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Form 990  Department of the Treasury Internal Revenue Service	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 2009 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization OHIO HISTORICAL SOCIETY INC		D Employer identification number 31-4389673
		Doing Business As		E Telephone number (614) 297-2401
		Number and street (or P O box if mail is not delivered to street address) 1982 VELMA AVENUE	Room/suite	G Gross receipts \$ 17,059,310
		City or town, state or country, and ZIP + 4 COLUMBUS, OH 432112497		
	F Name and address of principal officer JEFFREY K WARD 1982 VELMA AVENUE COLUMBUS, OH 43211		H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c) (3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)		
J Website: ☒ WWW.OHIOHISTORY.ORG		H(c) Group exemption number ☐		

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐	L Year of formation 1885	M State of legal domicile OH
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>IDENTIFY, AUTHENTICATE, COLLECT, PRESERVE AND INTERPRET OHIO'S HISTORY</u>	
	2	Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 <u>2</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>2</u>
5	Total number of employees (Part V, line 2a)	5 <u>37</u>	
6	Total number of volunteers (estimate if necessary)	6 <u>95</u>	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a <u>-30,49</u>	
b	Net unrelated business taxable income from Form 990-T, line 34	7b <u>-96,46</u>	

Revenue		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	18,039,259	14,986,683
	9	Program service revenue (Part VIII, line 2g)	1,990,780	1,389,117
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,771	40,708
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	358,940	336,857
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,451,750	16,753,365
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . .	124,776	393,647
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,049,931	9,796,718
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>408,781</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,508,113	7,241,201
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,682,820	17,431,566
	19	Revenue less expenses Subtract line 18 from line 12	-231,070	-678,201
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	5,785,401	4,608,245
	21	Total liabilities (Part X, line 26)	4,010,009	3,436,824
	22	Net assets or fund balances Subtract line 21 from line 20	1,775,392	1,171,421

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	***** Signature of officer	2011-02-11 Date
	JEFFREY K WARD CHIEF FINANCIAL OFFICER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature  Greta Rzymek CPA	Date	Check if self-employed  	Preparer's identifying number (see instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4 	REA & ASSOCIATES INC CPA'S 5775 PERIMETER DRIVE - SUITE 200 DUBLIN, OH 430173224			EIN 
				Phone no  (614) 889-8725	

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

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

THE MISSION OF THE OHIO HISTORICAL SOCIETY IS TO HELP PEOPLE CONNECT WITH OHIO'S PAST IN ORDER TO UNDERSTAND THE PRESENT AND CREATE A BETTER FUTURE To that end, the society conducts programs that identify, authenticate, collect, preserve, educate and interpret records, objects and places related to the state of ohio's pre-history, history and natural history and publishes a magazine and pamphlets the society has been authorized and directed by numerous acts of the general assembly of ohio to perform certain functions such as manage the state's historic preservation program, supervise the state archives and a major history library, and act as custodian and administrator of certain historic sites owned by the state the society operates several museums and sites throughout the state

- 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 \$ 8,302,484 including grants of \$ 28,752) (Revenue \$ 272,245)

SITE OPERATIONS/EDUCATION - OPERATE & MAINTAIN approximately 60 HISTORIC SITES/MUSEUMS, DEVELOP EXHIBITS AND PROVIDE INTERPRETIVE SERVICES INCLUDING LAB DEMONSTRATIONS, WORKSHOPS, SCHOOL PROGRAMS, CONSERVATION LABS AND SPECIAL EVENTS

4b

(Code) (Expenses \$ 3,058,258 including grants of \$) (Revenue \$ 0)

CAPITAL PROJECTS - PLAN, DESIGN AND REHABILITATE EXISTING SITES AND EXHIBITS AS WELL AS PLAN, DESIGN AND CONSTRUCT NEW SITES AND EXHIBITS

4c

(Code) (Expenses \$ 1,693,522 including grants of \$ 97,578) (Revenue \$ 62,766)

HISTORIC PRESERVATION - ADMINISTER THE STATE HISTORIC PRESERVATION OFFICE UNDER PROVISIONS OF THE NATIONAL HISTORIC PRESERVATION ACT

4d

Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 1,440,838 including grants of \$ 267,317) (Revenue \$ 122,109)

4e

Total program service expenses \$ 14,495,102

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	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
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	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 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 similar funds or 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	No
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	Yes
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes
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	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
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 U S? If "Yes," complete Schedule F, Part II	15	No
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 U S? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	182	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	378	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file 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	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
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	No
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	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a 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	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	20	
b	Enter the number of voting members that are independent . . .	1b	20	
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶OH
18	Section 6104 requires an organization to make its Form 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 ☒ 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JEFFREY K WARD 1982 VELMA AVENUE COLUMBUS, OH 432112497 (614) 297-2401

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

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

Form **990** (2009)

1b Total	401,358	0	20,622
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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
MCGINNIS INC 502 SECOND STREET SOUTH POINT, OH 45680	CONSTRUCTION SERVICES	583,102
QUALITY MASONRY COMPANY INC 1001 S PROSPECT STREET STE 101 MARION, OH 43302	CONSTRUCTION SERVICES	363,705
LEPI ENTERPRISES INC 630 G W MORSE STREET ZANESVILLE, OH 43701	CONSTRUCTION SERVICES	275,099
PEEBLES CREATIVE GROUP INC 6209 RIVERSIDE DRIVE SUITE 100 DUBLIN, OH 43017	CONSULTING SERVICES - MARKETING, PRINTIN	178,412
MUHLENKAMP BUILDING CORPORATION 560 TOUVELL STREET CELINA, OH 45822	CONSTRUCTION SERVICES	124,417

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII

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					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	13,673,179				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,313,504				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			14,986,683			
Program Service Revenue			Business Code					
	2a	PROGRAM SERVICES INCOM	900,099	457,120	457,120			
	b	MEMBERSHIPS AND SUBSCR	900,099	365,337	365,337			
	c	ADMISSION/PARKING	812,930	333,208	333,208			
	d	SPECIAL EVENTS	722,320	91,148	91,148			
	e	GOVERNMENT CONTRACT RE	900,099	75,817	75,817			
	f	All other program service revenue		66,487	66,487			
	g	Total. Add lines 2a-2f			1,389,117			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			40,708		40,708	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties			1,405		1,405	
	6a	(i) Real		(ii) Personal				
		Gross Rents	71,142					
		b Less rental expenses	184,351					
		c Rental income or (loss)	-113,209					
	d	Net rental income or (loss)			-113,209	1,488	-114,697	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b Less direct expenses	b					
		c	Net income or (loss) from fundraising events . . .					
	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	233,172					
c		Net income or (loss) from sales of inventory . . .			111,578	111,578		
Miscellaneous Revenue		Business Code						
11a	LIFE INSURANCE PROCEED		900,099	250,553			250,553	
b	FACILITY USE		722,320	86,530	2,326	84,204		
c								
d	All other revenue							
e	Total. Add lines 11a-11d			337,083				
12	Total revenue. See Instructions			16,753,365	1,504,509	-30,493	292,666	

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	376,147	376,147		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	17,500	17,500		
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	397,182	66,929	330,253	
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	7,469,351	5,921,394	1,264,585	283,372
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,930,185	1,836,608	5,710	87,867
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	850,879	850,879		
b	Legal	75,297	4,336	70,961	
c	Accounting	31,644		31,644	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	3,110,490	2,948,522	156,358	5,610
12	Advertising and promotion	106,900	10,821	96,079	
13	Office expenses	480,176	332,696	125,877	21,603
14	Information technology				
15	Royalties				
16	Occupancy	1,214,757	1,057,631	157,098	28
17	Travel	216,131	192,913	20,236	2,982
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	107,212	76,406	30,806	
23	Insurance	157,463	29,172	128,291	
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	UNRELATED BUSINESS INCO	224	0	224	0
b	PROGRAM AND OTHER SUPPL	388,932	373,676	13,281	1,975
c	EQUIPMENT PURCHASE	276,144	242,728	33,378	38
d	FOOD & BEVERAGE	119,792	99,413	20,089	290
e	PROFESSIONAL DEVELOPMEN	57,086	23,632	32,789	665
f	All other expenses	48,074	33,699	10,024	4,351
25	Total functional expenses. Add lines 1 through 24f	17,431,566	14,495,102	2,527,683	408,781
26	Joint costs. Check here ☒ 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,571,675	1	622,806
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			536,082	3	554,458
	4	Accounts receivable, net			964,198	4	1,305,975
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 sale or use			340,341	8	238,400
	9	Prepaid expenses and deferred charges			158,378	9	105,085
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,798,005			
	b	Less accumulated depreciation	10b	1,240,543	626,674	10c	557,462
	11	Investments—publicly traded securities			1,489,053	11	1,224,059
	12	Investments—other securities. See Part IV, line 11			99,000	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)			5,785,401	16	4,608,245
Liabilities	17	Accounts payable and accrued expenses			3,230,919	17	2,538,025
	18	Grants payable				18	
	19	Deferred revenue			779,090	19	898,799
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial 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 to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			4,010,009	26	3,436,824
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,592,415	27	1,005,619
	28	Temporarily restricted net assets			182,977	28	165,802
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,775,392	33	1,171,421
	34	Total liabilities and net assets/fund balances			5,785,401	34	4,608,245

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
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? 	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
OHIO HISTORICAL SOCIETY INC

Employer identification number
31-4389673

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An 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

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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
- 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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

(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?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	18,837,921	18,917,171	18,677,096	18,429,875	15,352,020	90,214,083
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	18,837,921	18,917,171	18,677,096	18,429,875	15,352,020	90,214,083
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						90,214,083

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	18,837,921	219,023	18,677,096	18,429,875	15,352,020	90,214,083
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	229,408	219,023	227,782	156,327	113,255	945,795
9 Net income from unrelated business activities, whether or not the business is regularly carried on	228,344	228,344	247,210	179,875	84,204	967,977
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						92,127,855

12

Gross receipts from related activities, etc (See instructions)

12

7,578,551

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	97 920 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	97 680 %

- 16a 33 1/3% support test—2009. 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
- b 33 1/3% support test—2008. If the organization did not check the 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
- 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2008. 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
- 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

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. 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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

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(c)(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) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization OHIO HISTORICAL SOCIETY INC	Employer identification number 31-4389673
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes	☐ 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
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			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		50
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		15,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			15,050
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	DIRECT LOBBYING ACTIVITIES EVOLVED AROUND MEETINGS WITH STATE LEGISLATORS TO DISCUSS THE BUDGET PROCESS FOR THE OHIO HISTORICAL SOCIETY

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
OHIO HISTORICAL SOCIETY INC

Employer identification number

31-4389673

Part I

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

	(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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	☐ Yes ☐ No	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	☐ Preservation of land for public use (e g , recreation or pleasure)	☐ Preservation of an historically importantly land area
	☐ Protection of natural habitat	☒ Preservation of a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	2a 6
b	Total acreage restricted by conservation easements	2b 0 00
c	Number of conservation easements on a certified historic structure included in (a)	2c 5
d	Number of conservation easements included in (c) acquired after 8/17/06	2d 1
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____	
4	Number of states where property subject to conservation easement is located ► _____ 1	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	
	☐ Yes ☒ No	
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____ 15 00	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____ 1,000	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	
	☒ Yes ☐ No	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
	(ii) Assets included in Form 990, Part X	► \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	► \$ _____
b	Assets included in Form 990, Part X	► \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

b

☒

Scholarly research

c

☒

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

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?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the 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

1b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

2b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	1,685,062	1,683,706			
1b Contributions	61,119	23,752			
1c Investment earnings or losses	-17,175	-22,396			
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g End of year balance	1,729,006	1,685,062			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 90 410 % %

b

Permanent endowment ▶ 0 % %

c

Term endowment ▶ 9 590 % %

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

No

3a(ii)

No

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) Accumulated depreciation	(d) Book value
1a Land		284,866		284,866
1b Buildings		77,799	33,493	44,306
1c Leasehold improvements				
1d Equipment		1,435,340	1,207,050	228,290
1e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				557,462

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements					
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	16,753,365
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	17,431,566
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-678,201
4	Net unrealized gains (losses) on investments			4	102,205
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	-27,975
9	Total adjustments (net) Add lines 4 - 8			9	74,230
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9			10	-603,971
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	17,545,069
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	102,205		
b	Donated services and use of facilities	2b	505,148		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	184,351		
e	Add lines 2a through 2d			2e	791,704
3	Subtract line 2e from line 1			3	16,753,365
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b	4c	0		
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	16,753,365

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements	1	18,149,040	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	505,148	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d	212,326	
e	Add lines 2a through 2d	2e	717,474	
3	Subtract line 2e from line 1	3	17,431,566	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	17,431,566	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part II, Line 9	Description of How Organization Reports Conservation Easements	The organization does not include the value of conservation easements in its financial statement nor are they included in the footnotes to the financial statements
Part III, Line 1a		COLLECTIONS AND EXHIBITS PURCHASED AND CONTRIBUTED COLLECTION AND LIBRARY OBJECTS ARE NOT INCLUDED IN THE STATEMENT OF FINANCIAL POSITION NO AMOUNTS ARE INCLUDED IN THE STATEMENT OF ACTIVITY AND CHANGES IN NET ASSETS FOR CONTRIBUTED COLLECTIONS OBJECTS BECAUSE REASONABLE ESTIMATES OF VALUE ARE GENERALLY NOT AVAILABLE DUE TO THE NATURE OF THE OBJECTS DONATED ITEMS FALL IN THE CATEGORY OF WORKS OF ART, HISTORICAL TREASURES AND SIMILAR ASSETS THE ORGANIZATION DOES NOT CAPITALIZE ITS ARTIFACTS AND COLLECTIONS THE ORGANIZATION'S HISTORICAL COLLECTIONS CONSIST OF APPROXIMATELY 1,700,000 ARTIFACTS DIVIDED INTO THREE BROAD CATEGORIES ARCHAEOLOGY, NATURAL HISTORY, AND HISTORY THE ARCHAEOLOGICAL COLLECTIONS CONTAINS OBJECTS FROM ALL PREHISTORIC CULTURES IN THE MIDWEST THE NATURAL HISTORY COLLECTION PRESERVES REPRESENTATIVE SPECIMENS OF MINERAL, FLORA, FAUNA AND FOSSILS FROM THE REGION THAT IS NOW OHIO THE HISTORY COLLECTION DOCUMENTS THE PEOPLE, EVENTS AND ACTIVITIES OF OHIO'S HISTORIC PERIOD FROM 1650 TO THE PRESENT THE LIBRARY CONTAINS ONE OF THE LARGEST COLLECTIONS OF OHIO-RELATED BOOKS, MICROFILMS, MANUSCRIPTS, MAPS, STATE AND LOCAL GOVERNMENT RECORDS, NEWSPAPERS, PHOTOGRAPHS, FILMS, VIDEOS AND RECORDINGS THE ORGANIZATION HAS A FORMAL COLLECTION POLICY THAT ADDRESSES THE ACQUISITION, USE AND DISPOSITION OF OBJECTS AS WELL AS GUIDELINES FOR MAKING AND RECEIVING LOANS THE ORGANIZATION HAD NO MATERIAL DEACCESSIONS DURING FISCAL YEARS ENDING 2010 AND 2009
Part III, Line 4		SEE NOTE FOR SCHEDULE D, PART III, LINE 1A
Part V, Line 4	Description of Intended Use of Endowment Funds	THE OHIO HISTORICAL SOCIETY HAS THREE SEPARATE BOARD DESIGNATED AND TEMPORARILY RESTRICTED NET ASSETS, WHICH INCLUDE THE BOARD DESIGNATED RESERVE FUND, THE BOARD DESIGNATED SPECIFIC PROGRAMS AND PROJECTS FUND, AND THE TEMPORARILY RESTRICTED OHIO BICENTENNIAL COMMISSION FUND THE RESERVE FUND IS A SEPARATELY SEGREGATED FUND TO BE USED AT THE BOARD DISCRETION CURRENTLY, IT IS NOT KNOWN WHAT THESE FUNDS WILL BE USED FOR THE BOARD DESIGNATED SPECIFIC PROGRAMS AND PROJECTS FUND INCLUDES NET ASSETS THAT HAVE BEEN DESIGNATED BY THE BOARD TO PAY FOR A VARIETY OF DIFFERENT PROGRAMS AND PROJECTS THAT ARE SPECIFICALLY SELECTED BY THE BOARD THE TEMPORARILY RESTRICTED OHIO BICENTENNIAL COMMISSION FUND INCLUDES FUNDS THAT ARE BEING USED FOR THE HISTORICAL MARKERS PROGRAM
Part XI, Line 8 - Other Adjustments		COLLECTION ITEMS PURCHASED BUT NOT CAPITALIZED -27975
Part XII, Line 2d - Other Adjustments		RENTAL EXPENSES 184351
Part XIII, Line 2d - Other Adjustments		COLLECTION ITEMS PURCHASED BUT NOT CAPITALIZED 27975 RENTAL EXPENSES 184351
		PART X, LINE 2 - FIN 48 FOOTNOTE EFFECTIVE JULY 1, 2009, GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE THE ORGANIZATION TO EVALUATE THE LEVEL OF UNCERTAINTY RELATED TO WHETHER TAX POSITIONS TAKEN WILL BE SUSTAINED UPON EXAMINATION ANY POSITIONS TAKEN THAT DO NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD MUST BE QUANTIFIED AND RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION MANAGEMENTS BELIEVES THAT NONE OF THE TAX POSITIONS TAKEN WOULD MATERIALLY IMPACT THE FINANCIAL STATEMENTS AND NO SUCH LIABILITIES HAVE BEEN RECORDED WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR THE YEARS ENDED JUNE 30, 2006 AND PRIOR

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
OHIO HISTORICAL SOCIETY INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
31-4389673

Part I

General Information on Grants and Assistance

- 1

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?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part III

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(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
CITY OF GREENPO BOX 278 GREEN, OH 44232	341668531	115	13,720				CERTIFIED LOCAL GOVERNMENT GRANT TO CONDUCT A FEASIBILITY STUDY OF THE LEVI J HARTING HOUSE & FARM
TIPP CITY260 S GARBER DRIVE TIPP CITY, OH 45371	390792424	115	5,950				CERTIFIED LOCAL GOVERNMENT GRANTS TO DEVELOP A MULTIPLE-PROPERTY DOCUMENTATION FORM FIR HISTORIC INDUSTRIAL RESOURCES IN CITY AND PREPARE TWO NATIONAL REGISTER OF HISTORIC PLACES NOMINATIONS
CITY OF AKRON166 S HIGH STREET AKRON, OH 44308	346000020	115	9,531				CERTIFIED LOCAL GOVERNMENT GRANT TO CONDUCT A HISTORIC-ARCHITECTURE SURVEY OF THE WEST HILL NEIGHBORHOOD
OVER-THE RHINE FOUNDATION1317 MAIN STREET CINCINNATI, OH 45202	311342443	501(C)(3)	13,086				CERTIFIED LOCAL GOVERNMENT GRANT TO CONDUCT A STUDY OF BARRIERS AND OPPORTUNITIES TO ENVIRONMENTALLY SENSITIVE REDEVELOPMENT OF HISTORIC PROPERTIES
HATCHS FOLLY LLC830 DAYTON STREET CINCINNATI, OH 45214	316000064	OTHER	20,990				CERTIFIED LOCAL GOVERNMENT GRANT FOR THE REHABILITATION OF WINDOW REPAIR AT THE GEORGE HATCH HOUSE IN THE DAYTON STREET HISTORIC DISTRICT
VILLAGE OF MOUNT PLEASANTPO BOX 261 MOUNT PLEASANT, OH 43939	341363474	115	14,970				A CERTIFIED LOCAL GOVERNMENT GRANT TO ADDRESS REPAIRS FOR MOISTURE ISSUES ON THE ELIZABETH HOUSE MANSON MUSEUM
GREEN LAWN ABBEY PRESERVATION ASSOCIATION3319 RIVER NARROWS ROAD HILLIARD, OH 43026	316400223	501(C)(3)	10,500				CERTIFIED LOCAL GOVERNMENT GRANT TO REPAIR THE TILE ROOF OF THE BREEN LAWN ABBEY MAUSOLEUM IN COLUMBUS, OHIO
OHIO STATE UNIVERSITY RESEARCH FOUNDATION 1960 KENNY ROAD COLUMBUS, OH 43210	316025986	501(C)(3)	8,831				CERTIFIED LOCAL GOVERNMENT GRANT TO CONDUCT AN ARCHAEOLOGICAL SURVEY OF THE REINHART TRACT, PROPERTY OWNED BY THE CITY WATER DEPARTMENT IN COLUMBUS, OHIO
OHIO HISTORICAL SOCIETY FOUNDATION 1982 VELMA AVENUE COLUMBUS, OH 43211	311089327	501(C)(3)	250,553				GRANT FOR THE EXEMPT PURPOSE OF THE ORGANIZATION
PIQUA HISTORICAL AREA FRIENDS COUNCIL9845 N HARDIN ROAD PIQUA, OH 45356	270191878	501(C)(3)	16,764				FUNDS TRASNFERED TO THE PIQUA HISTORICAL AREA FOR THE OPERATION OF THE HISTORIC SITE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
OHIO HISTORICAL SOCIETY INC

Employer identification number
31-4389673

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
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	Yes
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 ☒ 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 with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
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		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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 VII, line 1a

[illegible]

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	THE ORGANIZATION PAYS FOR THE DUES TO THE COLUMBUS METROPOLITAN CLUB FOR THE EXECUTIVE DIRECTOR, KEY EMPLOYEES, AND BOARD MEMBERS. THE BUSINESS PURPOSE OF SUCH PAYMENTS IS TO PROVIDE THESE INDIVIDUALS WITH A MEETING PLACE AND OPPORTUNITIES FOR NETWORKING. THE PAYMENTS OF CLUB DUES ARE NOT INCLUDED AS ADDITIONAL COMPENSATION AS THE MEMBERSHIP IS USED FOR BUSINESS PURPOSES.

SCHEDULE O

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization OHIO HISTORICAL SOCIETY INC	Employer identification number 31-4389673
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE OHIO HISTORICAL SOCIETY HAS FOUR CLASSES OF MEMBERSHIP. THESE FOUR CLASSES OF MEMBERSHIP INCLUDE HISTORY LOVER, FAMILY, INDIVIDUAL, AND SUPPORTER. ALL CATEGORIES OF MEMBERSHIP INCLUDE A VARIETY OF STANDARD BENEFITS. EACH HISTORY LOVER MEMBERSHIP, FAMILY MEMBERSHIP, INDIVIDUAL MEMBERSHIP AND SUPPORTER MEMBERSHIP ALSO INCLUDES THE RIGHT TO VOTE IN THE ANNUAL BOARD OF TRUSTEES ELECTION.
Form 990, Part VI, Section A, line 7a		THE OHIO HISTORICAL SOCIETY IS GOVERNED BY A BOARD OF TRUSTEES COMPRISED OF 21 MEMBERS SERVING THREE-YEAR STAGGERED TERMS. NINE MEMBERS OF THE BOARD ARE ELECTED BY THE SOCIETY'S MEMBERSHIP, NINE MEMBERS ARE APPOINTED BY THE GOVERNOR OF THE STATE OF OHIO, AND THREE MEMBERS ARE APPOINTED BY THE SOCIETY'S BOARD. EVERY YEAR, THE MEMBERS OF THE OHIO HISTORICAL SOCIETY VOTE ON THREE NEW DIRECTORS TO REPLACE THE 3 DIRECTORS WHOSE THREE YEAR TERMS HAVE BEEN COMPLETED. EVERY MEMBERSHIP IN THE OHIO HISTORICAL SOCIETY HAS ONE VOTE IN THIS ANNUAL ELECTION.
Form 990, Part VI, Section B, line 11		THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. THE FORM 990 IS THEN REVIEWED INTERNALLY BY THE FINANCE COMMITTEE AND UPPER MANAGEMENT. A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF TRUSTEES FOR APPROVAL PRIOR TO BEING FILED.
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION ANNUALLY DISTRIBUTES THE CONFLICT OF INTEREST POLICY TO ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEE AND REVIEWS THE CONFLICT OF INTEREST POLICY WITH THESE INDIVIDUALS ANNUALLY. EACH INDIVIDUAL IS REQUIRED TO MAINTAIN THE HIGHEST STANDARDS, BY PROMPT DISCLOSURE, OR SUBMISSION FOR REVIEW, OF ANY SITUATION OR CIRCUMSTANCE, WHETHER OR NOT COVERED BY THE CODE OF ETHICS, THAT COULD DEVELOP INTO A POSSIBLE CONFLICT OF INTEREST OR MIGHT BE INCONSISTENT WITH THE PHILOSOPHY AND PRINCIPLES OF THE CODE OF ETHICS.
Form 990, Part VI, Section B, line 15		THE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE COMPENSATION COMMITTEE, WHICH IS A SUB-COMMITTEE OF THE BOARD OF DIRECTORS. THE HUMAN RESOURCE DIRECTOR ALSO PROVIDES COMPARABILITY INFORMATION FROM CHARITY NAVIGATOR AND THE GUIDESTAR NON-PROFIT COMPENSATION REPORT TO USE IN DETERMINING THE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR.
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 2C	AUDIT COMMITTEE	THE AUDITOR OF THE STATE OF OHIO IS ULTIMATELY RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND THE PROCESS FOR SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OHIO HISTORICAL SOCIETY INC

Employer identification number

31-4389673

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

OHIO HISTORICAL SOCIETY FOUNDATION

1982 VELMA AVENUE

COLUMBUS, OH 43211
31-1089327

ASSISTS THE OHIO
HISTORICAL SOCIETY IN ITS
FUNDRAISING ACTIVITIES

OH

501(C)(3)

509(a)(3) TYPE I N/A

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

No

No

Yes

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	OHIO HISTORICAL SOCIETY FOUNDATION	K	408,781
(2)	transaction does not exceed 50000	L	
(3)	Transaction does not exceed 50000	M	
(4)	transaction does not exceed 50000	N	
(5)	OHIO HISTORICAL SOCIETY FOUNDATION	Q	250,553
(6)	OHIO HISTORICAL SOCIETY FOUNDATION	R	1,236,747

Schedule R (Form 990) 2009

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:

Software Version:

EIN: 31-4389673

Name: OHIO HISTORICAL SOCIETY INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	OHIO HISTORICAL SOCIETY FOUNDATION	K	408,781
(2)	transaction does not exceed 50000	L	
(3)	Transaction does not exceed 50000	M	
(4)	transaction does not exceed 50000	N	
(5)	OHIO HISTORICAL SOCIETY FOUNDATION	Q	250,553
(6)	OHIO HISTORICAL SOCIETY FOUNDATION	R	1,236,747

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service

See separate instructions. Attach to your tax return.

Name(s) shown on return OHIO HISTORICAL SOCIETY INC	Business or activity to which this form relates Form 990 Page 10	Identifying number 31-4389673
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)		
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	107,212

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)		
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	107,212
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?						Yes No			24b If "Yes," is the evidence written?			Yes No					
(a) Type of property (list vehicles first)		(b) Date placed in service		(c) Business/ investment use percentage		(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)		(f) Recovery period		(g) Method/ Convention		(h) Depreciation/ deduction		(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)												25					
26 Property used more than 50% in a qualified business use																	
				%													
				%													
				%													
27 Property used 50% or less in a qualified business use																	
				%						S/L -							
				%						S/L -							
				%						S/L -							
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1												28					
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1														29			

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)			(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year														
32 Total other personal(noncommuting) miles driven														
33 Total miles driven during the year Add lines 30 through 32														
34 Was the vehicle available for personal use during off-duty hours?			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?														
36 Is another vehicle available for personal use?														

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?												Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners													
39 Do you treat all use of vehicles by employees as personal use?													
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?													
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)													
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles													

Part VI Amortization

(a) Description of costs		(b) Date amortization begins		(c) Amortizable amount		(d) Code section		(e) A mortization period or percentage		(f) A mortization for this year	
42 A mortization of costs that begins during your 2009 tax year (see instructions)											
43 A mortization of costs that began before your 2009 tax year									43		
44 Total. Add amounts in column (f) See the instructions for where to report									44		

Additional Data

Software ID:
Software Version:
EIN: 31-4389673
Name: OHIO HISTORICAL SOCIETY INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	1,173,521 including grants of \$	) (Revenue \$ 118,949)
STATE ARCHIVES/LIBRARY - ACQUIRE, APPRAISE AND ACCESSION HISTORICAL DOCUMENTS FOR THE STATE OF OHIO , PROVIDE RESEARCH FOR LIBRARY PATRONS, MICROFILM HISTORICAL DOCUMENTS			
(Code	) (Expenses \$	267,317 including grants of \$ 267,317)	(Revenue \$ 3,160)
OTHER PROGRAMS - THE OHIO HISTORICAL SOCIETY ALSO OPERATE A VARIETY OF OTHER PROGRAMS AND ACTIVITIES THESE INCLUDE MAKING CONTRIBUTIONS AND OTHER TRANSFERS TO THE OHIO HISTORICAL SOCIETY FOUNDATION AND OTHER OUTSIDE ORGANIZATIONS			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	Former			
RICHARD T PRASSE PRESIDENT	4 00	X		X				0	0	0
DAVID B BAKER VICE PRESIDENT	4 00	X		X				0	0	0
JON T ELSASSER VICE PRESIDENT	4 00	X		X				0	0	0
GLENDA S GREENWOOD TREASURER	4 00	X		X				0	0	0
RICHARD C SIMPSON SECRETARY	4 00	X		X				0	0	0
THOMAS S ADKINS TRUSTEE	1 00	X						0	0	0
RANDALL L BUCHMAN TRUSTEE	1 00	X						0	0	0
JAN M DEVEREAUX TRUSTEE	1 00	X						0	0	0
ROBERT F GOLDBERG TRUSTEE	1 00	X						0	0	0
LINDA B LITTER TRUSTEE	1 00	X						0	0	0
THOMAS W JOHNSON TRUSTEE	1 00	X						0	0	0
GEORGE M JONES III TRUSTEE	1 00	X						0	0	0
JOSEPH W LEONARD TRUSTEE	1 00	X						0	0	0
NEIL R MORTINE TRUSTEE	1 00	X						0	0	0
JOSEPH NAVA TRUSTEE	1 00	X						0	0	0
CATHY D NELSON TRUSTEE	1 00	X						0	0	0
RICHARD D RUPPERT TRUSTEE	1 00	X						0	0	0
RONALD J UNGVARSKY TRUSTEE	1 00	X						0	0	0
RODERICK H WILCOX TRUSTEE	1 00	X						0	0	0
Cynthia J Chester truSTEE	1 00	X						0	0	0
TED STRICKLAND EX-OFFICIO MEMBERS	1 00	X						0	0	0
BILL HARRIS EX-OFFICIO MEMBERS	1 00	X						0	0	0
CAPRI CAFARO EX-OFFICIO MEMBERS	1 00	X						0	0	0
ARMOND BUDISH EX-OFFICIO MEMBERS	1 00	X						0	0	0
BILL BATCHELDER EX-OFFICIO MEMBERS	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	Former			
PATRICIA MURPHY EX-OFFICIO MEMBERS	1 00	X						0	0	0
JACOB H DORN EX-OFFICIO MEMBERS	1 00	X						0	0	0
ERIC FINGERHUT EX-OFFICIO MEMBERS	1 00	X						0	0	0
LYNN ELFNER EX-OFFICIO MEMBERS	1 00	X						0	0	0
DEBORAH DELISLE EX-OFFICIO MEMBERS	1 00	X						0	0	0
LISA PATT-MCDANIEL EX-OFFICIO MEMBERS	1 00	X						0	0	0
ROB BERGER EX-OFFICIO MEMBERS	1 00	X						0	0	0
WILLIAM LAIDLAW-deceased EXECUTIVE DIRECTOR	40 00			X		X		161,473	0	15,949
LOX A LOGAN EXECUTIVE DIRECTOR	40 00			X				2,671	0	0
JAMES STRIDER INTERIM EX DIR /DVSN DIR	40 00			X		X		116,884	0	4,673
JEFFREY K WARD CHIEF FINANCIAL OFFICER	40 00			X		X		120,330	0	0
THOMAS BARRY CHIEF DEVELOPMENT OFFICE	40 00					X		90,726	0	9,203

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PROGRAM SERVICES INCOM	900,099	457,120	457,120		
MEMBERSHIPS AND SUBSCR	900,099	365,337	365,337		
ADMISSION/PARKING	812,930	333,208	333,208		
SPECIAL EVENTS	722,320	91,148	91,148		
GOVERNMENT CONTRACT RE	900,099	75,817	75,817		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
UNRELATED BUSINESS INCO	224	0	224	0
PROGRAM AND OTHER SUPPL	388,932	373,676	13,281	1,975
EQUIPMENT PURCHASE	276,144	242,728	33,378	38
FOOD & BEVERAGE	119,792	99,413	20,089	290
PROFESSIONAL DEVELOPMEN	57,086	23,632	32,789	665