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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A For the	2013 calendar year, or tax year beginning 07/01, 2013, and endi	ng		06/30, 20 14
B a	C Name of organization			ntification number
B Check if applic	AMERICAN HISTORICAL ASSOCIATION		53-0217	487
Address change	Doing Business As			
Name ch	Ange Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone nui	mber
Initial ret	Aurn 400 A STREET, S.E.		(202) 544	1-2422
Terminat	City or town, state or province, country, and ZIP or foreign postal code			
Amended	WASHINGTON, DC 20003		G Gross receipts	5 \$ 7,284,875
Applicate	F Name and address of principal officer		H(a) is this a group subordinates?	
			H(b) Are all subordin	
I Tax-exem	npt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 52	27	If "No," attach	a list (see instructions)
J Website:	WWW.HISTORIANS.ORG		H(c) Group exempt	tion number
K Form of	organization X Corporation Trust Association Other ▶ L Year of	of formation	on 1884 M s	State of legal domicile DC
Part I	Summary			
1 B	riefly describe the organization's mission or most significant activities THE ASSOCIAT	ION'S	PRIMARY	PURPOSE IS TO
	PROMOTE HISTORICAL STUDIES, THE COLLECTION AND PRESERVE	ATION	OF	
Governance 3 N	HISTORICAL MANUSCRIPTS, AND THE DISSEMINATION OF HISTORICAL	RĪCĀL	RESEARCH	·
E 2 C	heck this box I if the organization discontinued its operations or disposed of more th	an 25%	of its net assets	
6 3 N	umber of voting members of the governing body (Part VI, line 1a)		1	3 15.
45 4 N	umber of independent voting members of the governing body (Part VI, line 1b)			4 15.
	otal number of individuals employed in calendar year 2013 (Part V, line 2a)			5 26.
≩ 6 T	otal number of volunteers (estimate if necessary)			6
₹ 7a T	otal unrelated business revenue from Part VIII, column (C), line 12			7a 52,665.
	et unrelated business taxable income from Form 990-T, line 34			7b C
		T	Prior Year	Current Year
8 C	ontributions and grants (Part VIII, line 1h)		392,50	4. 2,013,105
	rogram service revenue (Part VIII, line 2g)		2,581,85	7. 2,610,920.
10 Ir	envestment income (Part VIII, column (A), lines 3, 4, and 7d)		211,26	
TT I	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		590,54	
I	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,776,17	
	irants and similar amounts paid (Part IX, column (A), lines 1-3)		136,09	
	enefits paid to or for members (Part IX, column (A), line 4)		•	0
م مدا	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,641,01	3. 1,566,003
	rofessional fundraising fees (Part IX, column (A), line 11e)			0 (
6 h T	otal fundraising expenses (Part IX, column (D), line 25)			
17 C	otal fundralising expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,050,38	5. 2,158,196
			3,827,48	
19 R	otal expenses. Add lines 13 17 (m) st Eou al Part IX column (A), line 25)		-51,31	
rs or	otal expenses. Add lines 13 (must sold) Part IX column (A), line 25)	Begini	ning of Current Yo	
20 T	otal assets (Part X, Inpe.16) FEB 1 0 2015	1 3	7,644,37	
SER 20 T	otal liabilities (Part X IIIIe 26)	<u> </u>	2,316,17	
	let assets or fund balances. Subtractiling 21 from tine 20.		5,328,20	
Part II	Signature Block	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Ities of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, a	nd 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 h	as any kn	owledge	,
	Ra Bolall		121	5/15
Sign	Signature of offiger		Date	y / · · · · · · · · · · · · · · · · · ·
Here	Randy B. Norell / Controller			
	Type or print name and title			
	Print/Type preparer's name Perparer's signature Date	-	Check	_{if} PTIN
Paid	S E MCMASTER S D MCMASTER C 12/14	4/201		P00310424
Preparer	Firm's name S.E. MCMASTER & ASSOCIATES, PLLC			0-0709624
use Only F	Firm's address >1015 18TH STREET, NM, STE 1101 WASHINGTON, DC 20036			02-223-5001
	S discuss this return with the preparer shown above? (see instructions)	1	THORSE TO 2	X Yes No
	vork Reduction Act Notice, see the separate instructions.			Form 990 (2013
, ui rapeiv	roin incapetion not motion, see the separate instructions.			FOID 330 (2013

AMERICAN HISTORICAL ASSOCIATION

	1 990 (2013) Page 2
Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
	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?
	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 X 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.
	, and a process, and a second of the second
4a	(Code:) (Expenses \$ 1,373,083. including grants of \$ 2,250.) (Revenue \$ 908,528.)
	PUBLICATIONS - TO PUBLISH AND DISSEMINATE PUBLICATIONS,
	NEWSLETTERS, AND PAMPHLETS ASSOCIATED WITH THE ASSOCIATION'S
	MISSION OF HISTORICAL RESEARCH.
4b	(Code:) (Expenses \$ 378,509. including grants of \$) (Revenue \$ 1,340,737.)
	MEMBERSHIP SERVICES - THE ASSOCIATION PROVIDES SUPPORT TO
	THE MEMBERSHIP THROUGH EDUCATION, INFORMATION,
	COMMUNICATION, AND DISCUSSION OF ISSUES AND TOPICS RELATED
	TO HISTORY.
	
<u>4c</u>	(Code:) (Expenses \$ 1,075,192. including grants of \$ 1,000.) (Revenue \$ 965,917.)
	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.
	Amma Cumpain 1
4d	Other program services (Describe in Schedule O) ATTACHMENT 1
_	(Expenses \$ 461,296. including grants of \$ 123,833.) (Revenue \$) Total program service expenses ▶ 3,288,080.
<u>4e</u>	Total program service expenses ▶ 3,288,080.

F. A.	THE RESIDENCE TO THE PROPERTY OF THE PROPERTY	, 10,		
	90 (2013)			Page 3
Part	Checklist of Required Schedules		· · ·	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	X	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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,		i	
	Part III	5		X
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		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<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			
9	· · · · · · · · · · · · · · · · · · ·			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		x	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_^	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		l!	
	complete Schedule D, Part VI	11a	X	
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	ļ	X
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	i		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_ X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	
ь	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	''	-	
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
4-		_16	_	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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	<u> </u>	Х
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	L	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L

Part I	V Checklist of Required Schedules (continued)			
,			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	Did the organization report more than \$5,000 of grants or 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				-
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		v	
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
2.J d		25a		х
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
ь	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?			١.,
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
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		x
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	· · · · · · · · · · · · · · · · · · ·	20a		<u> </u>
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			۱
	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? If "Yes," complete Schedule M	29		Х
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
0.4	·	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			x
	or IV, and Part V, line 1	34		
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		L
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			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
20		31		- • •
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	v	}
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

220	۵	5

Par				
	Check if Schedule O contains a response or note to any line in this Part V	· · · ·	Yes	No No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		
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 . 26	İ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.	x	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	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		х
h	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).			
а	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		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
A	required to file Form 8282?	76		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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			х
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a	'	х
b		9b		X
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:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
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	'		
	Enter the amount of reserves on hand	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
	The state of the s			

AMERICAN HISTORICAL ASSOCIATION

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion 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 1a 15	<u> </u>		
	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.]		
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			l <u>.</u> .
	any other officer, director, trustee, or key employee?	2		X_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			v
	one or more members of the governing body?	7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		x
	stockholders, or persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.		Х	
а	The governing body?	8a	X	\vdash
	Each committee with authority to act on behalf of the governing body?	8b	Λ_	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		x
Soct	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Secu	on b. Policies (This Section B requests information about policies not required by the internal nevenue	COU	Yes	No
	Diddle and the standard branches as #50-As-0	10a		X
	Did the organization have local chapters, branches, or affiliates?	IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10Ь		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	\vdash
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1		
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	, <u></u>		
D	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	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		Х
b	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		ļ	
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_DC,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
	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 in	erest	polic	y, 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 organization: The Association 400 A STREET, S.E. WASHINGTON, DC 20003 (202) 544-2422	he		
ISA	organization: ► THE ASSOCIATION 400 A STREET, S.E. WASHINGTON, DC 20003 (202) 544-2422		000	(2012)

Form 990 (2013) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII Independent Contractors

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.

Check if Schedule O contains a response or note to any line in this Part VII.........

- 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.

X Check this box if neither the organization no	l any related	loiga	ıııza			iiheiii	sait	any current onic	er, unector, or trus		-
(4)	/B\			(C Pos				(D)	(E)	(F)	
(A) Name and Title	(B) Average	(do r	not ch			than o	ne	Reportable	Reportable	Estimated	
Name and me	hours per	1 '				ıs both		compensation	compensation from	amount of	
	week (list any	office	er and	dad	ırect	or/trust	ee)	from	related	other	
	hours for related organizations below dotted line)	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)KENNETH L. POMERANZ	1.00										
PAST PRESIDENT		X		х				C	0	L	_0
(2)JAN GOLDSTEIN	1.00										
PRESDIENT		X		Х			L_		0		_0
(3)PHILIPPA J.A. LEVINE	1.00										
VICE PRESIDENT		X		Х				C	0		_0
(4)VICKI L. RUIZ	1.00	_									
PRESIDENT ELECT		X	<u> </u>	Х					0		_0
(5)JOHN MCNEILL	1.00	4							_		_
VICE PRESIDENT		X	<u> </u>	X					0		_0
(6)ELAINE CAREY	1.00	_							_		_
VICE PRESIDENT		X		X	L	ļ	ļ		0		_0
(7)ANDREW J. ROTTER	1.00										_
COUNCIL MEMBER		X	_	<u> </u>	<u> </u>	ļ	<u> </u>	(0		_0
(8)STEPHEN ARON	1.00					ł					_
COUNCIL MEMBER		Х	1	<u> </u>	ļ			(_0
(9)CATHERINE A. EPSTEIN	1.00	4						1	,		^
COUNCIL MEMBER		X	ļ		_	<u> </u>		ļ			_0
(10)MARY LOUISE ROBERTS	1.00	4		İ							
COUNCIL MEMBER		X	4	ļ	_		╄		0)	_0
(11)RANDALL PACKARD	1.00	_						1]	
COUNCIL MEMBER		X			<u> </u>	<u> </u>	<u> </u>)C)	_0
(12)JOSHUA REID	1.00	⊣ .]		_
COUNCIL MEMBER	1	X	↓_	ऻ_	1	<u> </u>	_				
(13)FARINA MIR	1.00	_			1				,	,	_
COUNCIL MEMBER	1	X	4	_	ـــ	ـــــ	\perp			<u> </u>	_0
(14)PETER A. PORTER JR.	1.00	_]	,	Ţ	_
COUNCIL MEMBER		X						<u> </u>	0	<u>'</u>	_0

(A) Name and title													
Name and title	(B)			(0	C)			(D)	(E)			(F)	
	Average				ition			Reportable	Reportable			timated	
	hours per					than c		compensation	compensation	from		ount o	
	week (list any					is both or/trust		from	related			other	
	hours for	0 =				_		the	organization			pensati om the	'n
	related organizations	호호	15	Officer	ę	[골호	Forme	organization	(W-2/1099-M	SC)		anızatıo	n
	below dotted	전 호	토	4	<u> </u>	Š 8₹	₫	(W-2/1099-MISC)			_	related	
	line)	호류	ă		Key employee	∞ 8						inizatio	
	1	Individual trustee or director	₹		ê	륯					-		
		8	Institutional trustee			Highest compensate							
) TRINIDADD GONZALES	1.00				_	ē.				-			
COUNCIL MEMBER		x						l 0		0			
) RANDY NORELL	35.00		Н		\vdash	 	 			- 			—
		1			<u>,</u>	ļ ,		111 000		٦		22.6	
CONTROLLER	 		Ш		Х	Х	<u> </u>	111,230.		0		23,2	11
) JAMES GROSSMAN	35.00												
EXECUTIVE DIRECTOR					X	Х		214,241.		o		34,8	95
) DANA SCHAFFER	35.00												_
ASSOCIATE DIRECTOR		1			x			43,792.		o		2,0	or
) SHARON K. TUNE	35.00		$\vdash \dashv$	\vdash	-		\vdash	,,,,,,,,		+		-,	<u> </u>
DIR, MEETINGS & ADMIN OPER		1				l .		100 421		٦		21 /) O F
DIR, MEETINGS & ADMIN OPER		L	ļ		ļ	Х		100,421.		0		21,9	35
		-											
			H				-						_
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		4											
		-	\vdash	_						\dashv			
		1											
		<u> </u>				<u> </u>				_			
b Sub-total							▶	0		0			
c Total from continuation sheets to Part VII,	Section A .							469,684.		0		82,0	
d Total (add lines 1b and 1c)							\triangleright	469,684.		이		82,0	41
Total number of individuals (including but no reportable compensation from the organization			liste 3	d a	bov	e) wh	o re	eceived more than	\$100,000 of				
reportable compensation from the organizati		<u>`</u>									-	Yes	N
Did the organization list any former of	ficer, directo	or, or	tru	ıste	e,	key e	emp	oloyee, or highest	compensate	ed			
employee on line 1a? If "Yes," complete Sche											3		X
For any individual listed on line 1a, is the organization and related organizations of													
individual											4	x	
											-		_
	or accrue co "Yes" comple	mpen te Scl	satı hedu	on .le .	rron <i>I for</i>	n any <i>such</i>	un per	reiated organizations	on or inaiviau	a.	5		X
Did any person listed on line 1a receive of for services rendered to the organization? If	100, 00												
for services rendered to the organization? If section B. Independent Contractors								that received more	than \$100.0	00 of			
for services rendered to the organization? If	mpensated i	ndepe on fo	ender the	ent e ca	con	dar ye	ar e	ending with or with	nin the organi	zation	s tax		
for services rendered to the organization? If section B. Independent Contractors Complete this table for your five highest co- compensation from the organization. Report year. (A)	mpensated i t compensati	ndepe on foi	ende the	ent ca	con	dar ye	ear e	ending with or with (B)	nin the organi	zation	(C)		
for services rendered to the organization? If section B. Independent Contractors Complete this table for your five highest co- compensation from the organization. Report year.	mpensated i t compensati	ndepe on foi	ender the	ent e ca	con	dar ye	ear e	ending with or with	nin the organi	zation			_
for services rendered to the organization? If section B. Independent Contractors Complete this table for your five highest co- compensation from the organization. Report year. (A)	mpensated i t compensati	ndepe on foi	ender the	ent e ca	dend	dar ye	ear e	ending with or with (B)	nin the organi	zation	(C)		_
for services rendered to the organization? If section B. Independent Contractors Complete this table for your five highest co- compensation from the organization. Report year. (A)	mpensated i t compensati	ndepe on for	ender the	ent e ca	lend	dar ye	ear e	ending with or with (B)	nin the organi	zation	(C)		
for services rendered to the organization? If section B. Independent Contractors Complete this table for your five highest co- compensation from the organization. Report year. (A)	mpensated i t compensati	ndepe	ender the	ent e ca	lend	dar ye	ear e	ending with or with (B)	nin the organi	zation	(C)		

·Par	t VIII	Check if Schedule Occ		nse or note to ar	ny line in this Part \	/111		
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	3,223.				
Sra Dou	b	Membership dues	<u>1b</u>					
fts,	С	Fundraising events	<u>1c</u>					
	d	Related organizations	<u>1d</u>					
Sir	е	Government grants (contribu	tions) 1e	129,819.				
e E	f	All other contributions, gifts, gran	ts,					
를		and similar amounts not included	above . 1f	1,880,063.				
ğ P	g	Noncash contributions included i			-			
	h	Total. Add lines 1a-1f		<u>, ▶</u>	2,013,105.			
Program Service Revenue				Business Code				
eve	2a	ANNUAL CONFERENCE			965,918.	965,918.		
Œ e	b	PUBLICATIONS		541800	301,975.	249,310.	52,665.	
<u> </u>	С	MEMBERSHIP DUES			1,340,737.	1,340,737.		
Š	d	PROGRAM SERVICE FEES			2,290.	2,290.		
æ	e							
ğ	f	All other program service rev	enue					
<u>-</u>	g	Total. Add lines 2a-2f	· · · · · · · · · · · ·	<u></u>	2,610,920.			
	3	Investment income (includin	g dividends, inter	est, and				
		other similar amounts). AT	▶	196,178.	196,178.			
	4	Income from investment of t			0			
	5	Royalties	<u> </u>		606,554.		-	
	Į		(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss		<u></u> ▶	0			
	7a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory	1,858,118.					
	ь	Less. cost or other basis						
		and sales expenses						
	С	Gain or (loss)	-4,720.					
	d	Net gain or (loss)			-4,720.			
ne	8a	Gross income from fundra	using					
		events (not including \$						
Š		of contributions reported on						
Œ		See Part IV, line 18	a					
Other Reven	b	Less direct expenses	b					
ō	С	Net income or (loss) from fur	ndraising events	. <u></u>	0			
	9a	Gross income from gaming a						
		See Part IV, line 19						
	b	Less direct expenses	b	, [
	С	Net income or (loss) from ga	aming activities.	. <u></u>	0			
	10a	Gross sales of invent						
	Ì	returns and allowances			,			
	ь	Less cost of goods sold	b	L		-		
	c	Net income or (loss) from sa			0			
		Miscellaneous Reven	iue	Business Code				
	11a							
	ь				<u> </u>			-
	С							_
	d	All other revenue			_			
	е	Total. Add lines 11a-11d •						
	12	Total revenue. See instruction	ons	<u> </u>	5,422,037.	2,754,433.	52,665.	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).

Do not include amounts reported on lines 56, 75, 89, 99, and 100 of Part VIII. 1 Grants and other assistance to governments and organizations in the United States. See Part IV, Inte 21, 20, 000. 2 Grants and other assistance to individuals in the United States. See Part IV, Inte 21, 20, 000. 3 Grants and other assistance to governments, organizations, such individuals outled the United States. See Part IV, Inte 22, 000. 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees. 5 Compensation of current officers, directors, trustees, and key employees. 7 Compensation accessed assistance to governments, organizations, and individuals accessed to the United States. See Part IV, Inte 22, 000. 9 Compensation of current officers, directors, trustees, and key employees. 10 Compensation of current officers, directors, trustees, and key employees. 114, 583. 114, 583. 114, 583. 114, 583. 1184, 087. 184, 047	Check if Schedule O contains a response or note to any line in this Part IX						
organizations in the United States. See Part N, Ine 21. 2 Grants and other assistations to individuals in the United States. See Part N, Ine 22. 3 Crains and other assistations to governments, organizations, and individuals outside the United States. See Part N, Ine 22. 4 Benefits paut for for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958((1))) and person described in section 4958((1)) and person 4958((1)) and pers			(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising	
The United States. See Part IV, line 22. 3 Cranis and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 15 and 16. 4 Benefits paid to or for members. 5 Compensation of current offices, directors, truciess, and key emphysies. 6 Compensation not included abow, to dequalified person; list selected under section #858(I)(1) and person described in section #858(III) and person described in section #858(IIIIIIIII) and #858(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	1	_	20,000.	20,000.			
organizations, and individuals outside the United States. See Part N, line 17 100	2		114,583.	114,583.			
Somepasation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4986(f(1)) and persons described in section 4986(f(1)) and persons described in section 4986(f(1)) and persons described in section 4986(f(1)) and persons described in section 4986(f(1)) and persons described in section 4986(f(1)) and persons described in section 4986(f(1)) and persons described in section 4986(f(1)) and 493(0) employer contributions (include section 401(k) and 493(0) employer contributions). 9 Other employee bondifs: 10 Payroli taxes: 10 Payroli taxes: 11 Fises for services (f(n)-employees) 11 Fises for services (f(n)-employees) 12 Lodging: 13 Lobbying: 14 Lobbying: 15 Political in the fise persons and shoulder (i). 16 Political in the fise persons and shoulder (i). 17 Travid: 18 Payments of travel or entertainment expenses for any feederal, state, or local public officials for Corporation (A) amount, list line 24e expenses in its 24e. 15 Polyments to definition, and amortization (A) amount, list line 24e expenses in its 24e. 16 Other estation, depletion, and amortization (A) amount, list line 24e expenses in 124 (1) and (1)		organizations, and individuals outside the United States. See Part IV, lines 15 and 16		2,000.			
6 Compensation not included above, to disqualifed persons (as defined under section 495(f)(1) and persons described in section 495(f)(3)(f) and persons described in section 495(f)(3)(f) and persons described in section 495(f)(3)(f) and persons described in section 495(f) and 403(f) employer centributions). 7 22, 942. 461, 237. 261, 705. 8 Pensens pais accruats and contributions (include section 401(f)) and 403(f) employer centributions). 9 6, 121. 61, 325. 34, 796. 10 Payroll taxes. 149, 474. 95, 329. 54, 145. 10 Payroll taxes. 89, 049. 56, 813. 32, 236. 11 Fees for services (non-employees) a Management. 4, 694. 4, 694. 1 Logal . 4, 694. 4, 694. 4, 694. 2 Logal . 4, 694. 4, 694. 4, 694. 2 Accounting . 21, 500. 21, 500. 2 Professional fundrasing services See Part IV, Ino 17, 1 Investment management less. 28, 865. 8 Other, of the 11g aeroine covers 19% of time 25, column (A) emount, list in 11g septrases on Schedule O), 9, 576. 9, 426. 150. 13 Office expenses . 199, 522. 141, 689. 57, 833. 14 Information technology. 143, 958. 19, 558. 124, 400. 15 Royalties. 0 9, 509. 22, 342. 17 Travel . 10 Cocupancy . 31, 951. 9, 609. 22, 342. 10 Cocupancy . 31, 951. 9, 609. 22, 342. 10 Payroll taxes . 0 9, 509. 22, 342. 11 Fees of services (not personal covered above (Lut miscellarous expenses in line 24e it inne 24e amount, list line 24e expenses in 10 cevered above (Lut miscellarous expenses in 10 cevered above (Lut miscellarous expenses in 10 cevered above (Lut miscellarous expenses in 10 cevered above (Lut miscellarous expenses in 10 cevered above (Lut miscellarous expenses in 10 cevered above (Lut miscellarous expenses in 10 cevered above (Lut miscellarous expenses in 10 cevered above (Lut miscellarous expenses in 10 cevered above (Lut miscellarous expenses in 10 cevered above (Lut miscellarous expenses in 10 cevered above (Lut miscellarous expenses in 10 cevered above (Lut miscellarous expenses in 10 cevered above (Lut miscellarous expenses in 10 cevered above (Lut miscellarous expenses in 10 cevered a		Compensation of current officers, directors,		324,370.	184,047,		
7 Other salaries and wages	6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	0			11. 30.	
401(k) and 403(b) employee contributions). 96,121. 61,325. 34,796. 10 Payroll taxes. 89,049. 56,813. 32,236. 11 Fees for services (non-employees) a Management b Legal		Other salaries and wages	722,942.	461,237.	261,705.		
10 Payroll taxes	8	· '					
11 Fees for services (non-employees) a Management b Legal		• •	·			-	
b Legal	11	Fees for services (non-employees)	22,222				
d Lobbying e Professional fundraising services See Part IV, line 17, 1 Investment management fees 9 Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). 12 Advertising and promotion 13 Office expenses 199,576. 9,426. 150. 130 Office expenses 199,576. 9,426. 150. 141,689. 57,833. 14 Information technology. 143,959. 19,558. 124,400. 15 Royaltes, 0 0 16 Occupancy. 31,951. 9,609. 22,342. 17 Travel. 225,786. 169,410. 56,376. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Interest 10 Depreciation, depletion, and amortization 12 Payments to affiliates. 0 12 Payments to affiliates. 0 13 Insurance 14 Other expenses litemize expenses not covered above (lust miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) aBANK FEES bCONTRIBUTIONS AND COALITION 120,137. cPRINTING § PUBLICATIONS 123,1802. 224,230. 7,572. dDUES & SUBSCRIPTIONS 12,347. 6,252. 6,095. e All other expenses. 696,179.	b	Legal					
Professional fundrasing services See Part IV, line 17, 1 Investment management fees 28,865. 28,865. 28,865. 9 Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). 9,576. 9,426. 150. 150. 130. 140. 15					21,500.		
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). 2 Advertising and promotion. 3 Office expenses. 199,522. 141,689. 57,833. 14 Information technology. 15 Royalties. 0 16 Occupancy. 31,951. 9,609. 22,342. 17 Travel. 225,786. 169,410. 56,376. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings. 227,069. 213,325. 13,744. 20 Interest. 20 Depreciation, depletion, and amortization. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 23 Insurance. 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e Itline 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) aBANK FEES. bCONTRIBUTIONS AND COALITION cPRINTING & PUBLICATIONS cPRINTING & PUBLICATIONS 231,802. 24,234. 25 Total functional expenses. Add lines 1 through 24e or expenses and fundraising solicitation. Check here build in clied call campaign and fundraising solicitation. Check here building SOP 98-2 (ASC 958-720). 595,569. 593,749. 42,120. 141,689. 57,833. 141,689. 59,426. 150. 169,410. 56,376. 169,410. 56,376. 169,410. 56,376. 17,744. 18,744. 19,926. 154,042. 213,325. 13,744. 154,042. 227,069. 213,325. 13,744. 154,042. 213,325. 13,744. 154,042. 227,069. 213,325. 13,744. 154,042. 227,069. 213,325. 13,744. 154,042. 227,069. 213,325. 13,744. 154,042. 227,069. 213,325. 13,744. 154,042. 227,069. 213,325. 13,744. 154,042. 227,069. 213,325. 13,744. 154,042. 227,069. 213,325. 13,744. 105,178. 22,156. 606,179. 606,179. 606,179. 606,179. 606,179. 606,179. 606,179. 606,179. 606,179. 606,179.	e	Professional fundraising services See Part IV, line 17.	20.065		20 065		
S95,569 553,449 42,120 Advertising and promotion 9,576 9,426 150 Office expenses 199,522 141,689 57,833 Information technology 143,958 19,558 124,400 Royalties 0			28,865.		28,865.		
13 Office expenses	5				· ·		
143,958. 19,558. 124,400.			•		1		
15 Royalties.						·	
16 Occupancy 31,951. 9,609. 22,342. 17 Travel 225,786. 169,410. 56,376. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 227,069. 213,325. 13,744. 20 Interest 0			0		===,===		
17 Travel 225,786 169,410 56,376 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 227,069 213,325 13,744 10 Interest 0	16		· · · · · · · · · · · · · · · · · · ·	9,609.	•		
for any federal, state, or local public officials 19 Conferences, conventions, and meetings	17		225,786.	169,410.	56,376.		
20 Interest		for any federal, state, or local public officials	0				
21 Payments to affiliates. 0 22 Depreciation, depletion, and amortization 154,042. 154,042. 23 Insurance 24,044. 4,118. 19,926. 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 BANK FEES		, , , , , , , , , , , , , , , , , , , ,	<u></u>	213,325.	13,744.		
22 Depreciation, depletion, and amortization			0			···	
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 BANK FEES b CONTRIBUTIONS AND COALITION CPRINTING & PUBLICATIONS d DUES & SUBSCRIPTIONS e All other expenses All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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)			154,042.		154,042.		
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) aBANK FEES bCONTRIBUTIONS AND COALITION cPRINTING & PUBLICATIONS dDUES & SUBSCRIPTIONS e All other expenses All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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)			24,044.	4,118.		·	
BANK FEES bCONTRIBUTIONS AND COALITION cPRINTING & PUBLICATIONS DUES & SUBSCRIPTIONS e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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)	24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column			-		
bCONTRIBUTIONS AND COALITION cPRINTING & PUBLICATIONS dDUES & SUBSCRIPTIONS e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. 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)		•	107 224	105 170	22 150		
cPRINTING & PUBLICATIONS 231,802. 224,230. 7,572. dDUES & SUBSCRIPTIONS 12,347. 6,252. 6,095. e All other expenses 696,179. -696,179. 25 Total functional expenses. Add lines 1 through 24e 3,860,782. 3,288,080. 572,702. 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 0				105,178.			
d DUES & SUBSCRIPTIONS e All other expenses E All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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)	_		<u>.</u>	224,230			
e All other expenses 696,179696,179. 25 Total functional expenses. Add lines 1 through 24e 3,860,782. 3,288,080. 572,702. 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)	-						
25 Total functional expenses. Add lines 1 through 24e 3,860,782. 3,288,080. 572,702. 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)				696,179.			
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)	25	Total functional expenses. Add lines 1 through 24e	3,860,782.	3,288,080.	572,702.		
JSA	26 JSA	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	0			Form 990 (2013)	

JSA 3E1052 1 000 Form 990 (2013)

Page 11

Pa	ırt X	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Pa	rt X	
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	0 1	0
	2	Savings and temporary cash investments	329,003. 2	1,333,606.
	3	Pledges and grants receivable, net	4,467. 3	85,094.
	4	Accounts receivable, net	94	
	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees.]	
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	Q 5	
		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	d 6	C
ets	7	Notes and loans receivable, net	d 7	
Assets	8	Inventories for sale or use	146,377.8	91,772.
•	9	Prepaid expenses and deferred charges	159,018. g	51,258.
	10 a	Land, buildings, and equipment. cost or		· · ·
		other basis. Complete Part VI of Schedule D 10a 1,089,969.		
	Ь	Less: accumulated depreciation	365,041.10c	359,123.
	11	Investments - publicly traded securities	6,622,255. 11	7,598,776.
	12	Investments - other securities. See Part IV, line 11	⁰ 12	<u>_</u>
	13	Investments - program-related. See Part IV, line 11	^Q 13	<u>_</u>
	14	Intangible assets	Q 14	C
	15	Other assets. See Part IV, line 11	18,211. 15	14,189.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,644,372.16	9,533,818.
	17	Accounts payable and accrued expenses	201,748. 17	185,178.
	18	Grants payable	0 18 2,114,424.19	1,796,122.
	19	Deferred revenue		1,790,122.
	20	Tax-exempt bond liabilities	9 20 0 21	
ĕ	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors,	9 21	
Liabilities	22	trustees, key employees, highest compensated employees, and		
Ë		disqualified persons. Complete Part II of Schedule L	d 22	C
	23	Secured mortgages and notes payable to unrelated third parties	0 23	
	24	Unsecured notes and loans payable to unrelated third parties.	0 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	Q 25	C
	26	Total liabilities. Add lines 17 through 25	2,316,172. 26	1,981,300.
-Se		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.		
a	27	Unrestricted net assets	3,204,382. 27	3,583,998.
Ba	28	Temporarily restricted net assets	1,642,448. 28	3,487,150.
ā	29	Permanently restricted net assets	481,370. 29	481,370.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		
şţ	30	Capital stock or trust principal, or current funds	30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds	32	
2	33	Total net assets or fund balances	5,328,200. 33	7,552,518.
_	34	Total liabilities and net assets/fund balances	7,644,372. 34	9,533,818.

Form 99	00 (2013)				Pa	ge 12
Part	XI Reconcillation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u>.</u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				037.
2	Total expenses (must equal Part IX, column (A), line 25)	2		-		782.
3	Revenue less expenses. Subtract line 2 from line 1	3				255.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				200.
5	Net unrealized gains (losses) on investments	5		6	63,	063.
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					
	33, column (B))	10		7,5	52,	518.
Part						_
	Check if Schedule O contains a response or note to any line in this Part XII	• • •				Ш
					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	xplain	ın			
	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 con	npiled	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	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	sight				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	ıın			
	Schedule O	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ın			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICAN HISTORICAL ASSOCIATION

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.)

Part	_		•	(All organizations mus						ICLIONS	•		
The o	rga	•		ause it is: (For lines 1 thr	•		•		•				
1 _	_			association of churches o		ed ın s	ection	170(b)(1)(A)(i).				
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedule	e E.)								
3	╝	A hospital or a coop	perative hospital s	ervice organization descri	bed in	sectio	n 170(b)(1)(A)((iii).				
4		A medical research	h organization ope	erated in conjunction wit	th a h	ospita	descr	ibed in	section	n 170(b)(1)(A)(iii). E	nter the
_	_	hospital's name, city	·										
5		An organization op	erated for the ber	nefit of a college or unive	ersity o	owned	or ope	erated b	y a go	vernme	ntal ı	unit desc	cribed in
_		section 170(b)(1)(A	A)(iv). (Complete P	art II.)									
6		A federal, state, or	local government	or governmental unit desc	cribed i	ın sect	ion 170	(b)(1)(<i>i</i>	4)(v).				
7		An organization that	at normally receive	es a substantial part of its	s supp	ort fro	m a go	vernme	ntal un	it or fro	om th	ne gener	al public
		described in sectio	n 170(b)(1)(A)(vi).	(Complete Part II.)									
8		A community trust	described in sectio	on 170(b)(1)(A)(vi). (Com	plete P	art II.)							
9	X	An organization that	at normally receive	s: (1) more than 331/3%	of its	suppo	rt from	contrib	utions,	membe	ershi	o fees, a	nd gross
_		receipts from activ	ities related to its	exempt functions - subj	ect to	certai	n excep	otions, a	and (2)	no mo	re th	an 331/3	% of its
		support from gros	s investment inco	me and unrelated busin	ness ta	axable	ıncom	e (less	section	า 511	tax)	from bu	sinesses
_	_	acquired by the org	anızatıon after Jun	e 30, 1975. See section	509(a)	(2). (C	Complet	e Part II	I.)				
10		An organization org	janized and operat	ted exclusively to test for	public :	safety.	See se	ction 5	09(a)(4)).			
11		An organization or	ganized and oper	ated exclusively for the	benef	it of,	to perf	orm the	e functi	ions of	, or	to carry	out the
		purposes of one or	r more publicly su	pported organizations de	scribe	d in s	ection 5	509(a)(1	l) or se	ction 5	09(a))(2) See	section
		509(a)(3). Check th	ne box that describ	es the type of supporting	organi	ızatıon	and co	mplete	lines 11	e throu	ugh 1	1h	
_	_	a Type I	b Type II	c Type III-Function	nally in	tegrate	ed	d	Type III	-Non-fu	unctio	nally inte	egrated
e	╝		- ·	e organization is not cont			-		-			•	•
			-	other than one or more p	publicly	y supp	orted o	rganiza	tions d	escribe	d in s	section 5	509(a)(1)
		or section 509(a)(2											
f		If the organization	received a writte	n determination from the	e IRS	that it	is a T	ype I, T	ype II,	or Typ	e III	supportii	ng
		organization, check											. Ш
g		Since August 17, 2	006, has the orgai	nization accepted any gift	or cor	ntributi	on from	n any of	the				
		following persons?										_	
		· ·	•	tly controls, either alone	-								Yes No
				the supported organization	on?							11g(ı)	
				scribed in (i) above?								11g(II)	
			•	on described in (i) or (ii) a								11g(iii)	
<u>h</u>		Provide the following	ng information abo	ut the supported organiza	ation(s))	,						
(i) N	ame of supported	(ii) EiN	(iii) Type of organization (described on lines 1-9	(iv)	Is the zation in		ou notify		s the	(vii)	Amount of	
		organization		above or IRC section	coi (i)	listed in		anization i) of your		ation in rganized		suppor	ા
				(see instructions))		overning ment?		port?		ŬS?			
				_	Yes	No	Yes	No	Yes	No			
(A)													
				,		<u> </u>	<u> </u>	ļ		ļ			
(B)													
											1		
(C)													
			_	<u>-</u>									
(D)													
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(E)													
						<u> </u>	<u> </u>	ļ			ļ		
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Total			<u> </u>		L	l	<u> </u>		<u></u>	L			

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

Schedule A (Form 990 or 990-EZ) 2013

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) Public support. Subtract line 5 from line 4.						
	tion B. Total Support		<u> </u>	<u> </u>	! 	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	(_,	(0, 2010	(0,000	(0,000	(0, 00.0	(7, 5,000
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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>			
12	Gross receipts from related activities, etc. (•				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>	<u> </u>				
<u>Sec</u>	tion C. Computation of Public Sup						
14	Public support percentage for 2013 (la						%
15	Public support percentage from 2012						%
16a	331/3% support test - 2013. If the o	_					
_	this box and stop here . The organization						
b	331/3% support test - 2012. If the						
	check this box and stop here. The org						
1/a	10%-facts-and-circumstances test -		=				
	10% or more, and if the organization Part IV how the organization meets						•
	_			-	•		.,
h	organization						
b	15 is 10% or more, and if the org						
	Explain in Part IV how the organizati						
	supported organization						
18	Private foundation. If the organization	did not check	a box on line 13	3, 16a, 16b, 17	a, or 17b, check	this box and se	e
	instructions	· · · · · · · · ·	· · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
						ochequie A (FOFM	990 or 990-EZ) 2013

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						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")	1,232,081.	1,233,362.	2,071,986.	1,426,531.	3,353,842.	9,317,802.
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	1,406,978.	1,613,832.	1,559,149.	1,502,830.	1,217,518.	7,300,307.
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						
	to or expended on its behalf						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	2,639,059.	2,847,194.	3,631,135.	2,929,361.	4,571,360.	16,618,109.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			767,200.		1,590,506.	2,357,706.
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						0
С	Add lines 7a and 7b			767,200.		1,590,506.	2,357,706.
8	Public support (Subtract line 7c from						_
	line 6.)						14,260,403.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	2,639,059.	2,847,194.	3,631,135.	2,929,361.	4,571,360.	16,618,109.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources	102,900.	100,033.	149,225.	174,260.	191,458.	717,876.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						,
	acquired after June 30, 1975		<u> </u>				0
С	Add lines 10a and 10b	102,900.	100,033.	149,225.	174,260.	191,458.	717,876.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	,			ļ		
	(Explain in Part IV.) ATCH 1	560,000.	560,000.	560,000.	590,545.	606,554.	2,877,099.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	3,301,959.	3,507,227.	4,340,360.		5,369,372.	20,213,084.
14	First five years. If the Form 990 is for						
	organization, check this box and stop here			<u>.</u>	• • • • • • • •	<u> </u>	<u></u>
	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8					15	70.55%
<u>16</u>	Public support percentage from 2012 Scho				<u></u>	16	75.88%
<u>Sec</u>	tion D. Computation of Investme						
17	Investment income percentage for 2013 (In					17	3.55%
18	Investment income percentage from 2012					18	3.15%
19 a	331/3% support tests - 2013. If the or	ganization did n	ot check the box	on line 14, and	d line 15 is mor	e than 331/3%, a	
	17 is not more than 331/3%, check th	iis box and sto j	here. The orga	anization qualifie	s as a publicly	supported organi	zation ► X
b	331/3% support tests - 2012. If the orga						
	line 18 is not more than 331/3%, check	this box and st	top here. The org	ganization qualifi	es as a publicly	supported organi	zation

Schedule A (Form 990 or 990-EZ) 2013

Page 4

Part IV Supplemental Information. 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	3				
DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
ROYALTIES	560,000.	560,000.	560,000.	590,545.	606,554.	2,877,099.
TOTALS	560,000.	560,000.	560,000.	590,545.	606,554,	2,877,099.

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 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

instructions is at www.irs.gov/form990. 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

	e organization answered "Yes, Section 501(c)(4), (5), or (6) or	" to Form 990, Part IV, line 5 (Proxy Ta	ex) or Form 990-EZ, Pa	rt V, line 35c (Proxy Tax), th	nen
	of organization	ganizations Complete Part III.		Employer (dent)	fication number
	RICAN HISTORICAL AS	SSOCIATION		53-02	
		organization is exempt under	section 501(a) or i		
					nization.
1		e organization's direct and indirect p			
2					
3	volunteer nours			· · · · · · · · · · · · · · · · · · ·	
Par		organization is exempt under s			
1		cise tax incurred by the organizatio			
2	Enter the amount of any ex	cise tax incurred by organization m	anagers under secti	on 4955 ▶ \$	
3		a section 4955 tax, did it file Form			
4a	Was a correction made? .				Yes No
	If "Yes," describe in Part IV.		-1		.
		organization is exempt under			S).
1		expended by the filing organization			
_		• • • • • • • • • • • • • • • • • • • •			
2		ing organization's funds contributed ties			
3	Total exempt function exp	penditures. Add lines 1 and 2. En	ter here and on Fo	rm 1120-POL,	
4		ile Form 1120 BOL for this year?			
5	Enter the names addresse	ile Form 1120-POL for this year? s and employer identification numb	or (EIN) of all costs	n F27 political argania	Yes No
3	organization made paymer	nts. For each organization listed, en	ter the amount paid	I from the filing organiza	ations to which the filing
	the amount of political cor	ntributions received that were prom	ptly and directly de	livered to a separate of	olitical organization, such
	as a separate segregated fu	ind or a political action committee (l	PAC). If additional sp	ace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	• •		``	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
(1)		-			, , , , , , , , , , , , , , , , , , ,
1.7			1		
(2)					-
` ,			1		
(3)				····	
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2013

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

Subtract line 1g from line 1a. If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

(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 Expend	itures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount	318,369.	327,651.	341,374.	343,039.	1,330,433.
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,995,650.
С	Total lobbying expenditures	17,530.	18,831.	20,285.	20,461.	77,107.
d	Grassroots nontaxable amount	79,592.	81,913.	85,344.	85,760.	332,609.
е	Grassroots ceiling amount (150% of line 2d, column (e))					498,914.
f	Grassroots lobbying expenditures	17,530.	18,831.	20,285.	20,461.	77,107.

Schedule C (Form 990 or 990-EZ) 2013

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Schedule C (Form 990 or 990-EZ) 2013

Page 3

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? 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? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year? Total. Add lines 1c through 1i 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? Did the organization agree to carry over lobbying and political expenditures from the prior year? 2		(election under section 501(h)).	T				<u>,,</u>	
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Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

AME	RICAN HISTORICAL ASSOCIATION	53-0217487
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	Accounts.
	(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 ${}^{\circ}$.	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
_	conferring impermissible private benefit?	Yes No
	Conservation Easements. Complete if the organization answered "Yes" to For	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of an historically important land area
	Protection of natural habitat Preservation of pen space Preservation of pen space	of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a concentration
2	easement on the last day of the tax year.	the form of a conservation
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	1 1
С	Number of conservation easements on a certified historic structure included in (a)	
đ	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	nated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, have	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	into during the year
•	S	into during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of so	ection 170(b)(4)(B)
_	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	r Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide, in Part XIII, the text of the footnote to its financial statements that design and the service of the footnote to its financial statements.	revenue statement and balance sheet acation, or research in furtherance of scribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its r works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide the following amounts relating to these items:	ucation, or research in furtherance of
	(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	- · · · · · · · · · · · · · · · · · · ·
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
a	Revenues included in Form 990, Part VIII, line 1	
<u>_b</u>	Assets included in Form 990, Part X	<u></u> <u>► \$</u>

Par	t III Organizations Maintainii	ng Collections of	Art, Hist	orical Tr	easure	s, or C	ther_Simila	ar Asset	ts (cont	inued)
3	Using the organization's acquisition collection items (check all that app	on, accession, and c ly):	other record	ds, check –	any of	the folio	owing that a	re a sign	uficant us	se of its
а	Public exhibition		d	Loan o	r exchan	ge prog	rams			
b	Scholarly research		e	Other						
C	Preservation for future gene	rations								
4	Provide a description of the organ	nization's collections	and expla	un how tl	ney furth	er the	organization'	s exempt	t purpose	ın Part
	XIII	,								
5	During the year, did the organization	on solicit or receive d	lonations o	f art, histo	rical trea	asures, c	or other simil	ar		
	assets to be sold to raise funds rath	ner than to be mainta	ained as pa	rt of the o	rganızat	on's col	lection?	Г	Yes	No
Par	t IV Escrow and Custodial Ar	rangements. Com	plete if th	ne organi	zation a	nswere	d "Yes" to F	orm 990), Part IV	/, line 9.
	or reported an amount or			J					•	
	Is the organization an agent, truste included on Form 990, Part X? If "Yes," explain the arrangement in								Yes	☐ No
-	ii voo, oxpiaii iio airaiigeiiioiii ii	ri ari viii and compi	0.00 .0	og .ab	Г.		A	mount		
С	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance					_				
	Did the organization include an am							· I	Yes	T No
2 a	If "Yes," explain the arrangement in	Part YIII Chack ha	raif the evi	alanation l	hac hadi	nrovide	d in Part YIII	L		
	t V Endowment Funds. Com								· · · ·	
гаі	Elidowillelit Fallas. Coll	(a) Current year	(b) Prio			years back			(e) Four v	ears back
1a	Beginning of year balance	3,953,225.		1,129.		86,434		0,641.		92,641.
h	Contributions	1,934,312.	4	7,330.		02,937		4,854.		$\frac{06,418}{06,418}$
c	Net investment earnings, gains,	1,334,312.	7.1	7,330.		02,95	12	1,031.		00,410.
·	and losses	624,366.	26	2,496.	1	16,227	7 48	9,490.	3	70,288.
А	Grants or scholarships	391,208.		9,317.		68,712		7,178.		$\frac{70,200}{04,332}$.
	Other expenditures for facilities	331,200.	71	J, JI / .		00,712		7,170.		04,332.
·	and programs				1.	04,774	1 10	0,000.	1	00,000.
f	Administrative expenses	36,274.	1	8,413.		20,983		5,373.		$\frac{00,000}{14,374}$.
g	End of year balance			3,225.		11,129		2,434.		$\frac{14,374}{50,641}$.
2			-					2, 334.	3,0	50,041 .
	Board designated or quasi-endowr			f (lifte Tg,	coluitiii (a)) Helu	as			
b	Permanent endowment > 7.		- "							
	Temporarily restricted endowment									
·	The percentages in lines 2a, 2b, a		00%							
20	Are there endowment funds not in	•		ation that	ara hald	and adr	ninistored for	tho		
Ja	organization by:	the possession of the	ie organiza	ilion mai	are neiu	and adi	illi astered ioi	li IC	T.	Za a l Nia
										es No
	(i) unrelated organizations						• • • • • •		3a(i)	X
_	(ii) related organizations	ranizationa listad sa		Cobodulo	D2		• • • • • • •		3a(ii)	X
	Describe in Part XIII the intended it								3b	
4			ion's endov	vment tur	ius.					
Par	t VI Land, Buildings, and Equ Complete if the organiza	i ipment. ition answered "Ye	s" to Forn	n 990 Pa	art IV lin	ne 11a	See Form 9	190 Par	X line	10
	Description of property	(a) Cost or		(b) Cost o	r other basi ther)	s (c)	Accumulated epreciation		i) Book valu	
1a	Land		8,000.		_					8,000.
b	Buildings	[5	85,221.				410,432.		17	4,789.
С	Leasehold improvements									
d	Equipment	4	96,748.				320,414.		17	6,334.
е	Other									
Tota	II. Add lines 1a through 1e. (Column	n (d) must equal Form	n 990, Part	X, column	(B), line	10(c).).	▶		35	9,123.
	<u> </u>	<u> </u>				. , , ,		Sched		n 990) 2013

	(Form 990) 2013			Page
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11b. See Form 990), Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financi	ıal derivatives			
	y-held equity interests			
(A)				
<u>(B)</u>				
<u>(C)</u>				
<u>(D)</u>				
<u>(E)</u>				
(F)				
(G)				_
(H)	nn (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII			<u> </u>	
rait viii	Complete if the organization answered	"Yes" to Form 990	. Part IV. line 11c. See Form 990). Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valu	-
	(,,	,	Cost or end-of-year ma	rket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>	(h)			
Part IX	nn (b) must equal Form 990, Part X, col (B) line 13) Other Assets.		<u> </u>	
Partix	Complete if the organization answered	l "Yes" to Form 990	Part IV. line 11d. See Form 990). Part X. line 15.
		Description	, ,	(b) Book value
(1)	(-)			(2) 200220
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	olumn (b) must equal Form 990, Part X, col. (B) li Other Liabilities.	ıne 15.)	<u> </u>	•
Part X	#345 4 7 - L 11141			

1.	(a) Description of liability	(b) Book value	÷
(1) Fee	deral income taxes		
(2)			
_(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Co	olumn (b) must equal Form 990, Part X, col (B) line	25) ▶	

2. Liability for uncertain tax positions. 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

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.Schedu	le D (Form 990) 2013		Page 4
Part		า.	
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1	6,085,100.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		0,003,100.
a	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
ď	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	663,063.
3	Subtract line 2e from line 1	3	5,422,037.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,422,037.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,860,782.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
C	Other (Describe in Part XIII.) 2c 2d		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	3,860,782.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	3,860,782.
-			
a b			
C	Add lines 4a and 4b	4.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c	3,860,782.
	XIII Supplemental Information.		
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	art V, III	ne 4; Part X, line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
			
			·
			·
			·

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2013

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.

2013

OMB No 1545-0047

Department of the Treasury Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.								Inspection	
Name of the organization					•		Employer Identifica	ition number	
AMERICAN HISTO	RICAL ASSOCIATION						53-021746	17	
Part I General In	formation on Grants and	Assistance			•				
1 Does the organiz	ation maintain records to sub	stantiate the	amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	or assistance, and		
the selection crite	eria used to award the grants	or assistance	?					X Yes No	
2 Describe in Part	IV the organization's procedu	ires for moni	toring the use o	of grant funds in the	United States				
	d Other Assistance to Go e 21, for any recipient tha							Yes" to Form 990,	
	address of organization 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 appræsal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) CALIFORNIA STATE	UNIVERSITY								
6300 EAST STATE	UNIVERSITY DRIVE	95-6106694	501(C)(3)	20,000		į			
(2)									
_01									
(4)									
(5)									
<u>(9)</u>				-					
(10)								-	
(12)							-	-	
2 Enter total number	er of section 501(c)(3) and go	overnment o	rganizations list	ed in the line 1 tab	6			·	

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule I (Form 990) (2013)

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Schedule I (Form 990) (2013)

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(6) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MARCIA HOLMES	1	3,333.			
HONORARIA, GRANTS AND PRIZES PAID TO INDIVIDUALS	84	111,250.			
3					
4					
5					
B					
7					

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.

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, line 23.
 ► Attach to Form 990.
 ► See separate instructions.
 Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN HISTORICAL ASSOCIATION

Employer identification number 53-0217487

Part	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 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	1 1				
	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					
	explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		-			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	i i	j			
	1a?	2				
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	1 1				
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee X Written employment contract					
	Independent compensation consultant Compensation survey or study	1 1				
	Form 990 of other organizations X 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:		i	х		
a	· · · · · · · · · · · · · · · · · · ·	4a		$\frac{\Lambda}{X}$		
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		$\frac{\lambda}{X}$		
С	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.	4C				
	if tes to any or lines 44-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	1				
•	compensation contingent on the revenues of:	i l				
а	The organization?	5a		Х		
b	Any related organization?	5b		X		
_	If "Yes" to line 5a or 5b, describe in Part III.	55				
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.]				
а	The organization?	6a		Х		
b	Any related organization?	6b		X		
	If "Yes" to line 6a or 6b, describe in Part III.	1				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed					
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject		\neg			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
	in Part III	8	İ	Х		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
JAMES GROSSMAN	(1)	214,241.	({	22,871.	12,024.	249,136.	
1 EXECUTIVE DIRECTOR	(II)		,	,				
	(1)							
2	(11)							
	(1)	L						
3	(II)							
	(i)							
4	(ii)							
	(i)	L						
5	(ii)							
	(1)				11			
6	(ii)							
	(1)			 				
7	(II)							
	(0)							
8	(11)							
	(1)			ļ				
9	(11)							
	(1)		L	ļ	ll			
10	(0)							
	(1)			ļ	 ↓			
11	(8)							
	(1)		L	ļ	ll			
12	(11)							
,	(0)	L	L					
13 '	(1)							
	(0)	L						L
14	(ii)							
	(1)	ļ	ļ	ļ				ļ
15	(II)							
	(1)	L	ļ	ļ	 			<u> </u>
16	(0)	l						

Schedule J (Form 990) 2013

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AMERICAN HISTORICAL ASSOCIATION

53-0217487

Page 3

Schedule J (Form 990) 2013
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

Schedule J (Form 990) 2013

JSA 3E1505 1 000

· SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2013

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

AMERICAN HISTORICAL ASSOCIATION

Employer identification number 53-0217487

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.

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.

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.

PUBLIC DISCLOSURE

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

Schedule O (Form 990 or 990-EZ) 2013 Page 2 Name of the organization Employer identification number AMERICAN HISTORICAL ASSOCIATION 53-0217487 RETURNS, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ATTACHMENT 1 FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION GRANTS **EXPENSES** REVENUE GRANT PROGRAMS 123,833. 461,296. TOTALS 123,833. 461,296. ATTACHMENT 2 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) TOTAL RELATED OR UNRELATED **EXCLUDED** EXEMPT REVENUE DESCRIPTION REVENUE BUSINESS REV. REVENUE INTEREST AND DIVIDENDS ON INVESTMENTS 196,178. 196,178. 196,178. 196,178. TOTALS ATTACHMENT 3 FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES **ENDING** COST BOOK VALUE DESCRIPTION OR FMV US TREASURY BONDS AND NOTES 598,323. **FMV** MUTUAL FUNDS 6,424,304. FMV CORPORATE AND FOREIGN BONDS 576,149. FMV TOTALS 7,598,776. ATTACHMENT 4

Schedule O (Form 990 or 990-FZ) 20	12

Generalic C (1 61111 555 61 555-EZ) 2015	Page 2
Name of the organization	Employer identification number
AMERICAN HISTORICAL ASSOCIATION	53-0217487
	ATTACHMENT 4 (CONT'D)

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
MEMBERSHIP DUES	864,109.
SUBSCRIPTIONS	9,539.
ANNUAL CONFERENCE	57,800.
LIFE MEMBERSHIPS	87,598.
ROYALTIES	777,076.
TOTALS	1,796,122.