--------|-------------|------|--------------|
| | | (a |) | | (b) | | |
| | • | Yes | No | | Amou | ınt | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local | | | | | | |
| | legislation, including any attempt to influence public opinion on a legislative matter or | | | | | | |
| | referendum, through the use of | İ | | | | | |
| a | Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | | |
| b | | | | | | - | |
| C | Media advertisements? | | | | | | |
| d | Mailings to members, legislators, or the public? Publications, or published or broadcast statements? | | | | | | _ |
| e f | Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? | | | | | | - |
| 9 | Direct contact with legislators, their staffs, government officials, or a legislative body? | - | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | | | | | |
| i | Other activities? If "Yes," describe in Part IV | | | | | | |
| j | Total lines 1c through 1i | | | | | | _ |
| 2 a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | 1 | | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | [| | | | |
| _d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | | |
| Par | t III-A To be completed by all organizations exempt under section 501(c)(4), sec | tion | 501 | (c)(5) | , or | | |
| | section 501(c)(6). See the instructions for Schedule C for details. | | | | | | |
| | Manage of the state in the control of the state of the st | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 2 | | |
| 3 | Did the organization make only in-nouse tobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? | | | | 3 | | |
| | t III-B To be completed by all organizations exempt under section 501(c)(4), sec | | | | | | l |
| | section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No | | | | | | |
| | question 3 is answered "Yes." See Schedule C instructions for details. | | | | | | |
| 1 | Dues, assessments and similar amounts from members | | | 1 | | | |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amour | nts o | f | | | | |
| | political expenses for which the section 527(f) tax was paid). | | ļ | | | | |
| a | Current year | | • • • | 2a | | | |
| b | Carryover from last year | | ••• | 2b | | | |
| C | Total | | • • | 2c | | | |
| 3 4 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion | | $\langle \cdot \cdot $ | 3 | | | |
| 7 | excess does the organization agree to carryover to the reasonable estimate of nondeductible lot | | | | | | |
| | | | | 4 | | | |
| 5 | and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) | | | 5 | | | |
| Par | | | | | | | |
| | plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, complete this part for any additional information | line s | ā and | Part | II-B, I:n | e 1ı | |
| | | | - - - | | | | |
| | | | | | | | |
| | | | | | | | - |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | | | | | _ | | |

| ocifedule C (F | dill 990 di 990-LZ) 2000 | <u> </u> | raye 🕶 |
|----------------|--------------------------------------|----------|-------------|
| Part IV | Supplemental Information (continued) | | |
| | | | |
| | | | |
| | | | |
| | • | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| - | | | |
| | | | |
| - | | | |
| | | | |
| | | | |
| | | | |
| - | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| - - | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | , |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Schedule C (Form 990 or 990-EZ) 2008

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

| Name | of the organization | | Employer identification number |
|-------|--|--|---|
| AME | RICAN HISTORICAL ASSOCIATION | | 53-0217487 |
| Pa | tl Organizations Maintaining Donor Adv | rised Funds or Other Similar Funds of | or Accounts. Complete if |
| | the organization answered "Yes" to Fo | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor a | | |
| | funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, a | | |
| | used only for charitable purposes and not for the b | | |
| | ımpermissible private benefit? | | Yes No |
| Pa | | | Form 990, Part IV, line 7 |
| 1 | Purpose(s) of conservation easements held by the | e organization (check all that apply) | |
| | Preservation of land for public use (e.g., recre | eation or pleasure) Preservation | of an historically importantly land area |
| | Protection of natural habitat | Preservation | of certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a-2d if the organization held a qu | alified conservation contribution in the for | m of a conservation easement |
| | on the last day of the tax year. | | Hold - A Ab - Find - 6 Ab - V |
| | | | Held at the End of the Year |
| а | Total number of conservation easements | | |
| b | Total acreage restricted by conservation easement | | I I |
| С | Number of conservation easements on a certified | | I I |
| d | Number of conservation easements included in (c | | |
| 3 | Number of conservation easements modified, tran | sferred, released, extinguished, or termi | nated by the organization during |
| _ | the taxable year | | |
| 4 | Number of states where property subject to conse | | |
| 5 | Does the organization have a written policy regard | | |
| _ | enforcement of the conservation easements it hold | | |
| 6 | Staff or volunteer hours devoted to monitoring, ins | | |
| 7 | Amount of expenses incurred in monitoring, inspec | | |
| 8 | Does each conservation easement reported on lin | | |
| _ | 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? | | |
| 9 | In Part XIV, describe how the organization reports | | |
| | balance sheet, and include, if applicable, the text of | | cial statements that describes |
| Da | the organization's accounting for conservation eas till Organizations Maintaining Collections | of Art Historical Treasures or Othe | or Similar Assets |
| | Complete if the organization answered | I "Yes" to Form 990, Part IV, line 8. | or Ommar 7,536.5. |
| 1a | If the organization elected, as permitted under SE | AS 116 not to report in its revenue state | ment and balance sheet works of |
| | If the organization elected, as permitted under SF, art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its in | d for public exhibition, education, or rese inancial statements that describes these if | earch in furtherance of public service, tems |
| b | If the organization elected, as permitted under SF, historical treasures, or other similar assets held for provide the following amounts relating to these items. | r public exhibition, education, or research | it and balance sheet works of art, in furtherance of public service, |
| | (i) Revenues included in Form 990, Part VIII, line | | > ¢ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, h | | |
| 2 | following amounts required to be reported under S | | To manda gam, provide the |
| _ | Revenues included in Form 990, Part VIII, line 1. | | ▶ % |
| a | Assets included in Form 990, Part X | | • • • • • • • • • • • • • • • • • • • |
| b | | | |
| For 8 | rivacy Act and Paperwork Reduction Act Notice, see the Instru | tions for Form 990. | Schedule D (Form 990) 2008 |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

| Using the organization's accession and other records, check any of the following that are a significant use of its collection terms (check all that apply) a | Par | Organizations Maintaining Colle | ections of Art, Hi | storical | Treasures | s, or Otl | ner Similar A | Assets (| continued | 2 |
|--|--------|--|--|------------|---------------|-----------|--|-------------|--|-----------|
| a Public exhibition d Loan or exchange programs | | | | | | | | | | |
| a Public exhibition de Other Choung the year did the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? | 3 | T T | er records, check a | ny of the | following the | hat are a | a significant u | se of its o | ollection | |
| b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | | | |
| c Prosevation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | а | | d | | Loan or ex | change p | programs | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | b | * Scholarly research | е | | Other | | | | | |
| Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization? collection? | C | Preservation for future generations | ; | | | | · | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | 4 | Provide a description of the organization's c | ollections and expl | ain how | they further | the orga | anization's ex | empt pur | pose in | |
| Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIV and complete the following table Amount | | Part XIV | | | | | | | | |
| Part IV | 5 | During the year, did the organization solicit | or receive donation | ns of art, | historical ti | reasures | , or other sımı | lar | | |
| Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | | assets to be sold to raise funds rather than t | o be maintained a | s part of | the organiz | ation's c | ollection? | [| Yes | No |
| Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | Par | IV Trust, Escrow and Custodial Ar | rangements. Cor | nplete | f organizat | ion ans | wered "Yes" | to Form | 990, | |
| Included on Form 990, Part X? | | | | | | | | | | |
| Included on Form 990, Part X? | | | | | | | | | | |
| Included on Form 990, Part X? | 1 a | Is the organization an agent, trustee, custod | lian or other interm | ediary fo | or contributi | ons or o | ther assets no | ot | | |
| d Additions during the year | | included on Form 990, Part X? | | | | | | [| Yes | No |
| c Beginning balance | b | If "Yes," explain the arrangement in Part XIV | and complete the | following | g table | | | _ | | <u> </u> |
| d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 2b Did the organization include an amount on Form 990, Part X, line 217 2c Did the organization include an amount on Form 990, Part X, line 217 2r V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 2 Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ % c Term endowment ▶ % 3 Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations 5 If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other basis (other) C Leasehold improvements C Leasehold improvements C Leasehold improvements C Leasehold improvements C Leasehold improvements C Leasehold improvements C Leasehold improvements C Leasehold improvements C Leasehold improvements | | | | | | | Δ | mount | | |
| d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 2b Did the organization include an amount on Form 990, Part X, line 217 2c Did the organization include an amount on Form 990, Part X, line 217 2r V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 2 Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ % c Term endowment ▶ % 3 Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations 5 If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other basis (other) C Leasehold improvements C Leasehold improvements C Leasehold improvements C Leasehold improvements C Leasehold improvements C Leasehold improvements C Leasehold improvements C Leasehold improvements C Leasehold improvements | С | Beginning balance | | | | 1c | | | | |
| e Distributions during the year | | | | | | | - | | | |
| f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? | | | | | | | | | . | |
| Did the organization include an amount on Form 990, Part X, line 21? If "Yes" explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance Call Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) | _ | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back (c) Two years back (d) Three years back (e) Four years hack (e) Four years hack (e) Four years hack (e) Four years hack (e) Four years hack (e) Four year | | | | | | | | | Yes | No |
| Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. a Beginning of year balance (a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back | | _ | | | | | | | | |
| (a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back | | | | wered ' | 'Yes" to Fo | rm 990 | Part IV. line | e 10. | | |
| 1a Beginning of year balance | ı aı | | | | 1 | | | | (e) Four ye | ears back |
| b Contributions | 1a | | ······································ | ···• | | | | | | |
| c Investment earnings or losses | _ | | | | | | | | | |
| d Grants or scholarships | | | | | | | | | - | |
| e Other expenditures for facilities and programs | | | | | | | | | | |
| and programs | | | | | | | | | | |
| f Administrative expenses | • | • | | | | | | | | İ |
| g End of year balance | f | · · · · · · · · · · · · · · · · · · · | | | - | _ | | | | |
| 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶ | | The state of the s | | | | | | | | |
| Board designated or quasi-endowment ▶ | | | ar and halance held | l ac | L | | <u> </u> | | <u></u> | |
| b Permanent endowment ▶ | | | | 1 43 | | | | | | |
| Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations. 3a(i) (ii) related organizations . 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value buildings | а Ь | | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations | b | | | | | | | | | |
| organization by (i) unrelated organizations | | | annian of the orga | nizotion : | that are hel | d and ac | Impostared for | the | | |
| (i) unrelated organizations | эa | • | ession of the orga | IIIZation | mat are ner | u anu ac | mmistered for | uie | \sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}} | os No |
| (ii) related organizations | | • | | | | | | | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | | | | | | | | | |
| 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other basis (other) (c) Depreciation (d) Book value basis (other) 1a Land | | (ii) related organizations | | | · · · · · · | | | | | |
| Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value basis (other) 1a Land | _ | | | | | | | | 30 | |
| Description of investment (a) Cost or other basis (b) Cost or other basis (c) Depreciation (d) Book value 1a Land | | | | | | rt Y line | 10 | | | |
| to Leasehold improvements | Par | | T | | | | | | d) O a ale surless | |
| b Buildings | | Description of investment | | ıs (I | | (c |) Depreciation | (" | a) Book value | , |
| c Leasehold improvements | 1 a | Land | | | | | | | | |
| d Equipment | b | Buildings | | | | | | | | |
| e Other | С | Leasehold improvements | | | | | | | | |
| | d | Equipment | | | | | | | | |
| | | | | | | | | | | |
| | Tota | . Add lines 1a-1e (Column (d) should equal | Form 990, Part X, | column (| B), line 10(c |)) | <u> ▶</u> | | | |

| Part VII | Investments - Other Securities. See F | orm 990, Part X, I | ne 12. | |
|----------------|---|--------------------|--|---------------------------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuat Cost or end-of-year mark | ion et value |
| Financial der | ivatives and other financial products | | | |
| | equity interests | | | |
| | • | | | <u> </u> |
| | | | | |
| | | | | |
| - | | | | |
| - | | | | |
| | | | | |
| | | - | ļ | |
| - | | | | · |
| | | | | |
| Total (Calumn | (h) should acual Form 000 Part V and (P) line 12) | | | |
| | (b) should equal Form 990, Part X, col (B) line 12) Investments - Program Related. See | Form 990 Part Y I | ine 13 | |
| Part VIII | | | · T | |
| | (a) Description of investment type | (b) Book value | (c) Method of valuat Cost or end-of-year mark | |
| | | | | |
| | | | | |
| | | | | |
| | · | | | <u>.</u> |
| | | | | |
| | | • | | |
| | | ~ ~ ~ | | |
| | | | | |
| | | | | |
| Total. (Column | (b) should equal Form 990, Part X, col (B) line 13) | <u></u> | | |
| Part IX | Other Assets. See Form 990, Part X, | line 15 | | · · · · · · · · · · · · · · · · · · · |
| | | Description | | (b) Book value |
| | | | | |
| - | | · <u>- · · </u> | | |
| | | _ | | |
| | | | | |
| | | | | |
| | | | | <u></u> - |
| | | | | |
| | | | | |
| | | | <u></u> _ | |
| | | | | · |
| | (b) should equal Form 990, Part X, col (B) line 15) | | | |
| Part X | Other Liabilities. See Form 990, Part | | | |
| | (a) Description of liability | (b) Amount | -{ | |
| Federal incor | ne taxes | | - | |
| | | | -{ | |
| | | | - | |
| | | | - | |
| | | | - | |
| | | | - | |
| | | | - | |
| | | | - | |
| | | | - | |
| | | | 4 | |
| Total (Calum | (h) should agual Form 800. Bart V and (B) line 25 1 | | - | |
| Total. (Column | n (b) should equal Form 990, Part X, col (B) line 25) | | 1 | |

| Schedule (Fo | rm 990) 2008 Supplemental Information (continued) | 53-0217487 | Page 5 |
|--------------|---|------------|----------------|
| Part XIV | Supplemental Information (continued) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | · | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ~ | | | |
| | | | |
| | | | -: |
| | | | |
| | | | |
| | | | |

Schedule D (Form 990) 2008

Schedule F (Form 990)

Statement of Activities Outside the United States

| ОМВ | No | 154 | 5-0047 |
|-----|----|---------------|--------|
| | | $\overline{}$ | _ |

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

Inspection
Employer Identification number

| | • | | ` | | | | | | |
|-----|--|-------------------------------------|---|--|--|------------------|--|--|--|
| | ERICAN HISTORICAL | | | | | | 217487 | | |
| Pa | General Inform "Yes" to Form 9 | | | e the United States. Co | emplete if the o | ganızatı | ion answered | | |
| 1 | For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | | | | | | | | |
| 2 | For grantmakers. Describeration of the United States. | oe in Part IV the | e organization's | s procedures for monitori | ing the use of gr | ant funds | s outside the | | |
| 3 | Activities per Region (Us | e Schedule F-1 | (Form 990) If | additional space is needed |) | | | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed a program ser describe specific service(s) in re | vice, type of | (f) Total expenditures in region | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | _ | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | - | | | | | | |
| | | | | | | | | | |
| | | ļ | | | | | | | |
| - | | | | | | | | | |
| | | | | | | | | | |
| Tot | ale | 1 | | | } | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2008

(i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ Use Schedule F-1 (Form 990) if additional space is needed. (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2008

Page 3

Schedule F (Form 990) 2008

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Schedule F (Form 990) 2008 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement 11,800. (d) Amount of cash grant (c) Number of recipients 10 (b) Region (a) Type of grant or assistance GRANTS PAID TO FOREIGN STUDENTS

| Schedule F (f | Form 990) 2008 | 53-0217487 | Page 4 |
|---------------|---|-------------|---------------|
| Part IV | Supplemental Information Complete this part to provide the information requ | | |
| | | | |
| | | | .== |
| | | | |
| | | | |
| | | | |
| | | · | |
| | | | · |
| | | · | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | · | |
| | | | |
| | - | · | |
| | | | |
| | | - | |
| | | | |
| | | | |
| | | | |
| | | . | |
| | | | |
| | | | |
| | | | |

SCHEDULE 1 (Form 990)

Part I

Grants and Other Assistance to Organizations,

OMB No 1545-0047 2008

Open to Publ Inspection ş ×

Employer identification number 53-0217487 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the U.S. ► Attach to Form 990. General Information on Grants and Assistance AMERICAN HISTORICAL ASSOCIATION Department of the Treasury Name of the organization Internal Revenue Service

| the selection criteria used to award the grants or assistance? | rants or assista ocedures for m | nce? onitoring the us | e of grant funds in th | | | | _ Yes _ ⊠ No |
|---|------------------------------------|----------------------------------|--|--------------------------------------|---|--|--|
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. | to Governme any recipient | nts and Organ that received | nizations in the Un more than \$5,000 | ited States. Comp. Check this box if | olete if the organization one recipient r | and Organizations in the United States. Complete if the organization answered "Yes" on it received more than \$5,000. Check this box if no one recipient received more than \$5,00 | s" on \$5,000. |
| Use Part IV and Schedule I-1 (Form 990) if additi | orm 990) if ac | Iditional space | ional space is needed | | | | ▲ : : : : : : : : : : : : : : : : : : : |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant (e) Amount of non-cash assistance | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ļ | and governmer | nt organizations | | | | ▲ : : : : : | |
| 3 Enter total number of other organizations | s | | | | | A | |
| For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | Act Notice, se | e the Instruction | ns for Form 990. | | | Sched | Schedule I (Form 990) 2008 |

| Schedule I (Form 990) 2008 Part III Grants al Use Sche | Grants and Other Assistance to Individuals in Use Schedule I-1 (Form 990) if additional space | | the United States is needed. | 53-0217487 Complete if the | organization answered | the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. is needed. | e 2 |
|--|---|---|---------------------------------|--|--|--|------|
| (a) | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance | 1 |
| GRANTS PAID IN THE USA | HE USA | ω | 54, 668. | | | | 1 |
| | | | | | | | 1 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Part IV Sup | Supplemental Information. Complete this part | | provide the inf | to provide the information required in Part I, line 2, | | and any other additional information. | |
| | | | | | | | - |
| | | | | | | | ! |
| | | | | 1 | | | ! |
| | | | | | | | ! |
| | | ! ! ! ! ! | | | | | |
| | | | | | | | ! |
| | | | | | | | ! |
| | | | | | | | ! |
| | | | | | | |] |
| | | | | \$; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | , | ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! | ! |
| | | | ř | | | Schedule I (Form 990) 2008 | 8008 |

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008
Open to Public Inspection

Name of the organization

Department of the Treasury

Employer identification number

| AME | RICAN HISTORICAL ASSOCIATION | 53-0217487 | | | |
|--------|---|--|----------|-----|-----|
| Par | | | | | |
| | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person lise 1990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding the First-class or charter travel Housing allowance or residence for personal real Travel for companions Payments for business use of personal real Health or social club dues or initiation feet Personal services (e.g., maid, chauffeur, or payments) Personal services (e.g., maid, chauffeur, or payments) Personal services (e.g., maid, chauffeur, or payments) | se items onal use esidence es | | | |
| b | If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement | ent or | | | |
| | provision of all of the expenses described above? If "No," complete Part III to explain | | 1 b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | | | | |
| | officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a | ? | 2 | | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply Compensation committee Independent compensation consultant Form 990 of other organizations X Written employment contract Compensation survey or study Approval by the board or compensation | committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a | | | | |
| a a | Receive a severance payment or change of control payment? | | 4a | | Χ_ |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | 4b | | X |
| | Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Pair | | 4c | | X |
| | Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. | | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | , | i |
| а | The organization? | | 5a | | Х |
| b | Any related organization? | | 5 b | | Х |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | ļ | | |
| _ | | j | 6. | | v |
| a h | The organization? | | 6a 6b | | X |
| | Any related organization? If "Yes" to line 6a or 6b, describe in Part III | | ังม | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed | | _ | | |
| 8 | payments not described in lines 5 and 6? If "Yes," describe in Part III | · · · · · · · · · · · · · · · · · · · | 7 | | _X_ |
| | ın Part III | | 8 | ļ | Х |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

53-0217487

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VIII, line 1a

| | (B) Breakdow | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|----------------------|--------------------------|--|---|---|---|---|---|
| (A) Name | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| 8 | 177,916. | | 1 1 1 | 17,694. | 8,188. | 203, 798. | 196,642. |
| ARNITA A. JONES (ii) | | | | | | | |
| l | | | | 1 | 1 | 1 | 1 |
| (ii) | | | | | | | |
| (5) | | | | | | | |
| (E) | | 1 | | | | | |
| 8 | | | | | | | |
| (ii) |) (| | | | | | |
| | | 1 | | | | | |
| | | | | | | | |
| | | | | | 1 | | |
| <u> </u> | | | | | | | |
| (ii) | | | | | | | |
| (0) | (| | | | | 1 | |
| (1) | (| i | | | | , | |
| 8 | (| 1 1 1 1 1 1 | 1 | 1 | | 1 | |
| (II) | () | | | | | | |
| (2) | (| 1 | 1 | 1 | 1 | | |
| (11) | (| | | | | | |
| <u> </u> | | 1 | | 1 | | | |
| (ii) | 0 | | | | | | |
| 0 | | | | | | | |
| | | | | | | | |
| | | 1 | | | | | |
| (1) | | | | | | | |
| <u>(a)</u> | (t | | | | | | |
| (1) | (1) | | | | 1 | ; ; ; ; ; ; | 1 |
| (ii) | (1 | | | | | | |
| 8 | | 1 | 1 | 1 | | | 1 |
| (ii) | 9 | | | | | | |
| | | | | | | Sch | Schedule J (Form 990) 2008 |

SCHEDULE O (Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

| Name of the organization * | Employer identification number |
|--|--------------------------------|
| AMERICAN HISTORICAL ASSOCIATION | 53-0217487 |
| | |
| FORM 990 REVIEW | |
| DADE UT CHOMEON & COURDNEYS DODY & MANAGEMENT. 10 | |
| PART_VI_SECTION_A_GOVERNING_BODY_&_MANAGEMENT: 10 | |
| A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE COUNCIL VIA EM. | ATT. |
| | <u> </u> |
| BEFORE BEING FILED. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

38

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| DESCRIPTION | | GRANTS | EXPENSES | REVENUE | • |
|----------------|--------|----------|----------|----------|---|
| GRANT PROGRAMS | | 66, 468. | 92,150. | 85,632. | |
| | | | | | |
| | TOTALS | 66,468. | 92,150. | 85, 632. | |

4 OSTATEMENT

FORM 990, PART VIII - INVESTMENT INCOME

| (D) EXCLUDED REVENUE | | | |
|-------------------------------------|------|---------------------------------------|---------|
| (C) UNRELATED BUSI NESS REV. | | | |
| (B) RELATED OR EXEMPT REVENUE | | 54,664. | 54,664. |
| (A) TOTAL REVENUE | ! | 54,664. | 54,664. |
| DESCRI PTI ON | | INTEREST AND DIVIDENDS ON INVESTMENTS | TOTALS |

~

STATEMENT

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION ' | ENDI NG BOOK VALUE | COST OR FMV |
|--|--|--------------------------|
| US TREASURY BONDS AND NOTES CERITIFICATES OF DEPOSIT CORPORATE BONDS CORPORATE SECURITIES MUTUAL FUNDS | 1,272,410. 332,157. NONE NONE 1,793,747. | FMV FMV FMV FMV |
| TOTALS | 3,398,314. | |

FORM 990, PART X - DEFERRED REVENUE -----

| DESCRIPTION ' | ENDING BOOK VALUE |
|--|--|
| MEMBERSHIP DUES SUBSCRIPTIONS ANNUAL CONFERENCE LIFE MEMBERSHIPS | 681,804. 5,233. 96,000. 64,506. |
| TOTALS | 847,543. ============ |

43

American Historical Association
EIN 53-0217487
Schedule of Grants Paid
For the fiscal year ended June 30, 2009
Federal form 900, Page 10 - Part IX: Line 1

| First Name | Last Name | Address | Grant | Amount |
|-----------------------|-----------------------|--|--------------------------------------|------------|
| Christy | Chapin | 4712 King William Road Richmond, VA 23225 | Beveridge Grant | \$ 1,000 |
| Shane | Landrum | 18 Hancock Street Arlington, MA 02474 | Beveridge Grant | 200 |
| Matthew | Furlong | 424 E. 1st Street Tuscon, AZ 85705 | Beveridge Grant | 1,000 |
| Rachel | Bohlmann | 400 E Randolph Apt. 1112 Chicago, IL 60601 | Jameson | 5,000 |
| Peter | Leavenworth | 16 French Cross Rd. Madbury, NH 03820 | Jameson | 5,000 |
| Jennifer | Van Vleck | 1601 Argonne Place, NW Apt 311 Washington, DC 20009 | NASA | 16,668 |
| Ashley | Brenner | 561 South Kilgo Circle #221 Bowden Hall Atlanta, GA 30322 | Schmitt Grant | 1,000 |
| Elizabeth | Bini | 140 Montague Street Apt 12 Brooklyn, NY 11201 | Schmitt Grant | 1,000 |
| Anna | Nelson | 3121 Quebec Place NW Washington, DC 20008 | Anderson Prize | 1,000 |
| Carol | Symes | 508 W. Florida Ave Urbana, IL 61801 | Adams Prize | 1,000 |
| Melvyn | Leffler | 1612 Concord Drive Charlottesville, VA 22904-4773 | Beer Prize | 1,500 |
| Scott | Kurashige | 708 Mt Auburn Street Watertown, MA 02472 | Beveridge Book | 1,500 |
| Jeffrey | Engel | 703 Honeysuckle Lane College Station, TX 77845 | Birdsall Prize | 1,000 |
| Anthony | Barbieri-Low | 7259 Tuolumne Drive Goleta, CA 93117-1307 | Breasted Prize | 1,000 |
| Laura | Gotkowitz | 530 Ronalds Street Iowa City, IA 52245 | Fagg Prize | 1,000 |
| Susan | Mann | 1029 Hacienda Ave. Davis, CA 95616-8611 | Fairbank Prize | 1,500 |
| Barbara | Donogan | 400 S. Orange Grove Blvd. Pasadena, CA 91105 | Forkosch Prize | 1,500 |
| Rebecca | McLennan | Dept. of History - Dwinelle Hall University of California - Berkeley Berkeley, CA 94720 Littleton-Griswold | 20 Littleton-Griswold | 1,000 |
| Amalia | Kessler | 1490 Arbor Avenue Los Altos, CA 94024 | Major Book Prize | 1,500 |
| Margaret | Meserve | 219 O'Shaughnessy Hall Notre Dame, IN 46556 | Marrarao Prize | 1,000 |
| Atina | Grossman | 532 W. 111th Street Apt. 47 New York, NY 10025 | Mosse Book Prize | 1,000 |
| Marcus | Rediker | 5436 Bartlett Street Pittsburgh, PA 15217 | Rawley Prize | 1,500 |
| Paul | Johnson | 716 Granger Avenue Ann Arbor, MI 48104 | Logan Prize | 1,000 |
| Daniel | Tolly | 2486 Whitmore Lake Rd Ann Arbor, Mi 48103 | Beveridge Teachir | |
| Richard | Kohn | 1520 Pinecrest Rd. Durham, NC 27705 | Feis Award | 1,000 |
| Warren | Roberts | 13 Norwood St Albany, NY 12203 | Roelker Mentorshi | 1,000 |
| | Fraley | HC 77 Box 45 Isonville, KS 41149 | Littleton-Griswold | 1,000 |
| Michael | D'Innocenzo | 64 Shortridge Drive Mineola, NY 11501 | Asher Teaching | 1,000 |
| | | | Subtotal | 54,668 |
| Lisa Earl | Castillo | Rua Areial de Baixo, 1B Largo Duis de Julho 40060-210 Salvador, Bahia BRAZIL | Foreign Scholars | 200 |
| Agnieska | de Lagarde | Av Palmıra 40 Cuernavaca, Morelos 62490 MEXICO | Foreign Scholars | 750 |
| Pietrangelo Selcuk | Castagneto Esenbel | 1 Georgi Izmirliev Square Blagoevgrad, 2700 BULGARIA 49 Bader Lane Kingston, ON, CANADA K7L 3N6 | Foreign Scholars Foreign Scholars | 750 750 |
| | | | | |

American Historical Association EIN 53-0217487 Schedule of Grants Paid For the fiscal year ended June 30, 2009 Federal form 900, Page 10 - Part IX: Line 1

| First Name | Last Name | Address | Grant | Amount |
|----------------------|--------------|---|------------------|--------|
| Elisa | Servin | Allende 172 Tlalpan 14000 Mexico DF, MEXICO | Foreign Scholars | 750 |
| Lucienne | Thys-Senocak | PO Box 265 Norwich, VT 05055 | Foreign Scholars | 750 |
| Michael | Zakım | Remat-Aviv P.O.B 39040 Tel Aviv, Israel 61390 | Foreign Scholars | 750 |
| Jacques | Revel | 54, Blvd. Raspail 75006 Parts, FRANCE | Foreign Scholars | 1,500 |
| Elias | Palti | Beruti 4621 6 "B" (1425) Ciudad de Buenos Aires Argentina | Foreign Scholars | 220 |
| Hideaki | Suzuki | 1-22-1 Toyotamakamı, Nerimaku Tokyo, JAPAN | Foreign Scholars | 250 |
| Anne Hartman Goldgar | Goldgar | 132 Hawksley Road London N16 0TD United Kingdom | Gershoy Award | 1,500 |
| Kathy | Davis | Uiterwaarden Straat 332-II 1079 DC Amsterdam NETHERLANDS | Kelly Memorial | 1,500 |
| Katrın | Koggman-Appe | Koggman-Appe Ben-Gurion University of the Negev PO Box 653 Be'er Sheva 84105 ISRAEL | del Rey Prize | 1,000 |
| Sharon | Heppurn | 130 Albert Street Suite 501 Ottawa, Ontario K1P 5G4 CANADA | Corey Prize | 200 |
| | • | | Subtotal | 11,800 |

66,468

Total