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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)

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization OHIO HISTORICAL SOCIETY INC		D Employer identification number 31-4389673	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) Room/suite 800 E 17TH AVENUE		E Telephone number (614) 297-2300	
	City or town, state or country, and ZIP + 4 COLUMBUS, OH 432112474		G Gross receipts \$ 19,017,679	
	F Name and address of principal officer JEFFREY K WARD 800 E 17TH AVENUE COLUMBUS, OH 432112474		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.OHIOHISTORY.ORG				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶			L Year of formation 1885	M State of legal domicile OH

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities IDENTIFY, AUTHENTICATE, COLLECT, PRESERVE AND INTERPRET OHIO'S HISTORY		
	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	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	244
	6	Total number of volunteers (estimate if necessary)	6	1,500
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-20,361
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-106,977
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
			14,659,689	15,963,107
9		Program service revenue (Part VIII, line 2g)	1,642,008	2,552,703
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,381	9,924
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	115,714	45,053
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,428,792	18,570,787
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	151,366	150,883
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,882,998	9,682,625
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶566,125		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,277,169	8,820,258
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,311,533	18,653,766
	19	Revenue less expenses Subtract line 18 from line 12	-882,741	-82,979
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	2,959,566	2,501,391
	21	Total liabilities (Part X, line 26)	3,061,834	2,663,463
	22	Net assets or fund balances Subtract line 21 from line 20	-102,268	-162,072

Part II

Signature Block

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

Sign Here	***** Signature of officer	2014-03-18 Date				
	JEFFREY K WARD CHIEF FINANCIAL OFFICER Type or print name and title					
Paid Preparer Use Only	Pnnt/Type preparer's name MARY ELIZABETH WRIGHT CPA	Preparer's signature	Date 2014-03-18	Check ☐ if self-employed	PTIN P00099212	
	Firm's name ▶ REA & ASSOCIATES INC CPA'S				Firm's EIN ▶ 34-1310124	
	Firm's address ▶ 5775 PERIMETER DRIVE - STE 200 DUBLIN, OH 430173224				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

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

SEE SCHEDULE O

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 7,732,501 including grants of \$ 0) (Revenue \$ 2,557,195)

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 \$ 3,866,037 including grants of \$ 0) (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 \$ 1,873,222 including grants of \$ 150,883) (Revenue \$ 0)

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

(Code) (Expenses \$ 1,042,958 including grants of \$ 0) (Revenue \$ 0)

STATE ARCHIVES/LIBRARY - ACQUIRE, APPRAISE AND ACCESSION HISTORICAL DOCUMENTS FOR THE STATE OF OHIO, PROVIDE RESEARCH FOR LIBRARY PATRONS, MICROFILM HISTORICAL DOCUMENTS

4d

Other program services (Describe in Schedule O)

(Expenses \$ 1,042,958 including grants of \$) (Revenue \$)

4e

Total program service expenses

14,514,718

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 (see instructions)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b 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 	11b	No
c 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 	11c	No
d 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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b 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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts II and IV	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 United States? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		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 11b 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

Check if Schedule O contains a response to any question in this Part V

☐

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	344			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	244			
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 (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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?	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 as charitable contributions?	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 8822?	7c				No
d	If "Yes," indicate the number of Forms 8822 filed during the year.	7d				
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	20	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, 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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	JEFFREY K WARD 800 E 17TH AVENUE COLUMBUS, OH (614) 297-2401

Check if Schedule O contains a response to any question in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	477,562	0	110,529

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 3

		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>	3	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>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
QUALITY MASONRY COMPANY INC 1001 S PROSPECT ST STE 101 MARION OH 43302	CONSTRUCTION SERVICES	280,448
KF CONTSTRUCTION & EXCAVATING LLC 220 NORWEST DR CLYDE OH 43410	CONSTRUCTION SERVICES	223,668
COOPERS EXCAVATION LLC 7251 BETHLEHEM RD WINCHESTER OH 456979416	CONSTRUCTION SERVICES	221,242
ZOAR COMMUNITY ASSOCIATION PO BOX 621 ZOAR OH 446970621	SITE MANAGEMENT SERVICES	203,940

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(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	983,059			
	e	Government grants (contributions)	1e	13,579,264			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,400,784			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		15,963,107			
Program Service Revenue	2a	OTHER PROGRAM REVENUE	Business Code				
	b	PUBLIC SERVICES/EVENTS/RESEARCH	900099	815,769	815,769		
	c	MEMBERSHIPS AND SUBSCRIPTIONS	900099	419,637	419,637		
	d	GOVERNMENT CONTRACT REVENUE	900099	237,798	237,798		
	e	SPECIAL EVENTS	722320	189,160	189,160		
	f	All other program service revenue		250,074	225,670	24,404	
	g	Total. Add lines 2a-2f		2,552,703			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,721		5,721
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties		1,345		1,345	
6a		Gross rents	(i) Real	(ii) Personal			
			91,264				
			236,824				
			-145,560				
d		Net rental income or (loss)		-145,560	1,898	-147,458	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			114,183				
			109,980				
			4,203				
d		Net gain or (loss)		4,203		4,203	
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				
	159,665						
	100,088						
c	Net income or (loss) from sales of inventory . .		59,577		59,577		
Miscellaneous Revenue		Business Code					
11a	FACILITIES USE	722320	129,691	26,998	102,693		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		129,691				
12	Total revenue. See Instructions		18,570,787	2,557,195	-20,361	70,846	

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).

Check if Schedule O contains a response to any question in this Part IX ☒

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 United States. See Part IV, line 21.	150,883	150,883		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	563,312	122,311	441,001	
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.	7,084,103		7,084,103	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	982,561		982,561	
9	Other employee benefits.	892,691		892,691	
10	Payroll taxes.	159,958		159,958	
11	Fees for services (non-employees):				
a	Management.	1,372,198		1,372,198	
b	Legal.	41,126		41,126	
c	Accounting.	29,998		29,998	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,904,470		3,904,470	
12	Advertising and promotion.	304,379		304,379	
13	Office expenses.	590,344		590,344	
14	Information technology.				
15	Royalties.				
16	Occupancy.	945,913		945,913	
17	Travel.	335,988		335,988	
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.	43,389		43,389	
23	Insurance.	180,177		180,177	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PROGRAM AND OTHER SUPPL	493,752		493,752	
b	EQUIPMENT PURCHASE	319,173		319,173	
c	FOOD AND BEVERAGE	129,243		129,243	
d	PROFESSIONAL DEVELOPMEN	90,453		90,453	
e	All other expenses	39,655	14,241,524	-14,767,994	566,125
25	Total functional expenses. Add lines 1 through 24e.	18,653,766	14,514,718	3,572,923	566,125
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		431,172	1	236,478
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		409,277	3	268,062
	4	Accounts receivable, net		914,272	4	960,602
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		231,863	8	244,136
	9	Prepaid expenses and deferred charges		172,249	9	80,368
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,822,221			
	b	Less accumulated depreciation	10b1,283,203	519,604	10c	539,018
	11	Investments—publicly traded securities		281,129	11	172,727
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,959,566	16	2,501,391
Liabilities	17	Accounts payable and accrued expenses		2,159,615	17	2,024,592
	18	Grants payable			18	
	19	Deferred revenue		902,219	19	638,871
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		3,061,834	26	2,663,463
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		-253,820	27	-310,159
	28	Temporarily restricted net assets		151,552	28	148,087
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), 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		-102,268	33	-162,072
	34	Total liabilities and net assets/fund balances		2,959,566	34	2,501,391

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,570,787
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,653,766
3	Revenue less expenses Subtract line 2 from line 1	3	-82,979
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-102,268
5	Net unrealized gains (losses) on investments	5	-2,989
6	Donated services and use of facilities	6	26,164
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-162,072

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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	
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	
3b	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	

Additional Data

Software ID:

Software Version:

EIN: 31-4389673

Name: OHIO HISTORICAL SOCIETY INC

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
GLENDAS GREENWOOD PRESIDENT	4.00	X		X				0	0	0
THOMAS W. JOHNSON VICE PRESIDENT	4.00	X		X				0	0	0
RONALD J. UNGVARSKY VICE PRESIDENT	4.00	X		X				0	0	0
JON T. ELSASSER TREASURER	4.00	X		X				0	0	0
RICHARD C. SIMPSON SECRETARY	4.00	X						0	0	0
ROB BERGER TRUSTEE	1.00	X						0	0	0
RICHARD F. HILLIS TRUSTEE	1.00	X						0	0	0
NANCY PUTNAM HOLLISTER TRUSTEE	1.00	X						0	0	0
GEORGE M. JONES III TRUSTEE	1.00	X						0	0	0
GEORGE M. IRONSTRACK TRUSTEE	1.00	X						0	0	0
TAMI LONGABERGER TRUSTEE	1.00	X						0	0	0
BEVERLY MARTIN TRUSTEE	1.00	X						0	0	0
NEIL R. MORTINE TRUSTEE	1.00	X						0	0	0
CATHY D. NELSON TRUSTEE	1.00	X						0	0	0
MICHAEL G. RAPP TRUSTEE	1.00	X						0	0	0
RODERICK H. WILLCOX TRUSTEE	1.00	X						0	0	0
JAMES A. WILSON TRUSTEE	1.00	X						0	0	0
JOHN KASICK EX-OFFICIO MEMBERS	1.00	X						0	0	0
TOM NIEHAUS EX-OFFICIO MEMBERS	1.00	X						0	0	0
ERIC KEARNEY 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
MAGGIE MARCONI EX-OFFICIO MEMBERS	1.00	X						0	0	0
MOLLY WOOD EX-OFFICIO MEMBERS	1.00	X						0	0	0
JIM PETRO 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
LYNN ELFNER EX-OFFICIO MEMBERS	1 00 0 00	X						0	0	0
STAN HEFNER EX-OFFICIO MEMBERS	1 00 0 00	X						0	0	0
CHRISTINE SCHMENK EX-OFFICIO MEMBERS	1 00 0 00	X						0	0	0
WILLIAM CARLETON EX-OFFICIO MEMBERS	1 00 0 00	X						0	0	0
JOE PATCHEN EX-OFFICIO MEMBERS	1 00 0 00	X						0	0	0
LOX A LOGAN EXECUTIVE DIRECTOR	40 00 0 00			X				175,323	0	42,596
JEFFREY K WARD CHIEF FINANCIAL OFFICER	40 00 1 00			X				136,500	0	19,110
JAMES WALKER CHIEF DEVELOPMENT OFFICER	40 00 0 00			X				165,739	0	48,823

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.

OMB No 1545-0047

2012

Open to Public Inspection

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

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 described in **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 - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	18,429,875	15,352,020	16,356,817	14,659,689	15,963,107	80,761,508
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	18,429,875	15,352,020	16,356,817	14,659,689	15,963,107	80,761,508
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						80,761,508

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	18,429,875	15,352,020	16,356,817	14,659,689	15,963,107	80,761,508
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	156,327	113,255	33,358	11,143	96,432	410,515
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support (Add lines 7 through 10)						81,172,023
12	Gross receipts from related activities, etc. (see instructions)					12	8,445,372
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 2012 (line 6, column (f) divided by line 11, column (f))	14	99 490 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	99 340 %
16a	33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2012. 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—2011. 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 Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. 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 ▶			
b 33 1/3% support tests—2011. 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 ▶			
20 Private 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2012

Open to Public Inspection

If the organization answered “Yes” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35c (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 function 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	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(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		125
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		10,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			10,125
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	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

OMB No 1545-0047

2012

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☒ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the 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 6
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

0

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 section 170(h)(4)(B)(ii)? ☒ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

\$

b Assets included in Form 990, Part X

\$

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

- 3

Using the organization's acquisition, 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

d

☐ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ Preservation for future generations
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,881,464	1,790,216	1,729,006	1,685,062	1,683,706
b Contributions	157,073	98,748	67,960	61,119	23,752
c Net investment earnings, gains, and losses				-17,175	-22,396
d Grants or scholarships					
e Other expenditures for facilities and programs	3,465	7,500	6,750		
f Administrative expenses					
g End of year balance	2,035,072	1,881,464	1,790,216	1,729,006	1,685,062

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment ▶ 92 720 %
- b

Permanent endowment ▶ 0 %
- c

Temporarily restricted endowment ▶ 7 280 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐
- 4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		349,866		349,866
b Buildings		54,900	44,397	10,503
c Leasehold improvements				
d Equipment		1,417,455	1,238,806	178,649
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				539,018

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			2e	
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b				
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			2e	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b				
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	PART II, LINE 9	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 2013 AND 2012
	PART III, LINE 4	SEE NOTE FOR SCHEDULE D, PART III, LINE 1A
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	"THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE HOWEVER, CERTAIN BUSINESS ACTIVITIES OF THE ORGANIZATION MAY BE SUBJECT TO FEDERAL INCOME TAXES NO PROVISION FOR FEDERAL TAXES WAS NECESSARY FOR THE YEARS ENDED JUNE 30, 2013 AND 2012 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 MANAGEMENT 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, 2009 AND PRIOR "

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DLN: 93493077006254

OMB No 1545-0047

2012

Open to Public Inspection

Schedule I (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

OHIO HISTORICAL SOCIETY INC

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 II

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. Part II can be duplicated 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
(1) GREEN LAWN ABBEY PRESERVATION ASSOCIATION 300 WSPRING ST 904 COLUMBUS,OH 43215	31-6400223	501(C)(3)	17,233				GREEN LAWN ABBEY MASONRY AND BRONZE DOOR REPAIRS
(2) CITY OF STEUBENVILLE OHIO 115 S THIRD ST STE 106 STEUBENVILLE,OH 43952	34-6002729	GOVERNMENTAL-SEC 115	15,000				DEVELOPMENT OF THE HISTORIC PRESERVATION SECTION OF THE CITY COMPREHENSIVE PLAN
(3) CITY OF NORTH OLMSTEAD 5200 DOVER CENTER RD NORTH OLMSTEAD,OH 44070	34-6002048	GOVERNMENTAL-SEC 115	8,942				INTENSIVE ARCHITECTURE SURVEY OF THE BUTTERNUT RIDGE DISTRICT
(4) CITY OF SHAKER HEIGHTS 3400 LEE RD SHAKER HEIGHTS,OH 44120	64-6002615	GOVERNMENTAL-SEC 115	14,175				COLLECTION AND INTEGRATION OF DATA FOR THE HISTORIC SHAKER MOBILE APP
(5) COLUMBUS COMPACT CORPORATION 1000 E MAIN ST COLUMBUS,OH 43205	31-1446694	501(C)(3)	20,931				FRANKLIN PARK TROLLEY BARN FEASIBILITY STUDY
(6) CITY OF GREEN PO BOX 278 GREEN,OH 442320278	34-1668531	GOVERNMENTAL-SEC 115	14,623				HARTONG FARM HOUSE DEMOLITION AND REMOVAL OF NON-CONTRIBUTING STRUCTURES
(7) THE CLEVELAND MUSEUM OF NATURAL HISTORY 1 WADE OVAL DR CLEVELAND,OH 441061767	34-0714338	501(C)(3)	6,437				TO PILOT A PROGRAM TO DOCUMENT PREHISTORIC NATIVE AMERICAN ARCHEOLOGICAL SITES IN THE EASTERN LAKE ERIE BASIN
(8) DENNISON RAILROAD DEPOT MUSEUM PO BOX 11 DENNISON,OH 44621	34-1440913	501(C)(3)	7,500				TO ALLEVIATE CROWDED ARTIFACT STORAGE CONDITIONS AT TWO OF ITS MUSEUMS AND ENABLE BOTH TO MOVE TO A FACILITY WHICH WILL INSURE THE LONG-TERM PRESERVATION OF THE HISTORICAL COLLECTIONS
(9) EDEN VALLEY ENTERPRISE 1250 EAST RIVER ST ELYRIA,OH 44035	34-1211880	501(C)(3)	7,500				FOR SUPPORT OF A PBS DOCUMENTARY ABOUT EMMA "GRANDMA" GATEWOOD
(10) CLARK COUNTY HISTORICAL SOCIETY 117 S FOUNATION AVE SPRINGFIELD,OH 45502	31-0806202	501(C)(3)	7,500				TO ENABLE THEM TO UPDATE AND IMPROVE THE CARE OF COLLECTIONS OF HISTORICAL ARTIFACTS AND MAKE THEM ACCESSIBLE THROUGH DIGITAL CATALOG
(11) CLEVELAND RESTORATION SOCIETY 3751 PROSPECT ST CLEVELAND,OH 441152705	23-7218767	501(C)(3)	7,500				FOR THEIR "KNOW OUR HERITAGE EDUCATIONAL PROGRAM" WHICH WILL DOCUMENT AND RAISE AWARENESS OF ENDANGERED HISTORIC SITES IN CLEVELAND'S AFRICAN AMERICAN COMMUNITY

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

11

3

Enter total number of other organizations listed in the line 1 table

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

Cat No 50055P

Schedule I (Form 990) 2012

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 TO MONITOR THE CERTIFIED LOCAL GOVERNMENT GRANTS, THE ORGANIZATION REQUIRES A COMPLETED APPLICATION REQUESTING GRANT FUNDS FROM THE CERTIFIED LOCAL GOVERNMENT THE GRANTS SELECTION COMMITTEE THEN MAKES RECOMMENDATIONS FOR AWARDING THE GRANT FUNDS AN AWARD LETTER IS THEN ISSUED AND THE RECIPIENT HAS TWO WEEKS TO DETERMINE IF THERE ARE ANY CHANGES TO THEIR WORK PLAN OR MATCH PRIOR TO DEVELOPING A CONTRACT THE RECIPIENT AND THE ORGANIZATION THEN WORK THROUGH A PROCESS TO DEVELOP THE CONTRACT BY WHICH THE RECIPIENT AND THE ORGANIZATION ARE BOUND ALL CERTIFIED LOCAL GOVERNMENT GRANTS MUST PRODUCE A PRODUCE OF SOME KIND THEREFORE, THE MONITORING OF THE PRODUCT DEVELOPMENT IS DEPENDENT UPON THE PROJECT TYPE THIS INCLUDES SUBMISSION OF SPECIFICATIONS PRIOR TO WORK, PROGRESS OR DRAFT REPORTS SUBMITTED, AND FINAL REPORTS ALONG WITH A VARIETY OF COMPLETED FORMS DEPENDING ON THE PROJECT EACH GRANT/PROJECT IS SIGNIFICANTLY MONITORED TO ENSURE THAT THE PRODUCT OR WORK MEETS THE SECRETARY OF THE INTERIOR'S STANDARDS TO MONITOR THE CONGRESSIONAL ACADEMY GRANTS (STIPENDS), THE ORGANIZATION SENDS OUT A SURVEY MONTHLY TO EACH TEACHER OR STUDENT ASKING A VARIETY OF QUESTIONS, INCLUDING WHAT THE PROGRESS OF THE PROJECT IS, HOW MUCH OF THE MONEY HAS BEEN SPENT, AND ON WHAT THE MONEY HAS BEEN SPENT

Software ID:

Software Version:

EIN: 31-4389673

Name: OHIO HISTORICAL SOCIETY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
GREEN LAWN ABBEY PRESERVATION ASSOCIATION300 W SPRING ST 904 COLUMBUS,OH 43215	31-6400223	501(C)(3)	17,233				GREEN LAWN ABBEY MASONRY AND BRONZE DOOR REPAIRS
CITY OF STEUBENVILLE OHIO115 S THIRD ST STE 106 STEUBENVILLE,OH 43952	34-6002729	GOVERNMENTAL-SEC 115	15,000				DEVELOPMENT OF THE HISTORIC PRESERVATION SECTION OF THE CITY COMPREHENSIVE PLAN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 NORTH OLMSTEAD5200 DOVER CENTER RD NORTH OLMSTEAD, OH 44070	34-6002048	GOVERNMENTAL-SEC 115	8,942				INTENSIVE ARCHITECTURE SURVEY OF THE BUTTERNUT RIDGE DISTRICT
CITY OF SHAKER HEIGHTS 3400 LEE RD SHAKER HEIGHTS, OH 44120	64-6002615	GOVERNMENTAL-SEC 115	14,175				COLLECTION AND INTEGRATION OF DATA FOR THE HISTORIC SHAKER MOBILE APP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COLUMBUS COMPACT CORPORATION1000 E MAIN ST COLUMBUS,OH 43205	31-1446694	501(C)(3)	20,931				FRANKLIN PARK TROLLEY BARN FEASIBILITY STUDY
CITY OF GREENPO BOX 278 GREEN,OH 442320278	34-1668531	GOVERNMENTAL-SEC 115	14,623				HARTONG FARM HOUSE DEMOLITION AND REMOVAL OF NON-CONTRIBUTING STRUCTURES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE CLEVELAND MUSEUM OF NATURAL HISTORY1 WADE OVAL DR CLEVELAND, OH 441061767	34-0714338	501(C)(3)	6,437				TO PILOT A PROGRAM TO DOCUMENT PREHISTORIC NATIVE AMERICAN ARCHEOLOGICAL SITES IN THE EASTERN LAKE ERIE BASIN
DENNISON RAILROAD DEPOT MUSEUMPO BOX 11 DENNISON, OH 44621	34-1440913	501(C)(3)	7,500				TO ALLEVIATE CROWDED ARTIFACT STORAGE CONDITIONS AT TWO OF ITS MUSEUMS AND ENABLE BOTH TO MOVE TO A FACILITY WHICH WILL INSURE THE LONG-TERM PRESERVATION OF THE HISTORICAL COLLECTIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
EDEN VALLEY ENTERPRISE 1250 EAST RIVER ST ELYRIA,OH 44035	34-1211880	501(C)(3)	7,500				FOR SUPPORT OF A PBS DOCUMENTARY ABOUT EMMA "GRANDMA" GATEWOOD
CLARK COUNTY HISTORICAL SOCIETY117 S FOUNATION AVE SPRINGFIELD,OH 45502	31-0806202	501(C)(3)	7,500				TO ENABLE THEM TO UPDATE AND IMPROVE THE CARE OF COLLECTIONS OF HISTORICAL ARTIFACTS AND MAKE THEM ACCESSIBLE THROUGH DIGITAL CATALOG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CLEVELAND RESTORATION SOCIETY3751 PROSPECT ST CLEVELAND, OH 441152705	23-7218767	501(C)(3)	7,500				FOR THEIR "KNOW OUR HERITAGE EDUCATIONAL PROGRAM" WHICH WILL DOCUMENT AND RAISE AWARENESS OF ENDANGERED HISTORIC SITES IN CLEVELAND'S AFRICAN AMERICAN COMMUNITY

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2012

Open to Public Inspection

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 of the expenses described above? If "No," complete Part III to explain	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?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
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?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
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?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
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		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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)LOX A LOGAN EXECUTIVE DIRECTOR	(i)	167,228	1,200	6,895	24,545	18,051	217,919	0
	(ii)	0	0	0	0	0	0	0
(2)JEFFREY K WARD CHIEF FINANCIAL OFFICER	(i)	133,492	1,200	1,808	19,110	0	155,610	0
	(ii)	0	0	0	0	0	0	0
(3)JAMES WALKER CHIEF DEVELOPMENT OFFICER	(i)	162,691	1,200	1,848	23,203	25,620	214,562	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
OHIO HISTORICAL SOCIETY INC**Employer identification number**

31-4389673

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1	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.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE OHIO HISTORICAL SOCIETY OFFERS TWO LEVELS OF MEMBERSHIP INDIVIDUAL AND FAMILY WITHIN THOSE LEVELS ARE THREE BENEFIT TIERS BASIC, PLUS AND PREMIUM IN ADDITION, THERE ARE FOUR INVESTOR LEVELS OHIO BUCKEYE CIRCLE, SCARLET CARNATION CIRCLE, CARDINAL CIRCLE AND DIRECTORS CIRCLE WHICH COMBINE MEMBERSHIP AT THE PREMIUM FAMILY LEVEL AND PHILANTHROPY OPPORTUNITIES ALL CATEGORIES OF MEMBERSHIP INCLUDE A VARIETY OF STANDARD BENEFITS EACH MEMBERSHIP ALSO INCLUDES THE RIGHT TO VOTE IN THE ANNUAL BOARD OF TRUSTEES ELECTION

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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 REVIEW PRIOR TO BEING FILED.

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE DIRECTOR IS DETERMINED BY THE COMPENSATION COMMITTEE, WHICH IS MADE UP OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. COMPARABILITY INFORMATION FROM CHARITY NAVIGATOR, GUIDESTAR NON-PROFIT COMPENSATION REPORT, AND OTHER SOURCES IS USED IN DETERMINING THE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR.

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
OTHER FEES	FORM 990, PART IX, LINE 11G	OTHER FEES-MNGMNT-990 PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 3,904,470 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,904,470

Identifier	Return Reference	Explanation
AUDIT COMMITTEE	FORM 990, PART XI, LINE 2C	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)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) OHIO HISTORICAL SOCIETY FOUNDATION 800 E 17TH AVENUE COLUMBUS, OH 432112474 31-1089327	ASSISTS THE OHIO HISTORICAL SOCIETY IN ITS FUNDRAISING ACTIVITIES	OH	501(C)(3)	509(A)(3) TYPE I	OHIO HISTORICAL SOCIETY	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

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 or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

No

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OHIO HISTORICAL SOCIETY FOUNDATION	M	566,125	COST
(2) OHIO HISTORICAL SOCIETY FOUNDATION	C	983,059	COST

Schedule R (Form 990) 2012

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.

[illegible]

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2012

Attachment
Sequence No **179**

Name(s) shown on return OHIO HISTORICAL SOCIETY INC	Business or activity to which this form relates RENTAL	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 instructions)	1	500,000
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	2,000,000
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 2011 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 2013 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	

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 2012	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 2012 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 2012 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	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
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	948
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, 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
25Special 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 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) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	