Form **99**(

Department of the Treasury

Return of Organization Exempt From Income Tax

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

► 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.

2013
Open to Public Inspection

For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14 AMERICAN ASSOCIATION FOR STATE AND Employer Identification number Check if applicable: C Name of organization LOCAL HISTORY Address change Doing Business As 39-0962197 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number initial return 1717 CHURCH STREET 615-320-3203 Terminaled City or lown, state or province, country, and ZIP or foreign postal code NASHVILLE TN 37203 G Gross receipts \$ Amended return 1,859,869 Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Yes X No. Yes No H(b) Are all subordinates included? If "No," attach a list. (see Instructions) X 501(c)(3) 501(c) 4947(a)(1) or Tax-exempt status: WWW.AASLH.ORG Website; 🕨 H(c) Group exemption number Form of organization: | Corporation | Trust | X Association Year of formation: 1940 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE FIELD OF HISTORY IN THE UNITED STATES AND CANADA. Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 21 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 12 6 Total number of volunteers (estimate if necessary) 6 311 37,874 7a Total unrelated business revenue from Part VtII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 -33,474 Current Year 945,297 809,918 8 Contributions and grants (Part VIII, line 1h) 544,497 9 Program service revenue (Part VIII, line 2g) 962,344 29,787 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 52,166 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 36,309 35,441 1,555,890 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,859,869 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 631,944 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 586,264 16a Professional fundralsing fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,954 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,099,822 898,233 1,731,766 1,484,497 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -175,876 375,372 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 늄 1,328,445 1,757,384 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 661,671 603,024 22 Net assets or fund balances. Subtract line 21 from line 20 666,774 <u>1,1</u>54,<u>3</u>60 Signature Block Under penalties of perion, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Veclaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign INTERIM PRESIDENT & CEO BOB BEATTY Here Type or print name and title PTIN Print/Type preparer's name Check Paid 12/16/14 salf-employed | P00156471 JEFFERY A. BETZLER Preparer EDMONDSON BETZLER & MONTGOMERY 26-2451997 Firm's EIN . Firm's name Use Only 12 CADILLAC DR STE 210 615-916-3100 BRENTWOOD, TN 37027 Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

n 990 (2013) AMERICAN ASSOCI	ATION FOR STATE AND	D 39-0962197	Page
art III Statement of Program Se	rvice Accomplishments		T er
		ine in this Part III	X
Briefly describe the organization's mission: FO PROMOTE THE FIELD O	F HISTORY IN THE UN	NITED STATES AND CANADA	A
	.,		
	,,,		
Did the organization undertake any signific			□ 5ē
			Yes X N
If "Yes," describe these new services on So	chedule O.	duate and program	
Did the organization cease conducting, or residence			Yes X N
services? If "Yes," describe these changes on Sched	ude O		
Describe the organization's program service	e accomplishments for each of its thre	e targest program services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for	organizations are required to report th	e amount of grants and allocations to others,	
(Code:)(Expenses \$ PERIODICALS: AASLH PRE PHAT ARE SENT TO APPROPORTION OF IN	XIMATELY 6,300 MEMI) (Revenue \$ VSLETTER AND A QUARTER BERS TO PROVIDE A CLEA	69,903 LY MAGAZINE RING HOUSE
<u> </u>			
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ADVANCEMENT: AASLH MAI ORGANIZATION. ALSO, TH PRESERVATION AND USE C	EY DEVELOP PROJECT	INFORM THE PUBLIC ABO S AND INITIATIVES TO E	NCOURAGE THE
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·			
	····		
(Code:)(Expenses \$ EDUCATION PROGRAMS: AF FOR DISCUSSIONS ON HIS ALSO, AASLH PROVIDES N	TORY. THE ANNUAL M	NNUAL MEETING TO PROVI EETING LOCATION VARIES	322,77 DE A FORUM EACH YEAR.
	***		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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		.,	

Other program services. (Describe in Sch	edule O.)	-	
	including grants of \$) (Revenue \$	
e Total program service expenses	831,605		

га	1 IV Checklist of Required Schedules		. <u>, 1</u>	
		_ 	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	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
	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		Х
	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		X
	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,	1 1		
		5		Х
	Part (-3		
	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			4,5
	"Yes," complete Schedule D, Part I	6		X
	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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	}		
	LL O hadde D Death	8		X
	Complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a		•	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		9		x
	debt negotiation services? If "Yes," complete Schedule D, Part IV	-		
	Did the organization, directly or through a related organization, hold assets in temporarily restricted		7.7	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	3/200
	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.		V.554	28
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	X	
L	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
		11.2		İ
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110	,	x
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	110	 	1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			٠,
	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 257 If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-		i
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f_		<u> </u>
20	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		}	1
.a	Schedule D, Parts XI and XII	. 12a	X	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	·		Т
Þ	was the organization included in consolidated, independent addition and the property of the table your in the property of the	12b	1	28
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			K
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		 -	3
4a	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a	 	1-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		1
	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		3
5	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		7
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	· [
6	Did the organization report on Part IX, containing (x), mice of more than solvers of aggregate grants of the solution (x), and the collection of the solution (x).	16		2
	assistance to or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV	.	1	†-
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1 4-		1 2
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	+
В	Did the organization report more than \$15,000 lotal of fundralsing event gross income and contributions on		1	Ι.
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	 	_ 2
9	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?	İ	ł	1
•	If "Yes," complete Schedule G, Part III	19		_ 2
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
20a				$\overline{}$

			Yes	No
id the	organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	ment on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	· · · · · · · · · · · · · · · · · · ·	22		Х
	t IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
	zation's current and former officers, directors, trustees, key employees, and highest compensated	23		X
mploy	/ees? If "Yes," complete Schedule J	23		-
	organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	00 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			-
rougi	h 24d and complete Schedule K. If "No," go to line 25a	24a		_X
id the	e organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
id the	e organization maintain an escrow account other than a refunding escrow at any time during the year			l
	ase any tax-exempt bonds?	24c		_
id the	e organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u></u>
ectio	on 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		'	į
	disqualified person during the year? If "Yes," complete Schedule L, Part I	.25a		2
the i	organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			ĺ
ear a	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l
	," complete Schedule L, Part I	25b	<u> </u>	2
	e organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			Г
urran	t or former officers, directors, trustees, key employees, highest compensated employees, or		1	
		26	ŀ	2
isqua	liffed persons? If so, complete Schedule L, Part II	_ <u>_</u> _		厂
ad the	e organization provide a grant or other assistance to an officer, director, trustee, key employee,		1	l
ubsta	antial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27	Į .	2
ntity	or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		28.0
	he organization a party to a business transaction with one of the following parties (see Schedule L,			
art I	√ instructions for applicable filing thresholds, conditions, and exceptions):			1
\ с йгг	ent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	12
\ fam	ily member of a current or former officer, director, trustee, or key employee? If "Yes," complete	i		١.
Sched	tule L. Part IV	28b		2
\n en	tity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		ŀ	
vas a	n officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	↓] 2
and th	e organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	2
oid th	e organization receive contributions of art, historical treasures, or other similar assets, or qualified		ì	1
200 (II	ervation contributions? If "Yes," complete Schedule M	30		1 2
2:4 (2)	e organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			1
		31	1	;
Part I				Т
	e organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32	1	
comp	lete Schedule N, Part II	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	+	十
	e organization own 100% of an entity disregarded as separate from the organization under Regulations	33] :
sectio	ons 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	╁──	╁
	the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	۱.,		١.
or IV,	and Part V, line 1	34	+	H
	ne organization have a controlled entity within the meaning of section 512(b)(13)?	35a	+	Ľ
lf "Ye	s" to line 35a, did the organization receive any payment from or engage in any transaction with a		1	ļ
contro	olled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
	on 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			ł
	d organization? If "Yes," complete Schedule R, Part V, line 2	36		L
naid F	ne organization conduct more than 5% of its activities through an entity that is not a related organization			
لا بناب الا الحجم	bat in treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R.		1	
		37		
нап /	VI		1	T
nig ti	ne organization complete Schedule O and provide explanations in Sociedate O for Fait Vt, lines 135 and	30	l x	1
and ti Part \ Did ti	hat is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		x

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Form	990 (2013) AMERICAN ASSOCIATION FOR STATE AND 39-0962197	· F	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response or note to any line in this Part V		
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		
	reportable gaming (gambling) winnings to prize winners?	1c	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12		
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)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	20000000
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1 1	}
	10.	4a	x
b	If Notice Product has now at the forming pointing.		
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
E	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5а	<u>x</u>
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	† ·==
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		†
ţа		l 6a	x
1.	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or		
b		6b	
_	gifts were not tax deductible?	00	
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	7a	X
_	and services provided to the payor?	7b	+*
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	'''	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	х
	required to file Form 8282? If "Yes " indicate the number of Forms 8282 filed during the year 7d	70	
d	Il 169 Illoreste die Haribei A. Fortig errer inde derring me yeer	7e	X
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		********
	organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	0.0	
а	Did the organization make any taxable distributions under section 4966?	9a 9b	+
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90	
10	Section 501(c)(7) organizations. Enter: Initiation (see and capital contributions included on Part VIII, line 12		
а	Hittiggori rocs and depited contributions included and an included and an included and an included and an included and an included and an included and an included an included and an included and an included an	- 1	
b	Otobo (coopto, moduos off) and over, and over,	+	
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)	40-	000000000
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	80 0000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	I	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42:	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	(E) (C) (C) (C) (C)
	Note. See the instructions for additional information the organization must report on Schedule O.		
þ	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	-	
C	Enter the amount of reserves on hand		77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u></u>
		Form 9	90 (2013)

Pa	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in					ction		
	Check if Schedule O contains a response or note to any line in this Part VI			*******			_X_	
Seci	tion A. Governing Body and Management			-		Yes	No	
4-	Enter the number of voting members of the governing body at the end of the tax year	1a	1 2	2				
1a	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							
	• • • •							
L	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent	1b	2	1				
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		-	_				
2					2	\$ 080,913;41	X	
_	any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct				3		x	
	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	- · <i>-</i> · · ·			4		X	
4	Did the organization make any significant changes to its governing documents since the prior Point and was meet				5		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				6		x	
6	Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				70	X		
	one or more members of the governing body?				.7a		_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						x	
	stockholders, or persons other than the governing body?				7b		A	
8 -	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		tue to	llowing:	999900 S	e v	6500000000	
а	The governing body?				8a	X	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?		<i>.</i>		8b		├─	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				١. ا			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			nuo Ca	9		<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nai i	reve	nue Co	ode.)	W	1	
					مدا	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?				10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?				10b 11a	Х	\vdash	
11a								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					~		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			<u>.</u>	12a	X	├ -	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to c	conflic	ts?	12b	X	-	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				1	 	1	
	describe in Schedule O how this was done	<i></i> .			12c	X	₩	
13	Did the organization have a written whistleblower policy?		,		13	X	-	
14	Did the organization have a written document retention and destruction policy?			,	14	X		
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	<u> </u>	X	
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	the state of the second st							
	with a taxable entity during the year?				16a		<u> </u>	
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							
	organization's exempt status with respect to such arrangements?			والاحدادات	16b		ــــــــــــــــــــــــــــــــــــــ	
Sec	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5							
	available for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Another's website Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	est p	olicy,	and				
1.0	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	f the						
ΑV	organization: ► SYLVIA MCGHEE 1717 CHURCH STREET							
ĸ	ASHVILLE TN 372	03		61	532	20-	<u>3203</u>	

Form 990 (201:	AMERICAN ASSOCIATION FOR STATE AND 39-0962197	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	Employees, and
	Independent Contractors	۲
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u> <u> </u>
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete ti	is table for all persons required to be listed. Report compensation for the calendar year ending with or within the	

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

|X| Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Tille	(B) Average hours per week (list any	600	c, unte	ss pe	tion More Ison i	ihan on is both a r/trustee	e)	(D) Reportable compensation from The organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key amployee	Highest compensated employee	Former	(W-2/1099-MISC)	(41-2) idas inida)	organization and related organizations
(1) NORMAN BURNS, I										
BOARD MEMEBER	0.00	\mathbf{x}	Ì					o	0	o
(2) LAURA CASEY	0.00	<u> </u>		-	_	\Box	_			- · · · · · · · · · · · · · · · · · · ·
(2) 20021 0000	0.00		ĺ							
BOARD MEMBER	0.00	X			<u> </u>	1_1		0	0	. 0
(3) BILL PETERSON										,
	0.00	x				1		o	0	0
BOARD MEMBER (4) JANE LINDSEY	0.00	^	-	├-		1 1				
(4) CAME DINDSEI	0.00			1						
BOARD MEMBER	0.00	x						0	o	0
(5) CATHY FIELDS										
	0.00	,								
BOARD MEMBER	0.00	X	<u> </u>	_	ļ			0		0
(6) LINNEA MARIE GR	0.00				ļ					
BOARD MEMBER	0.00	x						O	l c	0
(7) JANET GALLIMORE	- 0.00	1			1	╅╌┪		,		
(//ormidi ordination)	0.00									
BOARD MEMBER	0.00	X			L			0		0
(8) SUSAN TISSOT		1								
	0.00									0
BOARD MEMBER	0.00	X	+	╁	╀	1 1			<u>' </u>	<u></u>
(9) JAY D. VOGT	0.00		ł			1				ļ
BOARD MEMBER	0.00	$ _{\mathbf{x}}$	ŀ					, c) (0
(10) MAX A VAN BALGO		1		一	1	1				· · · · · · · · · · · · · · · · · · ·
	0.00				1					
BOARD MEMBER	0.00	X	1	_	╁_		L	<u> </u>)	0
(11) KEN TURINO			1							
POSED MEMBER	0.00	$ \mathbf{x} $		1		1				o l
BOARD MEMBER	1 0.00	1 1	1		٠.	1		<u> </u>	· · · · ·	Form 990 (2013)

Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	зу Е	mple	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	Name and title Average hours per week {list any		k, unte	ss pe	ilion more rson l	ihan o s both ritruste	en	(D) Reportable compensation from the	(E) Reportable compensation from refaled organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours (or related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensaled employee	Former	organization (W-2/1099-MISC)	(AA-ST 1022-WH3C)	organization and related organizations
(12) BURT LOGAN	0.00							-		
BOARD MEMBER	0.00	x						0	O	o
(13) LORRAINE MCCONA	нч									
BOARD MEMBER	0.00	x						0	l	0
(14) DONNA SACK	.0.00		<u> </u>			T				
	0.00	 								
BOARD MEMBER (15) PHYLLIS WAHAHRO	0.00	X		\vdash		1	_	0	0	0
(15) PHYLLIS WAHARKO	0.00	Ť								
BOARD MEMBER	0.00	x		_	_	ļ	<u> </u>	0	0	0
(16) TOBI VOIGT	0.00									
BOARD MEMBER	0.00	X	<u> </u>	_	_	┞	<u> </u>	0	0	0
(17)D. STEPHEN ELLI	ФТ 0.00		İ							
PAST CHAIR	0.00			X		<u> </u>		0	<u> </u>	0
(18) LYNNE IRELAND	0.00	1		Ì			İ			
CHAIR	0.00	_		x		L			, c	0
(19) SCOTT STROH	0.00				ļ					
SECRETARY	0.00		<u> </u>	X	<u> </u>	<u> </u>	Ļ	·		0
1b Sub-total	eets to Part VII,	Sect	ion	Α		,	•	108,832		10,000
d Total (add lines 1b and 1c) 2 Total number of individuals (i	including but not	limit	ed to	thò	اا مع	sted	<u></u> aho:	108,832		10,000
reportable compensation from 3 Did the organization list any from the employee on line 1a? If "Yes 4 For any individual listed on line organization and related organization."	n the organization former officer, di ," complete Sche ne 1a, is the sum anizations greate	rectordule	I, or, or J fo epor n \$1	trus r suc table 50,0	tee, ch in cor 007	key idivid nper if "Y	emr ual isati es,"	oloyee, or highest compens on and other compensation complete Schedule J for s	rated In from the such	3 X
5 Did any person listed on line for services rendered to the of Section B. Independent Contract	organization? If "	crue Yes,	com cor	nple:	satio	on fro ched	m a ule .	ny unrelated organization of J for such person	or individual	5 X
Complete this table for your is compensation from the organical compensation from the organical compensation.	five highest com	pens	ated	inde ation	pen for	dent	con	tractors that received more	than \$100,000 of thin the organization's tax	уеаг.
	(A) nd business address					-	Τ	Descr	(B) iption of services	(C) Compensation
TOTAL BA	NO DESIGNATION OF THE PROPERTY									
	<u> </u>						+-			
					_		+		· · · · · · · · · · · · · · · · · · ·	
							╁			
	<u>-</u>						T			
Total number of independen received more than \$100,00	it contractors (inc	ludir	ng bi	it no	t lim	ited izatio	L to th	ose listed above) who	0	
1808/960 more than \$100,00	o or compensate	-,, 11	- (11 K)		J**!				-	Form 990 (2013)

Form 990 (2013) AMERICAN Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	E AND 39-096 nd Highest Compensated		Page 8
(A) Name and fille	(8) Average hours per week (list any	bo:	x, unle	ese pa	ition more rson i	then o s both r/irusia	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Irustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(**216551865)	organization and related organizations
(12) CINNAMON CATLIN										
TREASURER	0.00			x				0	0	o
(13) JULIE ROSE					_					
WIGE OUATE	0.00			x				o	o	o
VICE CHAIR (14) TERRY DAVIS	0.00			1				†——- -	<u></u>	<u> </u>
· · · · · · · · · · · · · · · · · · ·	0.00					 		108,832		10,000
PRESIDENT & CEO (15)	0.00	-	 			X	-	100,032		10,000
(16)		\vdash			_	╁-				-
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
(17)										·
(18)										
,,				_	L					
(19)										
,,,										<u></u>
1b Sub-total								108,832		10,000
c Total from continuation she d Total (add lines 1b and 1c)										
Total number of individuals (i reportable compensation from	ncluding but not	limit	ed to	tho	se li	sted	abov	ve) who received more than	1 \$100,000 in	
										Yes No
3 Did the organization list any f employee on line 1a? If "Yes	" complete Sche	dule	J fo	rsuc	ch in	divid	ual			3
4 For any individual listed on lin organization and related orga	ne 1a, is the sum	of r	epor n \$1	table 50.0	cor	npen If "Ye	sati es."	on and other compensation complete Schedule J for st	i from the ich	
Individual										4
5 Did any person listed on line for services rendered to the c	organization? If "	Yes,	con	nple	te S	ched	ule .	J for such person	**************************************	5
Section B. Independent Contract 1 Complete this table for your factors.	ive highest com	nens	ated	inde	nen	dent	con	tractors that received more	than \$100,000 of	
compensation from the organ	nization. Report of	comp	ens	ation	for	the c	aler	ndar year ending with or wil	hin the organization's tax	year. (C) Compensation
Name ar	(A) id business address						+	Descr	(B) iphon of services	Compensation
			-				+			1
_							+		· -	
							T	· · ·		
2 Total number of independen	contractors (inc	Judir	ng bi	ıt no	t lim	iled t	o th	ose fisted above) who		
received more than \$100,00	0 of compensation	on fro	om ll	ne or	gan	izatio	n 🕨	<u> </u>		Eart 990 (20)

						(A) Total revenue	(B) Related or exempt function	(C) Unrelaled business revenue	(D) Revenue excluded from tax under sections
				2000000			revenue		512-514
	Federated campaigns		1a		252				
	Membership dues		1b	5/1	8,353				
	Fundraising events		1c						
	Related organizations	,,,,,,	1d .		0 515				
	Government grants (contributio		1e		9,515				
	All other contributions, gifts, gra and similar amounts not include		1f	15	2,050				
g f	Noncash contributions included	fin lines 1a-	4f: \$,					
<u>h</u> '	Total, Add lines 1a-1	f <u></u>	<u> </u>	<u></u>	; ▶	809,918			
				Bu	sn. Code				
2a	INSURANCE PRO	CEEDS				420,000	420,000		
b	ANNUAL MEETIN	IG FEBS				196,418	196,418		· · · · · - ·
C	SEMINARS					126,361	126,361		
d	PRESIDENTIAL	SITES				100,830	100,830		<u> </u>
е	MISCELLANEOUS	,		, L	_	65,484	65,484	<u> </u>	
f .	All other program sen	vice reve	nue			53,251	17,083	36,168	diane radio di conderno con menino
	Total. Add lines 2a-2			•	▶	962,344			1
	Investment income (In								
	and other similar amo				_ ▶	52,166			52,10
	Income from investme		k-exemp	t bond proce	eeds 🕨		<u></u>		
	Royalties					33,735	33,735		
-	, to junio 1, (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	(i) Real		(ii) Perso					
- Ga	Gross rents								
	Less: rental exps.								
	Rental inc. or (loss)	(11						Ab. (1997) 1000 1000 1000 1000 1000 1000 1000 10	
d 7a	Net rental income or Gross amount from		<u></u>		or .				
	f a Gross amount from (i) Securities (ii) Other sales of assets								
1	other than inventory								
b	Less: cost or other								
	basis & sales exps.			<u> </u>		{			
	Gain or (loss)			<u> </u>					
)	Net gain or (loss)			<u></u>	<u></u>				
Ba	Gross income from fund	raising ev	enls						
	(not including \$.,						
	of contributions reported	on line 10	c).						
	See Part IV, line 18		, a			j			
	Less: direct expense		b[]			
	Net income or (loss)		draising	events	>				
	Gross income from gam								
	See Part IV, line 19]			1
Ь	Less: direct expense								
	Net income or (loss)			tivities	▶	<u> </u>			
	Gross sales of inven								
	returns and allowand		a						
Ь	Less; cost of goods		р						
	Net income or (loss)		les of in	ventory	;. >	T			
Ť	Miscellaneo				usn. Code				
11a					900099	1,706	;[1,70	5
b	, ,								
1					· · · ·				
د ا						<u> </u>			
4						1,706	3		
) e	Total. Add lines 11a	i–11a <u>instructi</u>			💆	1,859,869		1 37,87	4 52,

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, expenses general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 278,201 665 474,221 195,355 Other salaries and wages Pension plan accruals and contributions (include <u>25,23</u>8 16,652 30 8,556 section 401(k) and 403(b) employer contributions) 34,306 1,167 **47,8**26 12,353 Other employee benefits 26,680 38,979 12,250 Payroll taxes 10 Fees for services (non-employees): 46,481 46,481 Management 62,155 62,155 b Legal 15,050 15,050 c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 77,754 5,575 225 83,554 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion Office expenses Information technology 14 Royalties 16 49,201 35,909 110 13,182 16 Occupancy $\frac{1}{2},751$ 105,433 102,682 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 9,080 256,613 265,693 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 8,175 477 13,179 4,527 Depreciation, depletion, and amortization 22 15,119 15,119 Insurance 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.) 3,023 9,713 40,554 53,290 a PRINTING AND DUPLICATING 19,812 2,208 47,680 25,660 SUPPLIES/SHIPPING/POSTAGE 47,535 47,535 EQUIPMENT LEASE 35,396 35,396 OTHER 58,225 242 58,467 e All other expenses 7,954 644,938 831,605 1,484,497 25 Total functional expenses. Add lines 1 through 24e 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) . Form 990 (2013) Form 990 (2013) AMERICAN ASSOCIATION FOR STATE AND 39-0962197

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 103,774 147,513 Cash—non-interest bearing 23,102 26,890 2 2 Savings and temporary cash investments 184,432 9,950 Pledges and grants receivable, net 73,520 141,371 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use 46,605 86,698 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a
b Less: accumulated depreciation 10b 127,551 118,382 22,349 9,169 10c 11 Investments—publicly traded securities 874,663 1,335,793 12 12 Investments—other securities. See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 1,328,445 1,757,384 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 108,014 96,298 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 506,726 553,657 of Schedule D 603,024 661,671 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and or Fund Balances complete lines 27 through 29, and lines 33 and 34. -714,320 -357,974 Unrestricted net assets 28 Temporarily restricted net assets 1,381,094 1,512,334 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 666,774 33 1,154,360 Total net assets or fund balances 1,328,445 34 1,757,384 Total liabilities and net assets/fund balances Form 990 (2013)

orm	990 (2013) AMERICAN ASSOCIATION FOR STATE AND 39-0962197			Page	<u>e 12</u>
Pa	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>	<u>J</u> L
1	Total revenue (must equal Part VIII, column (A), line 12)	_1_		59,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		84,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		375,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		66,7	
5	Net unrealized gains (losses) on investments	5	1	12,2	114
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,1	L54,3	<u> 360</u>
Pa	rt XII. Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	* * * * . * * *		 	
			Paco 0.00	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," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?		2t	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		\$0000 \$0000		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1
-	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	: X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	,	3	<u>.</u>	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3		
				Form 99 0) (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN ASSOCIATION FOR STATE AND LOCAL HISTORY

Employer Identification number 39-0962197

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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(II). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Parl II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vI). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.) 8 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Non-functionally integrated b Type II a Type! By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes Νø (iil) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? [11g(iil) Provide the following Information about the supported organization(s). (Iv) is the organization (v) Did you notify (vi) is the (vil) Amount of monetary fill) Type of organization (I) Name of supported **60 EIN** the organization in organization in col in col. (I) listed in your (described on lines 1-9 noilesinegro col. (I) of your (I) organized in the above or IRC section governing document? U.S.7 support? (see Instructions)) Yes Yes (A) (B) (C)

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

Schedule A (Form 990 or 990-EZ) 2013

(D)

(E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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. Section B. Total Support (d) 2012 (e) 2013 (f) Total (a) 2009 (b) 2010 (c) 2011 Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain In Part IV.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2012 Schedule A, Part II, line 14 16a 33 1/3% support test—2013, If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

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.)

	ion A. Public Support						
Calen	dar year (or fiscal year beginning In) 🕨 👚	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,120,565	940,453	1,041,398	945,297	809,918	4,857,631
	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	431,310	427,034	575,350	552,294	933,666	2,919,654
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	<u> </u>					
6	Total. Add lines 1 through 5	1,551,875	1,367,487	1,616,748	1,497,591	1,743,584	7,777,285
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			_			
	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						
	Add lines 7a and 7b						
В	Public support (Subtract line 7c from						7,777,285
500	line 6.) tion B. Total Support	<u> </u>	**************************************			<u> </u>	1 7,777,203
	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
		1,551,875	1,367,487	1,616,748	- ''	· · · · ,	
9	Amounts from line 6	.1,551,675	1,307,407	170107710	1,131,7022	2,.22,20	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	161,041	219,502	26,893	29,767	52,166	489,389
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		_	·			
С	Add lines 10a and 10b	161,041	219,502	26,893	29,787	52,160	489,389
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	28,851	49,288			<u> </u>	78,139
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,741,767	1,636,277				8,344,813
14	First five years. If the Form 990 is for the organization, check this box and stop her		t, second, third, fo				> 🗋
Sec	tion C. Computation of Public Si	ipport Percen					
15	Public support percentage for 2013 (line 8			nn (f))		15	93.20%
16	Public support percentage from 2012 Sch						96.31%
	tion D. Computation of Investme					<u>_</u>	
17	Investment income percentage for 2013 (, column (f))	.,,	17	6 %
18	investment income percentage from 2012	Schedule A, Part	III, line 17			18	2 %
19a	33 1/3% support tests-2013. If the orga	nization did not ch	neck the box on lin	e 14, and line 15 i	s more than 33 1/3	3%, and line	
	17 is not more than 33 1/3%, check this b	ox and stop here.	. The organization	qualifies as a publ	licly supported org	anization	> X
b	33 1/3% support tests-2012. If the orga	ınization did not ci	neck a box on line	14 or line 19a, and	l line 16 is more th	ian 33 1/3%, and	
	line 18 is not more than 33 1/3%, check the	his box and stop h	nere. The organiza	tion qualifies as a	publicly supported	lorganization	▶ 🔲
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this b	ox and see instruc	tions	<u> </u>
							90 or 990-EZ) 2013

Schedule A (Fo	orm 990 or 990-EZ) 2013	AMERICAN	ASSOCIATIO	N FOR STA	TE AND 39	-0962197	Page 4
Part IV	Supplemental Info Part III, line 12. Also	rmation. Provid	e the explanation	ns required by P	art II, line 10; Pa	rt II, line 17a or 17	b; and
	******************************				,,,		
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

	(the organization		Employer identification number
AM	ERICAN ASSOCIATION FOR STATE AND		
LC	CAL HISTORY		<u> 39-0962197</u>
Pai	Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" to F	nds or Other Similar Funds or orm 990, Part IV, line 6.	Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		1
	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 properly, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
•	only for charitable purposes and not for the benefit of the donor or donor		
	conferring impermissible private benefit?		Yes No
Pa	rt Conservation Easements.		
\$35. \$.18 \$.	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check		
•	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically in	mportant land area
	Protection of natural habital	Preservation of a certified histo	
	Preservation of open space		
•	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a con-	servation
2	easement on the last day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		T
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure inc		1
	Number of conservation easements on a certained historic structure inc Number of conservation easements included in (c) acquired after 8/17/		
d			24
_	historic structure listed in the National Register Number of conservation easements modified, transferred, released, ex	dinguished, or terminated by the organic	
3		diliguished, or terminated by the organia	zanom danng me
	tax year >	loanted h	
4	Number of states where property subject to conservation easement is	ittering inapposing bandling of	
5	Does the organization have a written policy regarding the periodic mor	ntoning, inspection, nanding of	Yes No
	violations, and enforcement of the conservation easements it holds?	sing an expension agreements during the	woor
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	CING COlles validit easements during the	s you
	•	tian against during the uch	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements outling the year	.
	▶ \$	the requirements of continu 170(h)(A)(B	21
В	Does each conservation easement reported on line 2(d) above satisfy		
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easen	tents in its revenue and expense statem	it describes the
	balance sheet, and include, if applicable, the text of the footnote to the	olyanization's intancial statements tha	t describes the
200004400	organization's accounting for conservation easements. Organizations Maintaining Collections of Art	Historical Treasures or Othe	er Similar Assets
	organizations Maintaining Collections of Art Complete if the organization answered "Yes" to I	Form 990 Part IV line 8	A Ollimai Moodio.
			ad balanca aboot
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement an	id balance speet
	works of art, historical treasures, or other similar assets held for public	on the content of the	ne .
	public service, provide, in Part XIII, the text of the footnote to its finance	te report is the reviews statement and b	no. alance sheet
þ	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and o	ratherence of
	works of art, historical treasures, or other similar assets held for public	s exminition, education, or research in 10	MINERALIOE OF
	public service, provide the following amounts relating to these Items:		▶ ¢
	(I) Revenues included in Form 990, Part VIII, line 1 (II) Assets included in Form 990, Part X		Ψ
	(il) Assets included in Form 990, Part X	4	The state of the s
2	If the organization received or held works of art, historical treasures, or	or other similar assets for financial gain,	provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these Items:	. c
а	Revenues included in Form 990, Part VIII, line 1		
h	Assets Included in Form 990, Part X	, , , , , , , , , , , , , , , , , , ,	. <u></u>

Sched	ule D (Form 990) 2013 AMERICAN					Page 2		
	t III Organizations Maintaining					s (continued)		
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):							
a (Public exhibition	d 🔲 Loa	in or exchange progra	ams				
ь	Scholarly research	e 🗍 Oth	ier					
c	Preservation for future generations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
4	Provide a description of the organization's co	ollections and explain ho	w they further the org	ganization's exempt p	urpose in Part			
	XIII.	•						
	During the year, did the organization solicit o	r receive donations of a	rt, historical treasures	s, or other similar				
	assets to be sold to raise funds rather than to					Yes No		
Par	t IV Escrow and Custodial Arr		·					
· manager	Complete if the organization	n answered "Yes" to	Form 990, Part I	IV, line 9, or repor	rted an amount	on Form		
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermediar	y for contributions or o	other assets not				
	included on Form 990, Part X?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			******************	Yes No		
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table:		·			
						Amount		
C	Beginning balance				1c	<u> </u>		
	Additions during the year							
е	Distributions during the year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1e			
	Ending balance							
2a	Did the organization include an amount on F	orm 990, Part X, line 21	۱۶			Yes No		
b_	If "Yes," explain the arrangement in Part XIII	. Check here if the expla	anation has been pro-	vided in Part XIII				
Pa	nt V Endowment Funds.		- 000 B I	B 4 - Pos = - 4 O				
	Complete if the organization							
	-	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back			
	Beginning of year balance	815,426	885,984	909,401	1,226,15			
þ	Contributions	431,425	2,211	75,095	21	LU		
C	Net investment earnings, gains, and			45 252	210 5			
	losses	147,930	121,008	45,252	219,50	71		
	Grants or scholarships	-						
ę	Other expenditures for facilities and	110.000	100 555	142 764	475,00	20		
	programs	140,886	193,777	143,764				
f	Administrative expenses	1 053 005	015 426	885,984	970,6	53		
	End of year balance	1,253,895	815,426		370,0.	³³ 1		
	Provide the estimated percentage of the cur		line 1g, column (a)) n	leid as:				
	Board designated or quasi-endowment							
	Permanent endowment > %	%						
С	Temporarily restricted endowment ▶							
	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		on that are held and a	dministered for the				
зa		assion of the organization	on that are now and a	Ammotored for me		Yes No		
	organization by:					m //\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
	(i) unrelated organizations					- 100 TV		
I	(ii) related organizations If "Yes" to 3a(ii), are the related organization	ne listed as required on	Schedule R2			····		
D	Describe in Parl XIII the intended uses of the					.,,.		
# B	irt VI Land, Buildings, and Equ		Inight lands.					
	Complete if the organization	n answered "Yes" t	o Form 990. Part	IV. line 11a. See	Form 990, Par	t X, line 10.		
	Description of property	(a) Cost or other bas			Accumulated	(d) Book value		
Readilbrout or bioherta fall.		(investment)			spreciation			
-1-	Land	- 						
	Land Bulldings							
	Leasehold improvements	l l						
	Equipment	1						
	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part >	C, column (B), line 10	(c).)	>			

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" to F	orm 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 valuation: Cost or end-of-year market value
(1) Financial d	rtti		
* - *	Id equity interests		
(3) Other AV	WARDS, SCHOLARSHIPS & OTHER I	1,335,793	MARKET
(A)			
(B)	.,		·
(C)			
(D)			
<u>(E)</u>			
(F)	,		
(G)	,		
(H)	n (b) must equal Form 990, Part X, col. (B) líne 12.) ▶	1,335,793	
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line	11c. See Form 990, Part X, line 13.
 -	(a) Description of investment	(b) Book value	(c) Method of vatuation: Cost or end-of-year market vatue
(1)			OSA STONE OF YOUR MANAGE
(2)			
(3)			·
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.	· · · · · · · · · · · · · · · · · · ·	
600 55175315000000000	Complete if the organization answered "Yes" to F	orm 990, Part IV, line	11d. See Form 990, Part X, line 15.
	(a) Description	<u> </u>	(b) Book value
(1)			
(2)			-
(3)		·	
_(4)			
(5)		<u> </u>	
(6)			-
(8)			
(9)			
	in (b) must equal Form 990, Part X, col. (B) line 15.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
Part X	Other Liabilities.		·
	Complete if the organization answered "Yes" to I line 25.	-orm 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
1	(a) Description of liability	(b) Book value	
	income taxes		
-/-	RNED MEMBERSHIP DUES	293,313	
	RRED COMPENSATION	108,789	
	RNED REVENUE	104,624	
(5)			-
(6)		 	
. (7)	<u> </u>	 	-
(8)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	506,726	
2. Liability for	r uncertain tax positions. In Part XIII, provide the text of the foo		
organization's	a tiability for uncertain tax positions under FIN 48 (ASC 740). C	heck here if the text of the	footnote has been provided in Part XIII

		OR STATE AND		Page 4
	econciliation of Revenue per Audited Finance			
	omplete if the organization answered "Yes" to F e, gains, and other support per audited financial statement			1,972,084
	e, gains, and other support per addited infancial statement uded on line 1 but not on Form 990, Part VIII, line 12:	a ,,,,		1/5/2/004
	d gains on investments	2a	112,214	
	rices and use of facilities			
c Recoveries o	f prior year grants	2c		
	ibe in Part XIII.)		X	
	through 2d			112,214
3 Subtract line	2e from line 1		3	1,859,870
	luded on Form 990, Part VIII, line 12, but not on line 1:	4		
	xpenses not included on Form 990, Part VIII, line 7b		-1	
	ibe in Part XIII.)		4.5	-1
c Add lines 4a 5 Total revenue	and 46 e. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 12.)		1,859,869
Part XII Ro	econciliation of Expenses per Audited Finan	cial Statements With	Expenses per Returi	
Co	omplete if the organization answered "Yes" to F	orm 990, Part IV, line 1	2a.	
1 Total expens	es and losses per audited financial statements		1	1,484,498
2 Amounts inc	luded on line 1 but not on Form 990, Part IX, line 25:	· 1 • 1		
a Donated sen	vices and use of facilities			
b Prioryear ad	justments			
c Other losses				
	fibe in Part XIII.)			1
	through 2d			1,484,497
3 Subtract line 4 Amounts inc	2e from line 1			
	expenses not included on Form 990, Part VIII, line 7b	4a		
	ribe in Part XIII.)			
c Add lines 4a	and 4b		4c	
5 Total expens	ses. Add lines 3 and 4c. (This must equal Form 990, Part I	, line 18.)	5	1,484,497
Part XIII S	upplemental Information		· · · · · · · · · · · · · · · · · · ·	
Provide the descrip	otions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b and	2b; Part V, line 4; Part X,	ine
2, Part XI, lines 2d			INTOTOTALION	
3FT	and 4b; and Part XII, lines 2d and 4b. Also complete this	part to provide any additional 자근: 내이면이 이제 현무판	IIPN - OTHER	
PART XI,	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER	
PART XI,	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER	-1
	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER	-1
	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER	-1
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER	;**************************************
	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;**************************************
ROUNDING	LINE 4B - REVENUE AMOUNTS I	NCLUDED ON RET	URN - OTHER \$ NANCIALS - OT	;*************************************

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Schedule D (Fo	orm 990) 2013	AMERICAN	ASSOCIATION	FOR	STATE	AND	39-0962197	Page 5
Part XIII	Supplemen	ntal Information	(continued)					
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2013

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

AMERICAN ASSOCIATION FOR STATE AND

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

Open to Public Inspection

Employer Identification number

LOCAL HISTORY	39-0962197	
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT		
PUBLICATIONS: AASLH PUBLISHES NUMEROUS BOOKS THAT PROV	IDE A SOURCE OF	ب
INFORMATION, IDEAS, AND NEWS RELATED TO HISTORY.	***********	
	·	
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND T	HEIR RIGHTS	·
THE ORGANIZATION'S MEMBERS ELECT THE BOARD OF DIRECTOR	s.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS T	O REVIEW FORM S	990
A DRAFT COPY OF FORM 990 IS REVIEWED BY THE PRESIDENT,	DIRECTOR OF F	INANCE
AND THE AUDIT COMMITTEE PRIOR TO FILING TO ADHERE TO T	HE TAX FILING I	OUE
DATE, AND FULL BOARD ON BASECAMP.		

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS	POLICY	*********
ALL OFFICERS AND COUNCIL MEMBERS ARE REQUIRED TO READ	AND SIGN THE	4
ORGANIZATION'S CONFLICT OF INTEREST POLICY.		

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCL	OSURE EXPLANAT	ION
GOVERNING DOCUMENTS ARE LOCATED ON AASLH'S WEB SITE.	FORM 990 AND R	ELATED
FINANCIAL INFORMATION CAN BE FOUND ON BASECAMP		
	ORIUD	
FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES		
ROUNDING	Ş ,	1
BOOK / TAX DEPRECIATION DIFFERENCE	\$	-1