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TE/GE, Processing Correspondence **RECEIVED**

OCT 15 2010

Short Form

Return of Organization Exempt From Income Tax

Revenue Service Income Service Income Tax

The organization and controlling organizations as defined in section for the Ireasury

The organization and service Income Tax assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public

Inten	nal Reve	nue Service		➤ The organiz	ation may ha	ve to use a c	opy of this retu	ım to satisfy	state re	porting i	requiremen	ts			المراك	
A I	For th	e 2009 calenda	ar year,	or tax year b	eginning			,	2009,	and en	ding				, 20	3
В	Check if	neck if applicable Please C Name of organization D Em			Emplo	Employer identification number										
		ess change use IRS CALLETY GOA FORWALL HITTORION (TUNIES 4					43	3-60	23/	So1						
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	Amend	ed return	Instruc-				20036	-2100	-		Į F		p Exer	•	1	
旦	Applica	ition pending	tions.	WASH	/NG-101	V, DC	200 >6	22647					ber 🕨			
	• Se	ction 501(c)(3)	organiz	ations and 4	347(a)(1) no	nexempt c	charitable tr	usts must	attach	G	Account	ng Me	ethod	XX C	ash 🗌	Accrual
			a cor	npleted Sche	dule A (For	m 990 or 9	90- <i>EZ</i>).				Other (sp	oecify)	>			
		1.	11				1			Н	Check >	- X ·	f the o	rganiz	ation is	лоt
	Nahs	site - http:	://᠘//	Jul Societ	rtortre	nchhisi	toricals	Tudies.	nct	.				-	le B (Forr	
I Website: ► http://www.societyfortrenchhistoricalstudies.net required to att J Tax-exempt status (check only one) - 🗵 501(c) (3) < (insert no) □ 4947(a)(1) or □ 527 990-EZ, or 990										1						
_	007															
	Check -														.II \$∠5,UU	UA
		990-EZ or Forn											ele rei	um		
		nes 5b, 6b, and 7	b, to line	9 to determine	gross recei	pts, if \$500,	000 or more,	file Form 99	JU inste	ad of Fo	orm 990-E		\$		Dort I V	
Ľ	art I			enses, and			•	Funa B	alanc	es (56	ee the ir	Struc		iori		
	1	Contribution	ons, giff	ts, grants, ar	ıd similar a	mounts re	eceived					.	1		70 C	<u>). </u>
	2	Program s	ervice r	evenue inclu	iding gover	rnment fee	es and cont	tracts					2	2	. 77 1	<u>?. </u>
	3	Membersh	np dues	and assess	ments .								3	14	780	
	4	Investmen										ĺ	4	~ 3	294	<i>r</i> .
	5			m sale of as	sets other	than inver	ntory		5a	1		Ì			,	
	i			er basis and					5b							
	1			n sale of asse	•			 et line Eh		ino 5a)			5c			
Ð				tivities (complete									30			
Revenue	6								om yanı	iiig, che	CK HEIGE	ᄓ				
š	4		•	ot including S	·		_ of conti	ributions	1 -	1		-				
, æ		reported o		•					6a	-						
)	l l			nses other th					6b	<u> </u>						
;	(Net income 	e or (lo:	ss) from spe	cial events	and active	ities (Subtra	act line 6b	from	line 6a	ι)		6c			
	78	a Gross sale	s of inv	entory, less	returns and	d allowand	ces		7a							
		b Less cost	of goo	ds sold					7b							
	(-	ss) from sale	s of invent	ory (Subtr	ract line 7b	from line	7a) .				7c			
	8	Other reve	-			, ,			•) [8			
	9		•	dd lines 1, 2,	3 4 5c 6	ic 7c and	18					_ <u>`</u>	9	20	255	.
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Expenses	. 14		-	utilities, and						•	•	. }	14			
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	17			Add lines 10			· ·	<u> </u>			<u></u>	•	17	10	<u>014</u>	•
S	18	Excess or	(deficit)	for the year	(Subtract	line 17 fro	m line 9)						18	1	238	•
Net Assets	19	Net assets	or fur	nd balances	at beginni	ng of year	r (from line	27, colur	nn (A))) (mus	t agree v	vith		_		
		end-of-yea	ar figure	e reported or	ı prior year	r's return)		sia de à	٠	130.10			19	291	1,752	
	20	Other char	naes in	net assets o	r fund bala	ances (atta	ach explana	tion)	WILL -	LYNC	. n - <i>4000</i> 0	MT	20	-	7.733	
ž	21			d balances a						MENT	7000	″▶	21	3/6	1.023	
	art	Balance	e Shee	ets. If Total a	assets on F	ine 25. col	lumn (B) are	\$1.250 C	000 or	more	file Form	990		v		
	-115	Dalailo								1	(A) Begin				B) End of	
_	37/1							22	3/0	·						
2		Cash, savings							•	· · }	A11	<u>, 7 -</u>			310,	<u>023</u>
					23											
2		Other assets (describ								^	, ~		24	7/2	77
2	_	Total assets									_24	1, t		25	310	·UJ3
2	6	Total liabilitie	e s (desc	cribe ►										26		
~	7	Nat assats ni	r fund l	nalances (lin	e 27 of col	lumn (R) n	nuet aaree	with line 2	71)		29	<i>' +</i> 、	3 7 L	27	310	$\rho \downarrow 1$

Form **990-EZ** (2009)

Cat No 10642I

COILL	990-22 (2009)					Page Z	
Par	t III. Statement of Program Service Accom	plishments (See the instru	uctions for Part II	1.)		Expenses	
Wha	t is the organization's primary exempt purpose? $m{n}$	OMOTE EDUCATIONAL+ SCH	OLARY GORK IN	KENCH HISTOR	Requ	ured for section	
Desc	cribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise	501(c)(3) and 501(c)(4)	
manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. AWARD IRIZES for SCHOLARY ACHIEVENEUT; PUBLISH HISTORICAL JOURNAL; HOLD for others) organizations and section 4947(a)(1) inusts, optional for others.							
each	program title. ANARD TRIZES FOR SCHOLARLY A	CATEVETENT; PUBLISH TO	ATELY AND MEA	IBERS	for ot	hers)	
28	PINKNEY PRIZE (PI, 500)	() 2 () ()					
	KOREN PRIZE (1,000.)						
	CHINARD PRIZE (500.)						
		includes foreign grants, che	eck here	▶ □	28a		
29	DAVIS GRADUATE STUDENT AW						
23	FARRAR MEMORIAL AWARD (
		2,000					
		includes foreign grants, che	ock hore	. ▶ □	29a		
20	WOLF TRAVEL FELLO WSHIP				25a		
30	WULL TOUGHT !	-2,000.)					
	(Outside the St. Access) Make the second				20-		
~-		includes foreign grants, che	ck nere		30a		
31	Other program services (attach schedule)	mali da farrere	· · · ·	· · _	ایا		
00		includes foreign grants, che	eck nere		31a	<u> </u>	
_	Total program service expenses (add lines 28a t		on if not compare	tod /Caath-	32	tions for Dart BA	
Palr	List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense	
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and	
,,	110	devoted to position	enter -0)	deferred comper	sation	other allowances	
	NDA L. CLARK	EXECUTIVE DIRECTO					
<u> ၁</u> ၁	MILTON CT. #101	(5-10 HRS.)	<u> </u>				
10	NG BEACH, CA 90803	(3-10 1175.)					
	A						
ß,	ROBERT KREISER	FINANCIAL	0	_		_	
	702 FALSTONE AVE.	OFFICER					
OF	YEVY CHASE MD 20815	<i>(3-5 HR</i> s.)					
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\mathcal{I}_0	DELLE NEULANDER	PREVISENT	\sim				
D	EPARTHENT OF HISTORY	(5-10 HRS.)					
_	HE CITADEL						
	71 MOULTRIE ST.						
- (HARLESTON, SC 29409						
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Par	Other information (Note the statement requirements in the instructions for Part V.)			
	•		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	-		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			!
39	Section 501(c)(7) organizations Enter] ,		
а	Initiation fees and capital contributions included on line 9			April 1
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			S
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	لاي	,	*
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	:		
_	reimbursed by the organization			>
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. NONE			
42a	The organization's books are in care of ▶ B ROBERT KREISER Telephone no. ▶ 20			<u>170</u> 0
b	Located at \triangleright 46 AAuf, 1133 19TH ST NW, SuiTE 200, WASH. ZIP+4 \triangleright 20 At any time during the calendar year, did the organization have an interest in or a signature or other authority	به		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		\times
	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.			75
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		<u>X</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	- 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year	_=		
		ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
•	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		×
		- 000		

Part	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	l section 4947(a)(1) none 947(a)(1) nonexempt chari and 51.	xempt charital table trusts mu	ble trusts only. A st answer questic	II section ons 46–49b				
	Did the organization engage in direct or indirect	ct political campaign activiti			Yes No				
	candidates for public office? If "Yes," complete				46 X				
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									
49a Did the organization make any transfers to an exempt non-charitable related organization?									
	If "Yes," was the related organization a section				49b				
	Complete this table for the organization's five hemployees) who each received more than \$100								
		(b) Title and average	(c) Compensation		(e) Expense				
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	account and other allowances				
	N.A. (NO EMPLOYEES)	-							
	·								
		-1							
f	Total number of other employees paid over \$10	00,000	,	_					
	\$100,000 of compensation from the organization		<u> </u>	/pe of service	(c) Compensation				
		,							
d	Total number of other independent contractors	each receiving over \$100,00	. ▶						
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accompant n of preparer (other than officer) is b	ying schedules and st ased on all informatio	atements, and to the bes n of which preparer has	t of my knowledge any knowledge				
Sign Here	Signature of officer			Date	010				
	B. ROBERT KRET Type or print name and title	SER FINANCI	AL OFFIC	CER					
Paid Propare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nun	nber (See instructions)				
Prepare Use Onl	Firm s name (or		E						
May the	e IRS discuss this return with the preparer show	n above? See instructions	· · · · · · ·	none no ▶ ▶ □	Yes No				
				For	m 990-EZ (2009)				

DISBURSEMENTS [2009]

Unrestricted Accounts

Pinkney Prize	\$1,500.00
Koren Prize	1,000.00
American Council of Learned Societies (annual dues)	990.00
Chinard Prize (jointly awarded with the Institut Français d'Amérique)	500.00
Natalie Zemon Davis Graduate Student Award	500.00
Web site server and registration fees	470.64
Legal Expenses (H-France)	302.50

<u>Total Disbursements</u> for the past fiscal year from <u>Unrestricted Accounts</u> was <u>\$5,263.14</u>

Restricted Accounts

Farrar Memorial Award	\$2,750.00
Research Travel Award	2,000.00
Wolf Travel Fellowship	2,000.00