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SCANNED JAN 1 6 2014

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

2012
Open to Public
Inspection

A F	or the	e 2012 calendar year, or tax year beginning 07/01, 2012, and endi			06/30, 20 13			
R ~	neck if ap	C Name of organization]	• •	ntification number			
	_	AMERICAN HISTORICAL ASSOCIATION		53-0217	487			
	Addres	e Doing Business As						
<u> </u>	Name	Change Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number				
	Initial			(202) 544	-2422			
<u> </u>	Termi				- 5 500 242			
<u> </u>	Ameno	Wichington, be 2000		G Gross receipts				
	Applic pendir	F Name and address of principal officer		H(a) is this a group affiliates?	}—			
				H(b) Are all affiliate				
			27		a list (see instructions)			
		te: > WWW.HISTORIANS.ORG		H(c) Group exempt				
_			of formation	on 1884 M S	State of legal domicile DC			
Ра	rt I	Summary						
	1	Briefly describe the organization's mission or most significant activities	TONT		-			
용		THE ASSOCIATION'S PRIMARY PURPOSE IS TO PROMOTE HISTOR. THE COLLECTION AND PRESERVATION OF HISTORICAL MANUSCRIP						
an a		DISSEMINATION OF HISTORICAL RESEARCH.		AND INE				
Veri				- -				
Activities & Governance		Check this box In the organization discontinued its operations or disposed of more the		1	3 15.			
ජ ේ		Number of voting members of the governing body (Part VI, line 1a)						
≘		Number of independent voting members of the governing body (Part VI, line 1b)			4 15. 5 20.			
į		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			6			
₹		Total number of volunteers (estimate if necessary)						
		Total unrelated business revenue from Part VIII, column (C), line 12			7a 62,297. 7b -125,031.			
	D	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year			
		Onetohologo and county (Dout VIII June 11)		983,77				
Ē		Contributions and grants (Part VIII, line 1h)		2,647,36				
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		478,03				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		560,00				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,669,17				
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		118,43				
		Benefits paid to or for members (Part IX, column (A), line 4)		110,10	0 0			
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,545,55	4. 1,641,013.			
Expenses	162	Professional fundraising fees (Part IX column (A) line 11a)	1		0 0			
De d	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses-(Part-IX, column (D), line 25) ▶ 0	1					
Ä	l .	Other expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A) (Lines / 12-11f-24e)		1,889,02	5. 2,050,385.			
	18	Total expenses Add Inges 13-17 (must equal Part IX, column (A), line 25)		3,553,01				
		Revenue less expenses Subtract line 18 from line 12 7		1,116,15				
200		REPORT OF STATE OF THE STATE OF		ing of Current Ye				
ets		Total assets (Part X line 16)		8,037,20				
Ass Bal	21	Total liabilities (Part X, line 26)	·	2,827,92				
Ę.Ę	22	Net assets or fund balances Subtract line 21 from line 20.	·	5,209,28				
	rt II	Signature Block						
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and state			my knowledge and belief, it is			
true	e, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which preparer h	as any kn	owledge	· · · · · · · · · · · · · · · · · · ·			
		Ray 1 B Storell		121	27/13			
Sig		Signature of officer		Date				
He	re	Rada B Nocell Controller						
		Type or print name and title			<u> </u>			
		Print/Type preparer's name Preparer's signature Date	_	Check	IT PTIN			
Paid		S. ELIZABETH MCMASTER, CP CPA 11/2	9/201	3 self-employe	d P00310424			
	parer Only	Firm's name S.E. MCMASTER & ASSOCIATES, PLLC			30-0709624			
	City	Firm's address ▶ 1015 18TH STREET, NW, STE 110 WASHINGTON, DC 20036		Phone no 2	202-223-5001			
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
	Paper	rwork Reduction Act Notice, see the separate instructions.		<u> </u>	Form 990 (2012)			
JSA 2E10	010 1 00	00						

For	m 990 (2012) Page 2
P	art 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:
	THE ASSOCIATION'S PRIMARY PURPOSE IS TO PROMOTE HISTORICAL STUDIES,
	THE COLLECTION AND PRESERVATION OF HISTORICAL MANUSCRIPTS, AND THE
	DISSEMINATION OF HISTORICAL RESEARCH.
_	
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 X 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?
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 \$ 1,477,982. Including grants of \$) (Revenue \$ 543,510.)
	PUBLICATIONS - TO PUBLISH AND DISSEMINATE PUBLICATIONS,
	NEWSLETTERS, AND PAMPHLETS ASSOCIATED WITH THE ASSOCIATION'S
	MISSION OF AMERICAN HISTORICAL RESEARCH.
4b	(Code:) (Expenses \$358,768. including grants of \$) (Revenue \$1,079,027) MEMBERSHIP SERVICES - THE ASSOCIATION PROVIDES SUPPORT TO
	THE MEMBERSHIP THROUGH EDUCATION, INFORMATION,
	COMMUNICATION, AND DISCUSSION OF ISSUES AND TOPICS RELATED
	TO HISTORY.
_	
40	(Code) (Expenses \$727,213. including grants of \$1,300.) (Revenue \$928,953.)
	ANNUAL MEETING - TO PROVIDE A FORUM TO INFORM MEMBERS AND
	THE GENERAL PUBLIC OF THE CONDITIONS OF AMERICAN HISTORY AND
	TO PRESENT AN OPPORTUNITY FOR PEERS TO EXCHANGE INFORMATION,
	RESEARCH, AND IDEAS.
_	A DECEMBER 1
40	Other program services (Describe in Schedule O) ATTACHMENT 1
_	(Expenses \$ 489,887. including grants of \$ 134,791.) (Revenue \$)
46	Total program service expenses ▶ 3,053,850.

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,"	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	- <u>x</u>	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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? <i>If "Yes," complete Schedule C, Part II</i>	4	x	
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,	5		x
6	Part III			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		<u> </u>
	complete Schedule D, Part III	8		Х
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			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
0	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	x	
1	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.	-	- ",	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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		х
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	11f		Х
	complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	ا ۵۰.		v
2	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	142		<u>^</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
Ð	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrating business investment and program service activities outside the United States or aggregate			
	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		х
5	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		Х
6	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		х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
8	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
-	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

_	990 (2012) Checklist of Required Schedules (continued)		I	Page 4
rai	Checklist of Required Schedules (Continued)		Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21		Х
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? If "Yes," complete Schedule I, Parts I and III	22	х	_
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? If "Yes," complete Schedule J	23	Х	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
_	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
ي ۔	to defease any tax-exempt bonds?	24c		
d 25 o	3	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
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? If "Yes," complete Schedule L, Part III	27		х
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):	21		••
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
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? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
33	complete Schedule N, Part II	32		X
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a		35a		X
b				_
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		_	
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	х	
	19? Note. All Form 990 filers are required to complete Schedule O	38		(2012

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	officer if concedure o contains a response to any question in this rare v		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable,]		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		L
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 20	<u>'</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	\sqcup		ļJ
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	├
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			X
_	account)?	4a		
D	If "Yes," enter the name of the foreign country: ▶			
E -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
- Ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	Ŀ		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			اپا
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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		X
۵	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources		!	
	against amounts due or received from them.)	ļ		ļ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			$\vdash \vdash$
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

AMERICAN HISTORICAL ASSOCIATION Form 990 (2012) 53-0217487 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Х Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 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 15 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes x **b** 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c Х 13 13 Did the organization have a written whistleblower policy?....... Х Did the organization have a written document retention and destruction policy?....... 14 14 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? Х 15a Х 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_DC, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website | X | 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,

State the name, physical address, and telephone number of the person who possesses the books and records of the

JSA 2E1042 1 000

20

and financial statements available to the public during the tax year

Organization: THE ASSOCIATION 400 A STREET, S.E. WASHINGTON, DC 20003

Form 990 (2012)

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

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

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

- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Χ	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee
	, check this box is related that any related organization compensated any current ember, an ester, or tradeco

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted fine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANDREW J. ROTTER COUNCIL MEMBER	1.00	x						0	0	0
(2) STEPHEN ARON	1.00									
COUNCIL MEMBER		х						0	0	0
(3) SARA ABOSCH COUNCIL MEMBER	1.00	х						a	0	0
(4) MARY LOUISE ROBERTS COUNCIL MEMBER	1.00	x						C	0	0
(5) RANDALL PACKARD COUNCIL MEMBER	1.00	x						0	0	0
(6) JOSHUA REID COUNCIL MEMBER	1.00	х						C	0	0
(7) MARTHA C. HOWELL COUNCIL MEMBER	1.00	x						C	0	0
(8) PETER A. PORTER JR. COUNCIL MEMBER	1.00	x						c	0	0
(9) ANN F. HYDE COUNCIL MEMBER	1.00	х						С	0	0
(10) KENNETH POMERANZ PRESIDENT	1.00			х				C	0	0
(11) JAN GOLDSTEIN PRESDIENT ELECT	1.00			x				С	0	0
(12) JACQUELINE JONES VICE PRESIDENT	1.00			х				C	0	0
(13)WILLIAM CRONON PAST PRESIDENT	1.00			х				С	0	0
(14) JOHN MCNEILL VICE PRESIDENT	1.00			х				C	0	0

Form 990 (2012)

_				c
μ	2	n	ρ	

(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	s per	tion more	than o	an ee)	(D) Reportable compensation from the	(E) Reportation compensation related organizati	n from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I		from the organization and related organizations
15) ELAINE CAREY VICE PRESIDENT	1.00			х				C	-	o	-
L6) RANDY NORELL CONTROLLER	40.00				х			110,133.		0	22,011
17) JAMES GROSSMAN EXECUTIVE DIRECTOR	40.00				х			199,284.		o	30,62
L8) SHARON K. TUNE DIR, MEETINGS & ADMIN OPER	40.00					х		98,682.		o	20,56
L9) ROBERT B. TOWNSEND DEPUTY DIRECTOR	40.00					х		88,212.		o	17,73
											_
	·	ļ 									
								0			
1b Sub-total c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)	ection A						► ► ► • • • • • • • • • • • • • • • • •	496,311. 496,311.		0 0 0	90,930
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu 4 For any individual listed on line 1a, is the s organization and related organizations gre individual	er, directo le J for suc um of rep ater than	ch ind oortab \$15	tru ividu de c	omi 00°	pen: If	satior <i>"Ye</i> s	 n aı s,"	nd other compens	sation from le J for s	the uch	Yes N
5 Did any person listed on line 1a receive or a for services rendered to the organization? If "Yesection B. Independent Contractors	s," comple	te Sch	nedu	le J	for	such	per	son		•_•	5
 Complete this table for your five highest comp compensation from the organization. Report co year. 											
(A) Name and business addr	ress							(B) Description of se	ervices	C	(C) ompensation
	<u>.</u>										
2 Total number of independent contractors (in	cluding bu	ut not	lim	itec	l to	thos	e li	isted above) who	received	(7), 3 4,4	

Par	τVIII	Check if Schedule Oc		nse to any quest	on in this Part VIII			
**	**	4 % #	i	* "	(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 b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribu	1b 1c 1d	132,325.	a \$ } 		₩ h	
Contributh and Other	f g	All other contributions, gifts, gran and similar amounts not included Noncash contributions included	1 above . 1f	255,917.	\$ · \$ · 3	* * * .	190	
	h	Total. Add lines 1a-1f		Business Code	392,504.	*	/ % % *	
Program Service Revenue		ANNUAL CONFERENCE		Busiliess Code	768,457.	768,457.	<u> </u>	
Rev	2a	PUBLICATIONS		E41000			62 207	
8	b	- 		541800	684,373.	622,076.		
Z	С	MEMBERSHIP DUES		-	1,079,027.	1,079,027.		1
Š	d	PROGRAM SERVICE FEES			50,000.	50,000.		
ran	е							
og	f	All other program service rev				*** 7 ** * * *	,	ļ
	g	Total. Add lines 2a-2f	 	<u> , ▶</u>	2,581,857.	** ' * *		ļ
	3	Investment income (includin other similar amounts)AT	g dividends, inter	est, and	174,260.	174,260.		
	4	Income from investment of t	I	0				
	5	Royalties • • • • • • • •	<u> </u>		590,545.			
			(ı) Real	(II) Personal	٠	,	* "	
	6a	Gross rents			***			
	b	Less rental expenses			, , , , , , , ,,			
	С	Rental income or (loss)			· ·	*	· * * ·	4 × * *
	d	Net rental income or (loss)	<u> </u>	<u> </u>	0			
		0	(i) Securities	(II) Other	. * 1		*	
	7a	Gross amount from sales of assets other than inventory	1,769,177.		ŧ * ,	*-	1	,
	b	Less cost or other basis		1	4			,
		and sales expenses	1,732,171.					v
	С	Gain or (loss)	37,006.					
	d	Net gain or (loss)		. <u></u> .▶	37,006.			
<u>0</u>	8a	Gross income from fundra	using		*	*		,
n (events (not including \$						
š		of contributions reported on	line 1c)	1			y ×	
æ		See Part IV, line 18	•		,			
Other Reve	ь	Less direct expenses		l i				<u> </u>
#	С	Net income or (loss) from ful			0			
	9a	Gross income from gaming a See Part IV, line 19	activities		*	·	,	
	١.			1 3				
	b c	Less direct expenses Net income or (loss) from ga			0			
	10a	Gross sales of inventoreturns and allowances	ory, less					
	ь	Less cost of goods sold	b					
	С	Net income or (loss) from sa	les of inventory.	<u>,</u> ▶	0			
		Miscellaneous Rever	nue	Business Code				
	11a							
I	ь							
	c							
	ď	All other revenue						
		Total. Add lines 11a-11d •			0			
	آ م	Total revenue Securetructor			3 776 172	2 693 820	62 297	1

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 resp	onse to any question in	this Part IX		
	not include amounts reported on lines 6b, 7b, 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.	o			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	134,091.	134,091.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	2,000.	2,000.		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	337,657.	191,587.	146,070.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	937,657.	532,027.	405,630.	
		23,700,1			
8	Pension plan accruals and contributions (include section	98,015.	55,614.	42,401.	
_	401(k) and 403(b) employer contributions)	164,268.	93,171.	71,097.	
9	Other employee benefits	103,416.	58,678.	44,738.	
10	Payroll taxes	103,410.	30,070.	44,730.	
11	Fees for services (non-employees)				
	Management	38,979.		38,979.	
	Legal	20,849.		20,849.	
С	Accounting	20,049.		20,049.	
d	Lobbying	<u> </u>			
	Professional fundraising services See Part IV, line 17	25 746		25 746	
f	Investment management fees	25,746.		25,746.	
g	Other (If line 11g amount exceeds 10% of line 25, column	622 210	EEO 100	72 120	
	(A) amount, list line 11g expenses on Schedule O)	632,319.	559,189.	73,130.	
12	Advertising and promotion	101 007	100.050	60 075	
13	Office expenses	191,827.	128,952.	62,875.	
14	Information technology	132,672.	11,940.	120,732.	
15	Royalties	60 506	7 540	54 057	
16	Occupancy	62,506.	7,549.	54,957.	
17	Travel	169,984.	123,925.	46,059.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	190,620.	163,292.	27,328.	_
20	Interest	0			
21	Payments to affiliates	0	**		
22	Depreciation, depletion, and amortization	99,064.		99,064.	
23	Insurance	16,679.	6,417.	10,262.	
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)				
а	BANK FEES	108,284.	84,460.	23,824.	
b	CONTRIBUTIONS AND COALITION	108,855.		108,855.	
С	PRINTING & PUBLICATIONS	240,439.	237,968.	2,471.	
ď	DUES & SUBSCRIPTIONS	11,562.	552.	11,010.	
e	All other expenses	-	662,438.	-662,438.	
	Total functional expenses. Add lines 1 through 24e	3,827,489.	3,053,850.	773,639.	_ .
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)	0			
JSA	Tollowing 301 30-2 (A30 330-720)	<u></u>		1	Form 990 (2012)
	052 1 000				10:11 330 (2012)

Part X	Balance Sheet _			
	Check if Schedule O contains a response to any question in this Part	X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	d	1	
2	Savings and temporary cash investments		2	329,003
3	Pledges and grants receivable, net	6,100.	3	4,467
4	Accounts receivable, net	144,461.	4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	d	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			
,a	organizations (see instructions) Complete Part II of Schedule L	d	6	(
Assets 8	Notes and loans receivable, net	q	7	(
8 8	Inventories for sale or use	152,259.		146,377
9	Prepaid expenses and deferred charges	114,459.	9	159,018
108	Land, buildings, and equipment: cost or			
	other basis Complete Part VI of Schedule D Less accumulated depreciation 10a 1,020,112.			_
1	Less: accumulated depreciation	444,388.		365,041.
11	Investments - publicly traded securities ATCH 3	6,610,997.	11	6,622,255.
12	Investments - other securities See Part IV, line 11	d	12	(
13	Investments - program-related See Part IV, line 11	q	13	(
14	Intangible assets		14	(
15	Other assets. See Part IV, line 11	23,945.		18,211.
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,037,206.		7,644,372.
17	Accounts payable and accrued expenses	314,750.	17	201,748.
18	Grants payable		18	(
19	Deferred revenue	2,513,172.	19	2,114,424.
20	Tax-exempt bond liabilities	q	20	(
စ္က 21	Escrow or custodial account liability Complete Part IV of Schedule D [q	21	(
Liabilities 22	Loans and other payables to current and former officers, directors,			
<u>a</u>	trustees, key employees, highest compensated employees, and			
7	disqualified persons. Complete Part II of Schedule L	q	22	(
23	Secured mortgages and notes payable to unrelated third parties		23	(
24	Unsecured notes and loans payable to unrelated third parties	q	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	2,827,922.	26	2,316,172.
S	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
∯ 27	Unrestricted net assets	3,156,144.	27	3,254,640.
<u>e</u> 28	Temporarily restricted net assets		28	1,592,190.
© 29	Permanently restricted net assets		29	481,370.
필	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			·
<u>د</u> 30	Capital stock or trust principal, or current funds		30	
10 30 31 31 31 31 31 31 31 31 31 31 31 31 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
8 32	Retained earnings, endowment, accumulated income, or other funds		32	·
Net Assets or 33 33 30 31 35 32	Total net assets or fund balances	5,209,284.	33	5,328,200.
34	Total liabilities and net assets/fund balances		34	7,644,372.
		-,,	<u> </u>	Form 990 (2012)

Form 9	90 (2012)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u></u> .			
1	Total revenue (must equal Part VIII, column (A), line 12)	_1_				172.
2	Total expenses (must equal Part IX, column (A), line 25)	2				489.
3	Revenue less expenses. Subtract line 2 from line 1	3				317.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				284.
5	Net unrealized gains (losses) on investments	5		1	70,	233.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8_				0
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		1			
	33, column (B))	10		5,3	28,	<u> 200.</u>
Part						
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>	• • •	للـــــــــــــــــــــــــــــــــــــ	,
					Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaıı	n in			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	d or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed c	n a			
	separate basis, consolidated basis, or both:			- '		
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight				ĺ
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant	7	2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaı	n ın			
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set					
	the Single Audit Act and OMB Circular A-133?			3a_		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Name of the organization

AMERICAN HISTORICAL ASSOCIATION

Internal Revenue Service

Employer identification number

53-0217487

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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 Х An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 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. Type II c Type III-Functionally integrated d Type III-Non-functionally integrated 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) 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 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) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (IV) is the (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 ization in the organization support col (I) listed in above or IRC section in col (i) of col (i) organized your governing (see instructions)) your support? in the US? document? Yes No Yes No Yes No (A) (B)

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

Schedule A (Form 990 or 990-EZ) 2012

(C)

(D)

(E)

Pag	e	2

Pai	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.)								
Sec	Section A. Public Support								
Cale	ndar 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	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				*	* *			
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		L		, ** * *	· * \$ \$			
	tion B. Total Support	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
_	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(6) 2010	(u) 2011	(e) 2012	(f) Total		
7 8	Amounts from line 4								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10		<u>,</u>	9 %	` '	``			
12	Gross receipts from related activities, etc. (s					12			
13	First five years. If the Form 990 is f	or the organizat	tion's first, secor	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)		
Sec	organization, check this box and stop here tion C. Computation of Public Sup	port Percenta	ge				· · · · • _		
14	Public support percentage for 2012 (li	_	_	11 column (fl)		14	 %		
	Public support percentage from 2011						%		
	331/3% support test - 2012. If the co								
	this box and stop here. The organizati	~							
b	331/3% support test - 2011. If the								
	check this box and stop here. The org	anizatıon qualifi	es as a publicly	supported orga	nızation		▶ 🔲		
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part IV how the organization meets organization	n meets the "fa the "facts-and-o 	cts-and-circums circumstances" t	tances" test, chest The organi	eck this box a zation qualifies on line 13, 16	nd stop here. E as a publicly s 	explain in upported >		
10	Explain in Part IV how the organization supported organization.	on meets the "	facts-and-circur	nstances" test	The organization	on qualifies as a	publicly ▶		

Schedule A (Form 990 or 990-EZ) 2012

L.

Page 3

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

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

Sec	tion A. Public Support						
Cale	ndar 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 ")	1,279,506.	1,232,081.	1,233,362.	2,071,986.	1,426,531.	7,243,466.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities		İ				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	1,437,988.	1,406,978.	1,613,832.	1,559,149.	1,502,830.	7,520,777.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid					i	
	to or expended on its behalf	, ,				1	0
5	The value of services or facilities			·			
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	2,717,494.	2,639,059.	2,847,194.	3,631,135.	2,929,361.	14,764,243.
	Amounts included on lines 1, 2, and 3			, ,			
	received from disqualified persons				767,200.		767,200.
b	Amounts included on lines 2 and 3						
	received from other than disqualified					. 1	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
_	Add lines 7a and 7b				767,200.		767,200.
8	Public support (Subtract line 7c from			- "2	70,7200.		
•	line 6)						13,997,043.
Sec	tion B. Total Support		I				10/351/0131
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	2,717,494.	2,639,059.	2,847,194.	3,631,135.	2,929,361.	14,764,243.
	Gross income from interest, dividends,			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	payments received on securities loans,					,	
	rents, royalties and income from similar sources	54,644.	102,900.	100,033.	149,225.	174,260.	581,062.
h	Unrelated business taxable income (less				-19,220	271,2001	
-	section 511 taxes) from businesses						
	acquired after June 30, 1975				j		0
	Add lines 10a and 10b	54,644.	102,900.	100,033.	149,225.	174,260	581,062.
11	Net income from unrelated business	54,644.	102,900.	100,033.	149,225.	174,280	381,082.
••	activities not included in line 10b,	,	i				
	whether or not the business is regularly						•
	carried on				-		
12	Other income Do not include gain or						
	loss from the sale of capital assets		500 000	5.60.000	5.00.000	500 545	2 101 505
40	(Explain in Part IV) ATCH 1	831,040.	560,000.	560,000.	560,000.	590,545.	3,101,585.
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	3,603,178.	3,301,959.	3,507,227.	4,340,360.	3,694,166.	18,446,890.
14	First five years. If the Form 990 is for				· ·		
	organization, check this box and stop here			• • • • • • • •			· · · · •
	tion C. Computation of Public Sup			(0)	. 1		75 00-
15	Public support percentage for 2012 (line 8					15	75.88%
16	Public support percentage from 2011 Sche					16	75.83%
	tion D. Computation of Investmen						3 15
17	Investment income percentage for 2012 (li		•			17	3.15%
18	Investment income percentage from 2011					18	2.90%
19 a	331/3% support tests - 2012. If the or	_					
	17 is not more than 331/3%, check th		=		· ·		
b	331/3% support tests - 2011. If the orga				•		
	line 18 is not more than 331/3%, check		• •	•		.,	. :
20	Private foundation. If the organization	did not check a	a box on line 1	14, 19a, or 19b	, check this bo	x and see instri	uctions >

Schedule A (Form 990 or 990-EZ) 2012

Page 4

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).

				AT'	FACHMENT 1			
SCHEDULE A, PART III - OTHER INCOME								
DESCRIPTION	2008	2009	2010	2011	2012	TOTAL		
ROYALTIES	831,040.	560,000.	560,000.	560,000.	590,545.	3,101,585.		
TOTALS	831,040.	560,000.	560,000.	560,000.	590,545.	3,101,585.		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

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)(5) organizations	s that have NOT filed Form 5766 (election	on under section 50 i(ii))) Complete Part II-B Do no	or complete Fart II-A
	" to Form 990, Part IV, line 5 (Proxy Ta	ax) or Form 990-EZ, Pa	rt V, line 35c (Proxy Tax), t	hen
 Section 501(c)(4), (5), or (6) or Name of organization 	ganizations Complete Part III	÷	Employer identi	fication number
AMERICAN HISTORICAL AS	SCOCIATION			17487
	organization is exempt under s	costion 501/o) or i		
	organization is exempt under a conganization is direct and indirect p			iization.
•	· · · · · · · · · · · · · · · · · · ·			
5 Volunteer nours				
Part I-B Complete if the	organization is exempt under s	ection 501(c)(3).		
1 Enter the amount of any ex	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2 Enter the amount of any ex	cise tax incurred by organization m	anagers under secti	on 4955 ▶ \$	
3 If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		Yes No
				Yes No
b If "Yes," describe in Part IV.				· · · · · · · · · · · · · · · · · · ·
	organization is exempt under)
	expended by the filing organization		•	
	ng organization's funds contributed			 .
	ies			
3 Total exempt function exp	enditures. Add lines 1 and 2 En	ter here and on Fo		
4 Did the filing organization fi	le Form 1120-POL for this year?		<u></u>	. Yes No
5 Enter the names, addresse	s and employer identification numb	er (EIN) of all section	on 527 political organiz	ations to which the filing
organization made paymer	its For each organization listed, en	ter the amount paid	d from the filing organia	zation's funds. Also enter
	tributions received that were prom			
as a separate segregated fu	und or a political action committee	(PAC) If additional s	space is needed, provide	e information in Part IV
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's funds If none, enter -0-	contributions received and promptly and directly
			runus ii none, enter -o-	delivered to a separate
				political organization If none, enter -0-
				Tione, enter o
(1)				
(0)				
(2)				
(3)				
(4)				
(5)	}			
(6)				1

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

P	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under							
	name, address, EIN, exp	name, address, EIN, expenses, and share of excess lobbying expenditures). theck ▶ if the filing organization checked box A and "limited control" provisions apply.									
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals							
1:		e public opinion (grass roots lobbying) e a legislative body (direct lobbying)	20,285.								
	c Total lobbying expenditures (add lines	1a and 1b)	20,285. 3,807,204.								
		dd lines 1c and 1d)	3,827,489.								
	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)	85,344.								
	h Subtract line 1g from line 1a If zero or	less, enter -0-	0	0							
	i Subtract line 1f from line 1c If zero or	less, enter -0-	0	0							
	2	o on either line 1h or line 1i, did the organiz									
	reporting section 4911 tax for this year	<u>~</u>	<u> </u>	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				
2 a Lobbying nontaxable amount	315,071.	318,369.	327,651.	341,374.	1,302,465.				
b Lobbying ceiling amount (150% of line 2a, column (e))					1,953,698.				
c Total lobbying expenditures	12,925.	17,530.	18,831.	20,285.	69,571.				
d Grassroots nontaxable amount	78,768.	79,592.	81,913.	85,344.	325,617.				
e Grassroots ceiling amount (150% of line 2d, column (e))					488,426.				
f Grassroots lobbying expenditures	12,925.	17,530.	18,831.	20,285.	69,571.				

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	Γ file	For	m 57	68		
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)		((b)	
	cription of the lobbying activity.	Yes	No		Am	ount	
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						
9	referendum, through the use of: Volunteers?						
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c	Media advertisements?						
d	mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?		_				
f	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?						
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total Add lines 1c through 1i						
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
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 Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(c)(5)	Or S	ectio			
	501(c)(6).	(0)(0)	, 0. 0				
					_	Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?					+-	-
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	+-	
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501						L
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					e 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 amou political expenses for which the section 527(f) tax was paid).	กเร (וכ וכ				
а	Current year			2a			
b	Carryover from last year			2b			
С	Total	. .		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	s .	ļ	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible loand political expenditure next year?	-	- 1	4			
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	• • • ·	: : : }	5			
Pa			· '				
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line	5, Pai	rt II-A	(affilia	ted g	roup	
lıst),	Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information						
		-					
					. – – –		
	<u></u>						

Schedule C (Form 990 or 990-EZ) 2012

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Employer Identification number

AME	ERICAN HISTORICAL ASSOCIATION		53-0217487
Pai		ised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 9	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 contributions to (during year)		
4	Aggregate value at end of year		-
		advisors in writing that the assets held in	danar adward
5	Did the organization inform all donors and donor		
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit? rt II Conservation Easements. Complete if	· · · · · · · · · · · · · · · · · · ·	Yes No
			orm 990, Pan IV, line 7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recr	I	f an historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld 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 Tax Year
а	Total number of conservation easements	ľ	2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified	` '	_2c
d	Number of conservation easements included in (c)		•
	historic structure listed in the National Register		
3	Number of conservation easements modified, tran	isferred, released, extinguished, or termina	ated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy regard		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation ease	ements during the year
	>		
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easemer	nts during the year
	> \$		
8	Does each conservation easement reported on lin		
	(i) and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		al statements that describes the
	organization's accounting for conservation easeme		- O'matham A
Pa	organizations Maintaining Collections Complete if the organization answered		Similar Assets.
_			
1a	If the organization elected, as permitted under Si works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the for	FAS 116 (ASC 958), not to report in its repart in its report in its repo	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fe	ootnote to its financial statements that des	cribes these items
ь	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar		cation, or research in furtherance of
	public service, provide the following amounts relat	•	
	(i) Revenues included in Form 990, Part VIII, line		
	(ii) Assets included in Form 990, Part X		•
2	If the organization received or held works of a	rt, historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenues included in Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X	<u> </u>	• • • • • • ▶ \$

Schedule D (Form 990) 2012

	till Organizations Maintain	ing Collections	of Art. His	storical *	Treasure	s or Oi	her Similar	Δεερ	ts (cor	Par	ge 2
3	Using the organization's acquisition	on, accession, and									
	collection items (check all that app	ly):		_				_			
а	Public exhibition		d	Loan	or exchang	e prograi	ms				
b	Scholarly research		e	Other							
C	Preservation for future gene										
4	Provide a description of the orgal XIII.	nızatıon's collectior	s and expla	ain how t	hey furthe	r the or	ganization's e	xempt	purpose	∍ ın P	art
5	During the year, did the organization assets to be sold to raise funds rath							Г	Yes	\Box	No
Par	t IV Escrow and Custodial										
	line 9, or reported an am					answei				-ait i	v ,
1a	Is the organization an agent, truste							_			
L	included on Form 990, Part X?	Dort VIII and some					• • • • • •	• • ∟	_ Yes		No
D	If "Yes," explain the arrangement in	i Part XIII and Comp	piete trie ioii	owing tab	ile:	т	A				
_	Posinning balance				-	-	Amo	unt			
	Beginning balance					+					
	Additions during the year Distributions during the year						- .		-		
f	Ending balance					-					
2a					· · · · <u> 1f</u>		 .	- i	1.		
	If "Yes," explain the arrangement in				haa baan	····	Dort VIII	• • ∟	Yes	\mathbf{H}	No
Par		aplata if the area	nization or	pianation	'Voo" to F	orm 00/	Dort IV In		• • • •	$\bot\bot$	
Par	Endowment Funds. Con	(a) Current year	(b) Pric		(c) Two ye		(d) Three years		(e) Four y		
1a	Beginning of year balance	3,711,129		6,434.		0,641.	2,792,6			53,1	
b	Contributions	417,330		2,937.		4,854.	106,4				
_	Net investment earnings, gains,	417,330		2,937.	12.	1,004.	100,	110.		49,5	
Ŭ	and losses	262,496	1 11	6,227.	10	9,490.	370,2		_2	22,2	262
d	Grants or scholarships	419,317		8,712.		7,178.	104,3			65,9	
	Other expenditures for facilities	415,517	. 20	0,112.		7,170.	104,	32.		05, 9	
·	and programs		10	4,774.	10	0,000.	100,0	\na	1	00,0	
•	Administrative expenses	18,413		0,983.		5,373.				21,8	
g	End of year balance	3,953,225	1	1,129.		2,434.	3,050,6	1		92,6	
2	Provide the estimated percentage		1					741.	2,0	92,0	
a	Board designated or quasi-endown	•		time ry,	column (a)) rielu as	-				
b	Permanent endowment ► 12.3		/								
c	Temporarily restricted endowment										
Ŭ	The percentages in lines 2a, 2b, ar										
3a	Are there endowment funds not in			tion that	are hold a	nd admir	uctored for the				
	organization by:	the possession of	ille Olyaniza	illoir illai	are new a	nu aunin	iistered for the		[v	es N	10
	(i) unrelated organizations								3a(i)		No X
	(ii) related organizations								3a(ii)		$\frac{\Lambda}{X}$
b	If "Yes" to 3a(ii), are the related org							• • •	3b	-+	
4	Describe in Part XIII the intended u								30		
	t VI Land, Buildings, and Equ										_
Гаг	Description of property		or other basis			(2) 4	- land	4.41			
		(Inve	stment)		r other basis her)		eciation	(a)	Book valu		
1a	Land		8,000.							8,00	
b	Buildings		581,823.			3	74,358.		20	7,46	5.
C	Leasehold improvements										
d	Equipment		430,289.			2	80,713.		14	9,57	6.
e	Other										
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part	X, column	(B), line 1	0(c).)	▶		36	5,04	1.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.).............. Other Liabilities. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1) Federal in	come taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
_(9)			
(10)			
(11)			
Total (Column (b)	must equal Form 990, Part X, col (B) line 25)	>	

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII. JSA 2E1270 1 000

Schedule D (Form 990) 2012 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 3,946,405. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 170,233. 2e 3,776,172. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 3,776,172. 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 Total expenses and losses per audited financial statements 3,827,489. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3,827,489. 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)... 3,827,489. 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

Schedule D (Form 990) 2012

JSA

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2012

SCHEDULEI (Form 990)

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

OMB No 1545-0047 2012

Department of the Treasury Name of the organization Internal Revenue Service

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

Open to Public Inspection

Employer Identification number

ပ						53-0217487	
Part I General Information on Grants and Assistance	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	stantiate the	amount of the	grants or assistan	ce, the grantees' e	eligibility for the grants		[
the selection criteria used to award the grants or assistance?	or assistance'						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	es for monit	oring 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.	vernments t received m	and Organiza nore than \$5,0	tions in the Unit 100. Part II can be	ed States. Comp e duplicated if ac	olete if the organiz Iditional space is n	ation answered "Ye eeded.	es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(1 <u>2</u>)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table.	vernment org	ganizations liste	d in the line 1 table				
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ructions for	Form 990.				Schedu	Schedule I (Form 990) (2012)
vo.							

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2012)

	rari ili can de duplicated il additional space is needed.	ce 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
1 MARCIA HOLMES	A HOLMES	1.	16, 667.			
2 HONORA	2 HONORARIA, GRANTS AND PRIZES PAID TO INDIVIDUALS	135.	117, 424.			
ო						
4						
ဟ						
9						
7			:			
Part IV	Supplemental Information. Complete this information.	is part to prov	vide the informat	ion required in	Part I, line 2, Part III, c	part to provide the information required in Part I, line 2, Part III, column (b), and any other additional

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SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN HISTORICAL ASSOCIATION

Employer identification number 53-0217487

Questions Regarding Compensation Yes Nο 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 Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 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 Written employment contract Independent compensation consultant Compensation survey or study Х Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? Х 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4b Participate in, or receive payment from, an equity-based compensation arrangement? X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations 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: The organization? Х 5a X Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 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? Any related organization? X 6b

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

If "Yes" to line 6a or 6b, describe in Part III.

Schedule J (Form 990) 2012

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Schedule J (Form 990) 2012

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.

	ľ							
		(B) Breakdown of	of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
JAMES GROSSMAN	ε	199,284.				10,697.	229, 909.	
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15	€							
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16	⊞							
							Schi	Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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.

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Open to Public

OMB No 1545-0047

Inspection

Employer identification number

53-0217487

Name of the organization

Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or 990-EZ.

AMERICAN HISTORICAL ASSOCIATION

FORM 990 REVIEW

PART VI SECTION A GOVERNING BODY & MANAGEMENT: 10 A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE COUNCIL VIA WEBSITE

PORTAL BEFORE BEING FILED.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B POLICIES: 12C

ON AN ANNUAL BASIS, EACH COUNCIL MEMBER REVIEWS THE CONFLICT OF INTEREST POLICY AND COMPLETES AND SIGNS A CONFLICT OF INTEREST DISCLOSURE FORM, IN WHICH HE/SHE IDENTIFIES POTENTIAL CONFLICTS OF INTEREST OR STATES THAT THERE ARE NONE. IF THERE IS A POTENTIAL CONFLICT OF INTEREST, THE COUNCIL MEMBER RECUSES HIMSELF/HERSELF FROM DISCUSSIONS AND VOTES ON THAT MATTER.

EXECUTIVE COMPENSATION

PART VI, SECTION B POLICIES: 15

THE COUNCIL DETERMINES THE EXECUTIVE DIRECTOR'S COMPENSATION BASED ON THEIR KNOWLEDGE OF SALARIES IN THE NONPROFIT AND HIGHER EDUCATION ARENAS. THE EXECUTIVE DIRECTOR SETS STAFF SALARIES WITHIN THE BUDGET APPROVED BY THE COUNCIL.

COUNCIL MEETING MINUTES

THE COUNCIL DOCUMENTS THE MINUTES OF EACH MEETING. MEETING MINUTES ARE REVIEWED AND APPROVED AT THE NEXT COUNCIL MEETING.

Name of the organization AMERICAN HISTORICAL ASSOCIATION Employer identification number 53-0217487

PUBLIC DISCLOSURE

THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, TAX

RETURNS, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON

REQUEST.

ATTACHMENT 1

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

TOTALS

DESCRIPTION

GRANTS

EXPENSES

REVENUE

GRANT PROGRAMS

134,791.

489,887.

134,791. 489,887.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

(A)

(B)

(C)

(D)

DESCRIPTION

TOTAL

RELATED OR REVENUE EXEMPT REVENUE

UNRELATED BUSINESS REV. EXCLUDED REVENUE

INTEREST AND DIVIDENDS ON INVESTMENTS

174,260.

174,260.

TOTALS

174,260.

174,260.

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
US TREASURY BONDS AND NOTES	1,082,415.	FMV
MUTUAL FUNDS	4,813,288.	FMV
CORPORATE AND FOREIGN BONDS	726,552.	FMV
TOTALS	6,622,255.	

Schedule O (Form 990 or 990-EZ) 2012	Page 2
Name of the organization	Employer identification number
AMERICAN HISTORICAL ASSOCIATION	53-0217487
	ATTACHMENT 4

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
MEMBERSHIP DUES	688,837.
SUBSCRIPTIONS	10,314.
ANNUAL CONFERENCE	
LIFE MEMBERSHIPS	69,009.
ROYALTIES	1,346,264.
TOTALS	2,114,424.