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Form 990

Return of Organization Exempt From Income Tax

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

A For the 2008 calendar year, or tax year beginning

07/01/2008, and ending

06/30/2009

B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOCIETY OF THE CINCINNATI IN THE ST Doing Business As	D Employer identification number 54-6054111	
	Number and street (or P O box if mail is not delivered to street address) P.O. BOX 156	Room/suite	E Telephone number 540 745-4435
	City or town, state or country, and ZIP + 4 FLOYD, VA 24091		G Gross receipts \$ 3,690,638.
	F Name and address of principal officer. ROBERT M. TURNBULL 322 ALBEMARLE AVE., RICHMOND, VA 23226		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) 4947(a)(1) or 527	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	J Website ► N/A	If "No," attach a list (see instructions)	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 1900	M State of legal domicile VA	

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE STATEMENT 1

Activities & Governance	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	33
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE
	8 Contribution and grants (Part VIII, line 1h)	110,467	79,080.
	9 Program service revenue (Part VIII, line 2b)		
	10 Investment income (Part VIII, column (A), lines 3-6 and 7d)	83,142	-557,708.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,134	-14,550.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	183,475	-493,178.
13 Grants and similar amounts paid (Part IX, column (A), lines 3-13)	162,943	173,380.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses, Part IX, column (D), line 25) ►	NONE		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	66,128	72,799.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	229,071	246,179.	
19 Revenue less expenses Subtract line 18 from line 12	-45,596	-739,357.	
20 Total assets (Part X, line 16)	Beginning of Year	End of Year	
21 Total liabilities (Part X, line 26)	5,304,484	4,558,770.	
22 Net assets or fund balances Subtract line 21 from line 20	NONE	NONE	
	5,304,484	4,558,770.	

Part II Signature Block

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

Sign
Here

► Robert M. Turnbull

► May 12, 2010
Date

Signature of officer

► ROBERT M. TURNBULL, PRESIDENT

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► 	Date 05/07/2010	Check if self- employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) P00353001
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► KPMG LLP PO BOX 6768; PROVIDENCE, RI 02940-6768	EIN ► 13-5565207	Phone no ► 888-942-3272	

May the IRS discuss this return with the preparer shown above? (See instructions) X Yes No

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

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.
SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: _____) (Expenses \$ _____ including grants of \$ 81,880.) (Revenue \$ _____)
CONTRIBUTIONS TO THE SOCIETY OF THE CINCINNATI, INC., WASHINGTON, DC
 EIN: 53-0205423
TO SUPPORT ITS PROGRAMS FOR HISTORICAL, PATRIOTIC AND EDUCATIONAL PURPOSES.

4b (Code: _____) (Expenses \$ _____ including grants of \$ 13,000.) (Revenue \$ _____)
GRANTS FOR RESEARCH AND HISTORICAL PROJECTS CONSISTENT WITH THE ORGANIZATION'S HISTORICAL AND EDUCATIONAL MISSION TO THE VIRGINIA HISTORICAL SOCIETY, THE NATIONAL INSTITUTE OF AMERICAN HISTORY AND DEMOCRACY, VIRGINIA MILITARY INSTITUTE, THE UNIVERSITY OF VIRGINIA, VIRGINIA TECH, AND THE UNIVERSITY OF RICHMOND.

4c (Code: _____) (Expenses \$ _____ including grants of \$ 78,500.) (Revenue \$ _____)
SCHOLARSHIPS AND AWARDS TO UNDERGRADUATE AND GRADUATE STUDENTS IN FUTHERANCE OF THE ORGANIZATION'S EDUCATIONAL MISSION.

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

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

4e Total program service expenses ► \$ 173,380. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
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 N/A	
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 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
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 X	
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 X	
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 X	
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 X	
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 X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b X	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c X	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d X	
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 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 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 substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or 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		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
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		X
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		X
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		X
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

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Part V 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	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	N/A
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	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	N/A
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	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	N/A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If Yes, enter the name of the foreign country: ► See 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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	N/A
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N/A
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	N/A
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	N/A
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/A
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	N/A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 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	N/A
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a	N/A
a	Did the organization make any taxable distributions under section 4966?	9b	N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:	10a	N/A
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	N/A
a	Gross income from members or shareholders	11b	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a	N/A
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section 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	1a	15
1b	Enter the number of voting members that are independent	1b	15
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	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
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	N/A
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

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	N/A
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	N/A
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.		
a	The organization's CEO, Executive Director, or top management official?	15a	N/A
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	N/A
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	N/A

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	Virginia	
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		
	<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website	<input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 organization: ► SUNTRUST BANK; TEL: (888) 942-3272 911 E. MAIN ST.; RICHMOND, VA 23219		

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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
ROBERT M. TURNBULL PRESIDENT	AS REQ'D			X			NONE	NONE	NONE
JOHN K. BURKE, JR. VICE PRESIDENT	AS REQ'D			X			NONE	NONE	NONE
DAVID A. KEAN TREASURER	AS REQ'D			X			NONE	NONE	NONE
W. HARRISON SCHROEDER SECRETARY	AS REQ'D			X			NONE	NONE	NONE
W.T. THOMPSON IV OFFICER Director	AS REQ'D	X					NONE	NONE	NONE
ROBERT L. BROOKE OFFICER Director	AS REQ'D	X					NONE	NONE	NONE
HUGH H. TOMPKINS OFFICER Director	AS REQ'D	X					NONE	NONE	NONE
WARING TRIBLE, JR., MD OFFICER Director	AS REQ'D	X					NONE	NONE	NONE
THOMAS R. BROWN OFFICER Director	AS REQ'D	X					NONE	NONE	NONE
JOHN L. MCELROY III OFFICER Director	AS REQ'D	X					NONE	NONE	NONE
JAMES A. SHIELD III OFFICER Director	AS REQ'D	X					NONE	NONE	NONE
COL. GEORGE M. BROOKE III OFFICER Director	AS REQ'D	X					NONE	NONE	NONE
JOEL T. DAVIS IV OFFICER Director	AS REQ'D	X					NONE	NONE	NONE
JERE M. H. WILLIS III OFFICER Director	AS REQ'D	X					NONE	NONE	NONE
H. JACKSON DARST OFFICER Registrar	AS REQ'D			X			NONE	NONE	NONE

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

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		

Part VIII Statement of Revenue

Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1a Federated campaigns	1a				
1b Membership dues	1b	7,150			
1c Fundraising events	1c				
1d Related organizations	1d				
1e Government grants (contributions)	1e				
1f All other contributions, gifts, grants, and similar amounts not included above	1f	71,930			
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		79,080			
Program Service Revenue	Business Code				
2a					
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f					
3 Investment income (including dividends, interest, and other similar amounts)		133,487			133,487
4 Income from investment of tax-exempt bond proceeds . . .					
5 Royalties					
6a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	3,460,896				
c Gain or (loss)	4,152,091				
d Net gain or (loss)	-691,195				-691,195
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	9,375			
b Less direct expenses	b	31,725			
c Net income or (loss) from fundraising events			-22,350	-22,350	
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory.					
Miscellaneous Revenue	Business Code				
11a TOUR FOR FRENCH SOCIETY	900099	7,800	7,800		
b					
c					
d All other revenue					
e Total Add lines 11a-11d		7,800			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		-493,178	-14,550		-557,708

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	94,880.	94,880.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	78,500.	78,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,975.		1,975.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	18,514.		18,514.	
g Other				
12 Advertising and promotion				
13 Office expenses	5,920.		5,920.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,926.		14,926.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,378.		3,378.	
24 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 TOUR FOR FRENCH SOCIETY	19,076.		19,076.	
b MISCELLANEOUS	9,010.		9,010.	
c				
d				
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	246,179.	173,380.	72,799.	NONE
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1		
	2 Savings and temporary cash investments	97,335.	2	103,613.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost basis	10a		
	b Less accumulated depreciation. Complete Part VI of Schedule D.	10b		10c
	11 Investments - publicly traded securities	2,675,864.	11	4,455,157.
	12 Investments - other securities. See Part IV, line 11	2,531,285.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	5,304,484.	16	4,558,770.
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 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	NONE	26	NONE
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	5,324,660.	30	4,660,259.
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	-20,176.	32	-101,489.
	33 Total net assets or fund balances	5,304,484.	33	4,558,770.
	34 Total liabilities and net assets/fund balances	5,304,484.	34	4,558,770.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	N/A

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

SOCIETY OF THE CINCINNATI IN THE STATE OF

54-6054111

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

The organization is not a private foundation because it is. (Please check only one organization.)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)						
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:						
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)						
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)						
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)						
9	<input type="checkbox"/>	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)						
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)						
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h						
	a <input type="checkbox"/>	Type I	b <input type="checkbox"/>	Type II	c <input type="checkbox"/>	Type III - Functionally Integrated	d <input type="checkbox"/>	Type III - Other
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)						
f	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box <input type="checkbox"/>							
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?							
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <input type="checkbox"/>							
	(ii) A family member of a person described in (i) above? <input type="checkbox"/>							
	(iii) A 35% controlled entity of a person described in (i) or (ii) above? <input type="checkbox"/>							
h	Provide the following information about the organizations the organization supports.							

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

Provide the following information about the organizations the organization supports:						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U.S.?	(vii) Amount of support
N/A			Yes	Yes	Yes	
Total						

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
Section A. Public Support

Calendar 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")	107,643	102,874	99,888	110,467	79,080	499,952
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	107,643	102,874	99,888	110,467	79,080	499,952
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						499,952

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	107,643	102,874	99,888	110,467	79,080	499,952
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	174,658	129,312	162,260	163,491	113,487	743,208
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)	10,575	2,615	2	-10,134	-22,350	-19,292
11 Total support. Add lines 7 through 10						1,223,868
12 Gross receipts from related activities, etc (See instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	40.85 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	40.58 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-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 supported organization ► <input type="checkbox"/>		
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 supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

N/A

Section A. Public Support

Calendar 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008 If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2007 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

EXPLANATION FOR FORM 990, SCHEDULE A, PART 2, LINE 10

FUNDRAISING ACTIVITIES

REASON FOR PUBLIC CHARITY STATUS:

THE ORGANIZATION IS CLASSIFIED AS PUBLICALLY-SUPPORTED UNDER

IRS 170(B)(1)(A)(VI). THE CLASSIFICATION IS BASED ON THE

ORGANIZATION'S 1973 DETERMINATION LETTER AND PUBLIC

SUPPORT SHOWN ON SCHEDULE A, PART II. CLASSIFICATION AS

PUBLICALLY-SUPPORTED UNDER IRC 170(B)(1)(A)(IV) ON PRIOR RETURNS WAS

MISTAKEN.

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

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SEE STATEMENT 3					

Part IV **Supplemental Information** Complete this part to provide the information required in Part I line 2 and any other additional information

C 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000 11000 12000 13000 14000 15000 16000 17000 18000 19000 20000 21000 22000 23000 24000 25000 26000 27000 28000 29000 30000 31000 32000 33000 34000 35000 36000 37000 38000 39000 40000 41000 42000 43000 44000 45000 46000 47000 48000 49000 50000 51000 52000 53000 54000 55000 56000 57000 58000 59000 60000 61000 62000 63000 64000 65000 66000 67000 68000 69000 70000 71000 72000 73000 74000 75000 76000 77000 78000 79000 80000 81000 82000 83000 84000 85000 86000 87000 88000 89000 90000 91000 92000 93000 94000 95000 96000 97000 98000 99000 100000 101000 102000 103000 104000 105000 106000 107000 108000 109000 110000 111000 112000 113000 114000 115000 116000 117000 118000 119000 120000 121000 122000 123000 124000 125000 126000 127000 128000 129000 130000 131000 132000 133000 134000 135000 136000 137000 138000 139000 140000 141000 142000 143000 144000 145000 146000 147000 148000 149000 150000 151000 152000 153000 154000 155000 156000 157000 158000 159000 160000 161000 162000 163000 164000 165000 166000 167000 168000 169000 170000 171000 172000 173000 174000 175000 176000 177000 178000 179000 180000 181000 182000 183000 184000 185000 186000 187000 188000 189000 190000 191000 192000 193000 194000 195000 196000 197000 198000 199000 200000 201000 202000 203000 204000 205000 206000 207000 208000 209000 210000 211000 212000 213000 214000 215000 216000 217000 218000 219000 220000 221000 222000 223000 224000 225000 226000 227000 228000 229000 230000 231000 232000 233000 234000 235000 236000 237000 238000 239000 240000 241000 242000 243000 244000 245000 246000 247000 248000 249000 250000 251000 252000 253000 254000 255000 256000 257000 258000 259000 260000 261000 262000 263000 264000 265000 266000 267000 268000 269000 270000 271000 272000 273000 274000 275000 276000 277000 278000 279000 280000 281000 282000 283000 284000 285000 286000 287000 288000 289000 290000 291000 292000 293000 294000 295000 296000 297000 298000 299000 299999 300000

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SOCIETY OF THE CINCINNATI IN THE STATE OF

OMB No 1545-0047

2008

**Open to Public
Inspection**

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.

Employer identification number

54-6054111

PART VI, SECTION B

12a

THE ORGANIZATION DID NOT HAVE A WRITTEN CONFLICT OF INTEREST POLICY IN 2009, BUT ADOPTED ONE ON APRIL 16, 2010.

PART VI, SECTION B

13

THE ORGANIZATION DID NOT HAVE A WRITTEN WHISTLEBLOWER POLICY IN 2009, BUT ADOPTED ONE ON APRIL 16, 2010.

PART VI, SECTION B

14

THE ORGANIZATION DID NOT HAVE A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY IN 2009, BUT ADOPTED ONE ON APRIL 16, 2010.

PART VI, SECTION A

11

ROBERT M. TURNBULL, 322 ALBEMARLE AVE, RICHMOND, VA 23226

JOHN K. BURKE, JR. P.O. BOX 1122, RICHMOND, VA 23218

DAVID A. KEAN, 5903 FERGUSSON RD, RICHMOND, VA 23226

W.T. THOMPSON IV, 4602 SULGRAVE RD, RICHMOND, VA 23221

ROBERT L. BROOK, 404 HENRI RD, RICHMOND, VA 23226

HUGH H. TOMPKINS, 5216 ABINGTON RD, BETHESDA, MD 20816

PART VI, SECTION A, CONT.

11

JAMES A. SHIELD III, 5304 GROVE AVE, RICHMOND, VA 23226

COL. GEORGE M BROOKE III, 800 BOWYER LANE, LEXINGTON, VA 24450

JOEL T. DAVES IV, P.O. BOX 1628, MOBILE, AL 36633

JERE M. H. WILLIS III, 219 WEST ASHER ST, CULPEPER, VA 22701

H. JACKSON DARST, JR., P.O. BOX 592, NORGE, VA 23217

THOMAS R. BROWN, 304 OAK LANE, RICHMOND, VA 23226

JOHN L. MCELROY III, 6007 THREE CHOPT RD, RICHMOND, VA 23226

PART VI, SECTION A CONT.

11

WARING TRIBLE, JR, MD, 810 HANOVER ST, FREDERICKSBURG, VA 22401

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 6

INDIVIDUALS ARE PROPOSED FOR MEMBERSHIP BY THE STANDING COMMITTEE

(BOARD OF DIRECTORS) AND ELECTED TO MEMBERSHIP BY THE EXISTING MEMBERS

AT THE ANNUAL MEETING. MEMBERS HAVE THE POWER TO FILL VACANCIES IN

THE STANDING COMMITTEE AND TO ALTER OR REPEAL BYLAWS MADE BY THE

STANDING COMMITTEE. THERE ARE NO STOCKHOLDERS.

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 7a

SEE EXPLANATION FOR LINE 6.

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 7b

SEE EXPLANATION FOR LINE 6.

FORM 990, PAGE 6, PART VI, LINE 10-DESCRIPTION OF PROCESS FOR REVIEW

Name of the organization

SOCIETY OF THE CINCINNATI IN THE STATE OF

Employer identification number

54-6054111

THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE (CONSISTING OF THE
PRESIDENT, VICE PRESIDENT, SECRETARY AND TREASURER) BEFORE IT IS FILED

DESCRIPTION FOR MAKING DOCUMENTS PUBLIC

FORM 990, PAGE 6, PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART I AND PART III - ORGANIZATION'S MISSION

=====

TO PERPETUATE THE MEMORY AND IDEALS OF THE AMERICAN REVOLUTION,
INCLUDING AWARDING SCHOLARSHIPS, FUNDING RESEARCH GRANTS AND
HISTORICAL PROGRAMS, AND SUPPORTING EDUCATIONAL AND HISTORICAL
PROGRAMS OF THE SOCIETY OF THE CINCINNATI, INC.

STATEMENT 1

SOCIETY OF THE CINCINNATI IN THE STATE OF

54-6054111

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

NAME OF ORGANIZATION:

THE SOCIETY OF THE CINCINNATI, INC.

ADDRESS:

2118 MASSACHUSETTS AVE.
WASHINGTON, DC 20008

EIN:

53-0205423

IRC SECTION:

501(C) (3)

AMOUNT OF CASH GRANT..... 81,880.

PURPOSE OF GRANT:

OPERATIONS

TOTAL CASH GRANTS..... 81,880.

=====

STATEMENT 2

SCH I, PART III- GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE US

=====

TYPE OF GRANT OR ASSISTANCE

WEEDON HIGH SCHOOL ESSAY CONTEST ON TOPIC RELATED TO THE AMERICAN
REVOLUTION. WINNER RECEIVES SCHOLARSHIP.NUMBER OF RECIPIENTS..... 7
AMOUNT OF CASH GRANT..... 21,000.

TYPE OF GRANT OR ASSISTANCE

TODD & WILLIAMS SCHOL TO MED & LAW STUDENTS AT UNIV. OF VA. TO PROMOTE
THE PROF. EDUCATION OF CITIZENS IN THE COMMONWEALTH OF VA.NUMBER OF RECIPIENTS..... 17
AMOUNT OF CASH GRANT..... 56,500.TOTAL NUMBER OF RECIPIENTS..... 24
TOTAL CASH GRANTS..... 77,500.

=====

FEDERAL FOOTNOTES

=====

PRIOR YEAR AMOUNTS IN PART 1 HAVE BEEN RECLASSIFIED FOR CONSISTENCY
AND COMPARISON PURPOSES.

STATEMENT 4

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ►

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

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization SOCIETY OF THE CINCINNATI-REV 49-7016250	Employer identification number 54-6054111
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions SUNTRUST BANK PO BOX 1908	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ORLANDO, FL 32802-1908	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► SUNTRUST BANK, ADMIN

Telephone No ► (804) 782-7791 FAX No ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year _____ or
► tax year beginning 07/01/2008, and ending 06/30/2009

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions

Form 8868 (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization SOCIETY OF THE CINCINNATI-REV 49-7016250	Employer identification number 54-6054111
	Number, street, and room or suite no. If a P O box, see instructions SUNTRUST BANK PO BOX 1908	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions ORLANDO, FL 32802-1908	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- The books are in the care of ► **SUNTRUST BANK, ADMIN**
Telephone No ► **(804) 782-7791** FAX No ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . . . If it is for part of the group, check this box . . . and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until **05/17/2010**
- For calendar year , or other tax year beginning **07/01/2008**, and ending **06/30/2009**
- If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► David C. Miller Title ► 111111111111 Date ► 1/30/10
Form 8868 (Rev. 4-2009)

KPMG LLP

PO BOX 6768

PROVIDENCE, RI 02940-6768