Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

	<u>A</u>	For th	e 2008 calendar year, or tax year beginning $$ JUL 1 , 2008 and ending	<u>JUN 30, 2009</u>	
Control Local History Same Bound History Same Bound Business Association Bound Business Bounds	В	Check if	C Name of organization	D Employer identifi	cation number
Continued Cont			USB INS AMERICAN ASSOCIATION FOR STATE AND		
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Nashville TN 37203				615-	
Part Summary Part Part Summary Part Part Summary Part		Amen	ded tions City or town, state or country, and ZIP + 4	G Gross receipts \$	<u>1,967,741.</u>
F Name and address of pnnopal officer*TERKY DAVIS High real alfalities include? Yes No Tax-exempt status XI 501(c) (3 ▼ (near no.) 4947(e)(1) or 527 High real alfalities include? Yes No If No.* attach a last, (see instructions) Websitze* WWM. ASSLID. ORG High Group exemption. The status XI 501(c) (3 ▼ (near no.) 4947(e)(1) or F Year of formation: 1940 M State of legal domicle. TN Part I Summary I Bnefty describe the organization's mission or most significant activities. TO PROMOTE THE FIELD OF HISTORY IN THE UNITED STATES AND CANADA. 2 Check the box ▼ (the government) body (Part VI, line 1a) 3 21 XI XI XI XI XI XI XI X		ltion	L MASHVIDDE, IN 37203	H(a) Is this a group re	
Jessempt status: \(\tilde{\		penai	F Name and address of principal officer TERRY DAVIS	for affiliates?	Yes X No
Verbeite:				H(b) Are all affiliates inc	cluded? Yes No
Type of organization				If "No," attach a	list. (see instructions)
Part Summary	J	Websi			
1 Bneffy describe the organization's mission or most significant activities. TO PROMOTE THE FIELD OF HISTORY IN THE UNITED STATES AND CANADA. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of volung members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of employees (Part V, line 2a) 7 Total activities (Part VIII, line 2a) 8 Total number of voluntiers (estimate if necessary) 8 Total number of voluntiers (estimate if necessary) 9 Total number of voluntiers (estimate if necessary) 10 Total number of employees (Part VIII, line 1b) 11 Total number of voluntiers (Part VIII, line 1b) 12 Total number of voluntiers (Part VIII, line 1b) 13 Total number of voluntiers (Part VIII, line 1b) 14 Total number of voluntiers (Part VIII, line 1b) 15 Total number of voluntiers (Part VIII, line 1b) 16 Prior Year 17 Other revenue (Part VIII, line 1b) 17 Other revenue (Part VIII, line 1b) 18 Prior Year 19 Prior Year 19 Prior Year 19 Prior Year 10 Current Year 10 Current Year 11 Other revenue (Part VIII, line 2b) 19 Prior Year 10 Current Year 11 Other revenue (Part VIII, line 2b) 10 Total revenue - add (Ines) Triorge 1-1/18/15/2b) 1 Priorge 1-1/1				<u>ear of formation: 1940 N</u>	A State of legal domicile: TN
TN THE UNITED STATES AND CANADA. 2 Check this box	LP:	art I			
b Net unrelated business taxable income from Form 990-T, line 34 To	ě	1		TE THE FIELD	OF HISTORY
b Net unrelated business taxable income from Form 990-T, line 34 To	anc		IN THE UNITED STATES AND CANADA.		
b Net unrelated business taxable income from Form 990-T, line 34 To	ern	2	Check this box	nore than 25% of its asset	
b Net unrelated business taxable income from Form 990-T, line 34 To	Š	3	Number of voting members of the governing body (Part VI, line 1a)	. 3	
b Net unrelated business taxable income from Form 990-T, line 34 To	**	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
b Net unrelated business taxable income from Form 990-T, line 34 To	es	5	Total number of employees (Part V, line 2a)	. 5	
b Net unrelated business taxable income from Form 990-T, line 34 To	E	6	•		
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue and lines 3 through 1 (A)			-	•	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 461, 404. 461, 435. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue add lines to most study and the study incolumn (A), line 12) 13 Grants and similar and intribute study and Part IX, column (A), line 12) 14 Benefits paid to or forgenerobers (Part IX, column (A), lines 1-3) 15 Salanes, other combenisation, employee benefits (Part IX, column (A), lines 4) 15 Salanes, other combenisation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundralising (Part IX, column (A), lines 4) 17 Other expenses (Part IX, column (A), lines 11a-11d-11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total assets or fund balances, Subtract line 18 from line 20 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total assets or fund balances, Subtract line 18 from line 20 27 Total liabilities (Part X, line 26) 28 Terms aname (or your lines) (Part IX)	ഞ_	b	Net unrelated business taxable income from Form 990-T, line 34		
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 64, 86, 9c, 10c, and 11e) 12 Total revenue - add lines through 1 Investment (Part IX, 20 Junn (A), line 12) 13 Grants and similar an addition of the part VIII, column (A), lines 1-3) 14 Benefits paid to or intripemblers (Part IX, 20 Junn (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, 20 Junn (A), lines 5-10) 16 a Professional fundraising (Part IX, 20 Junn (A), lines 11-116, 11f-24f) 17 Other expenses (Part IX, column (A), lines 11-116, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Part II Signature Block Part II Signature Block Preparer's Signature Of officer (speny), Idectices that I have a same feet benefits and complete Debraration of grapare (other-fina officer) is based on all information of which preparer has any knowledge and complete Debraration of grapare (other-fina officer) is based on all information of which preparer has any knowledge and complete Debraration of grapare (other-fina officer) is based on all information of which preparer has any knowledge and complete Debraration of grapare (other-fina officer) is based on all information of which preparer has any knowledge in the part of the part IX preparer's general complete Debraration of grapare (other-fina officer) is based on all information of which preparer has any knowledge in the part of the part IX preparer's general complete Debraration of grapare (other-fina officer) is based on all information of which preparer has any knowledge in the part of the par	₩				
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Beginning of Year End of Year					
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Part II Signature Block Under penalties of perjury, I declare that I have examiled this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Deparation of arreparer (other/than officer) is based on all information of which preparer has any knowledge Date Signature of officer Date TERRY DAVIS, EXECUTIVE DIRECTOR/CEO Type or plunt narrie and title Preparer's Signature Preparer's signature Preparer's GAINES FINANCIAL SERVICES, LLC PO BOX 150285 NASHVILLE, TN 37215 Phone no. ► (615) 279-0600 May the IRS discuss this return with the preparer shown above? (see instructions)	ts o		-		
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Under penaltites of berjury, I declare that I have examilied this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature Date				1,530,631.	1,134,330.
Sign Here Signature of officer Date	1	21 (11		nts, and to the hest of my knowled	ge and belief it is true, correct
Here Signature of officer Date			and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	dge	
Here Signature of officer Date	C:-	_		1 2	1/3/10
TERRY DAVIS, EXECUTIVE DIRECTOR/CEO Type or pi\nt name and title Preparer's signature Preparer's Signature Preparer's GAINES FINANCIAL SERVICES, LLC Firm's name (or yours if self-employed), address, and ZiP + 4 NASHVILLE, TN 37215 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (615) 279-0600	_		Signature of officer	Date	<i>!</i> ·
Type or pint name and title Paid Preparer's Use Only Paid Preparer's Use Only Preparer's Use Only Preparer's GAINES FINANCIAL SERVICES, LLC PO BOX 150285 NASHVILLE, TN 37215 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer's identifying number (see instructions) EIN Phone no. ▶ (615) 279-0600	пеі	E			
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Preparer's Use Only Signature Firm's name (or yours if self-employed), address, and ZiP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Signature Firm's name (or yours if self-employed), address, and ZiP + 4 PO BOX 150285 NASHVILLE, TN 37215 Phone no. ▶ (615) 279-0600			Prenarer's Date	Check if Prepare	
Use Only Sirm's name (or yours if self-employed), address, and ZIP + 4 PO BOX 150285 May the IRS discuss this return with the preparer shown above? (see instructions) Firm's name (or yours if SerVICES, LLC PO BOX 150285 NASHVILLE, TN 37215 Phone no. ▶ (615) 279-0600	Paid	j	signature & XOM YOUNG 511110	3011	structions)
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May the IRS discuss this return with the preparer shown above? (see instructions) NASHVILLE, TN 37215 Phone no. ▶ (615) 279 – 0600 X Yes No	Use	Only	self-employed), PO BOX 150285	<u> </u>	
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			l address and	Phone no. ▶ (615) 279-0600
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				instructions.	

	1990 (2008) LOCAL HISTORY 39-0962197 Page 2
<u> </u> Pa	rt III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission TO PROMOTE THE FIELD OF HISTORY IN THE UNITED STATES AND CANADA
	Did the organization undertake any significant program services during the year which were not listed on
2	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? If "Yes", describe these changes on Schedule O Yes X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:)(Expenses \$ 121,833. including grants of \$)(Revenue \$ 49,996.) PERIODICALS: AASLH PREPARES A MONTHLY NEWSLETTER AND A QUARTERLY MAGAZINE THAT ARE SENT TO APPROXIMATELY 6,300 MEMBERS TO PROVIDE A CLEARING HOUSE FOR THE EXCHANGE OF INFORMATION.
4b	(Code)(Expenses \$ 1,238,333.including grants of \$ 835,544.)(Revenue \$) ADVANCEMENT: AASLH MAINTAINS PROGRAMS TO INFORM THE PUBLIC ABOUT THIS ORGANIZATION. ALSO, THEY DEVELOP PROJECTS AND INITIATIVES TO ENCOURAGE THE PRESERVATION AND USE OF HISTORY. THIS INCLUDED AN ELECTRONIC BOOKSHELF FOR MUSEUM PROFESSIONALS AND AN ON-LINE ENCYCLOPEDIA PROJECT.
4c	(Code)(Expenses \$ 438,834. including grants of \$)(Revenue \$ 444,210.) EDUCATION PROGRAMS: AASLH ORGANIZES AN ANNUAL MEETING TO PROVIDE A FORUM FOR DISCUSSIONS ON HISTORY. THE ANNUAL MEETING LOCATION VARIES EACH YEAR. ALSO, AASLH PROVIDES NUMEROUS WORKSHOPS AND SEMINARS.
4d	Other program services. (Describe in Schedule O) (Expenses \$ 2,872. including grants of \$) (Revenue \$ 44,983.)
4e	1 001 000
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39-0962197 Page 3

Form 990 (2008) LOCAL HISTORY

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
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_	 	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	_9_		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		;	
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Х	ļ <u>-</u>
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
b		l		.
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	I		v
40	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46		х
47	located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	16 17		X
17 10	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
18 19	Did the organization report more than \$15,000 total on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization report more than \$13,000 on Fact Vin, line 32 in Fes, complete Schedule 4, Fact in Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization operate one of more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
	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 questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		Х
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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		_X
		C	വവ ഗ	0000

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Form 990 (2008) LOCAL HISTORY

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		<u>X</u>
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
		_	^^^	

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Form	990 (2008) LOCAL HISTORY 39-0962	<u> 197</u>	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			}
	U.S. Information Returns. Enter -0- if not applicable 1a 11			l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	_X_	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	L	X
b	If "Yes," enter the name of the foreign country. ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			l
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	_8_		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	<u>9a</u>		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>		
10	Section 501(c)(7) organizations. Enter N/A			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter N/A			
a	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		000	

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Form 990 (2008) LOCAL HISTORY 39-0962197 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management					
					Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describ	e the c	ırcumstances,			
	processes, or changes in Schedule O See instructions					
1a	Enter the number of voting members of the governing body	1a	2	L		
b	Enter the number of voting members that are independent	1b)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	7		
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t 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 organizational documents since the prior Fo	orm 990) was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers	of the			
	governing body?			7a	X	L
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken		the year			
	by the following					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?			9a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapte	ers, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All or	rganıza	tions must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	-		10	_X_	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be r	reached	d at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			11		X
Sec	tion B. Policies					
					Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that con	uld give	e nse			
	to conflicts?			12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, "	describe			
	ın Schedule O how this is done			12c	Х	
13	Does the organization have a written whistleblower policy?			13	ļ	X
14	Does 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 approve	al by ın	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official?			15a	X	
b	Other officers or key employees of the organization?			15b	X	
	Describe the process in Schedule O. (see instructions)			1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	ment w	nth a			
	taxable entity during the year?			16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluate the organization of the organization adopted a written policy or procedure requiring the organization to evaluate the organization of the organization adopted as written policy or procedure requiring the organization to evaluate the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization to evaluate the organization adopted as written policy or procedure requiring the organization to evaluate the organization adopted as written policy or procedure requiring the organization to evaluate the organization of the organization and the organization adopted as written policy or procedure requiring the organization and the organization and the organization adopted as the organization and the organiza					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızatı	on's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ TN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	T (501(d	c)(3)s only) availabl	e for		
	public inspection Indicate how you make these available. Check all that apply					
	Own website X Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict	of interest policy, a	ınd fina	incial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiz	ation 🕨		
	TERRY DAVIS - 615-320-3203					
	1717 CHURCH STREET, NASHVILLE, TN 37203					

Form 990 (2008) LOCAL HISTORY

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	ر ا		Position ck all that apply)			.1.4	Reportable	Reportable	Estimated	
	hours per week	Individual trustee or director	Institutional trustee			Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
SEE ATTACHED NON-COMPENS								0.	0.	0.	
RISA WOODWARD DIRECTOR OF FINANCE	40.00	v						48,019.	0.	0.	
TERRY DAVIS	40.00	^						40,013.	0.		
EXECUTIVE DIRECTOR & CEO	40.00			x		x		102,279.	0.	7,671	
		•									
		_					-				
							-				
			_								
							_				
			-	_							
				-							

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Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C) Compensation Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation	[a	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highe (A) (B) (C)				iest	(D)	ees (continuea) (E)			(F)				
Per Week Per Per		Name and title	,						, I.A	1	•	.			
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Ves F			per	1						from the organization	from related organization	s	con f orç ar	other npensa from th ganızat nd relat	ation ne tion ted
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Ves F															
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Ves F							_								
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Ves F															
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Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Ves F															
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Ves F															
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Ves F															
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation		Total number of individuals (including thos	e ın 1a) who re	ceıv	ed m	ore	tha	<u>▶</u> ın \$1	00,0			0.		7,6	<u>71.</u>
Inne 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (B) (C) Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation		compensation from the organization	•											Yes	No
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (B) (C) Compensation (C) Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation	3	line 1a? If "Yes," complete Schedule J for s	such individual										3		х
the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C) Compensation Name and business address Description of services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation		and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J 1</i>	for such individual	-		4		x
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation		the organization? If "Yes," complete Sched				rom	any	y urir	eiai	ed organization for serv			5		х
(A) Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation		Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of com	pens	ation	from	
		(A)	address								ervices	С			n
													_		
									1				_		
														-	
from the organization	2		<u> </u>	e in '	1) wh	no re	ecer	ved i	mor	e than \$100,000 ın com	pensation				

39-0962197 Page 9 Form 990 (2008) LOCAL HISTORY Part VIII Statement of Revenue (D) Revenue (B) (C) (A) Related or Unrelated Total revenue excluded from business exempt function tax under sections 512, revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 570,172. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 868,575. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 211,972. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 1650719. h Total. Add lines 1a-1f **Business Code** 2 a ANNUAL MEETING FEES 541900 224,199. 224,199 Program Service Revenue 220,011 220,011 541900 **b** SEMINARS 17,225. 17.225 SALES OF PUBLICATIONS 541900 f All other program service revenue 461,435. q Total, Add lines 2a-2f Investment income (including dividends, interest, and -243,977 -243977. other similar amounts) Income from investment of tax-exempt bond proceeds 44,983. 44,983 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** <u>32,7</u>71. 11 a SALES OF ADVERTISING 541800 <u>32,771</u>. 13,775 13,775. 541900 ь MISCELLANEOUS REVENUE c SALES OF LABELS 541860 8,035 8,035. d All other revenue 54,581 e Total. Add lines 11a-11d 520,193. 40,806. -243977. 1967741 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	157,969.	31,122.	118,312.	<u>8,535.</u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	332,833.	218,119.	114,714.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	13,137.	8,486.	4,651.	
9	Other employee benefits	51,756.	23,580.	27,398.	778.
10	Payroll taxes	35,290.	17,993.	16,695.	602.
11	Fees for services (non-employees)				
а	Management _				
b	Legal _				
С	Accounting	14,003.	12,312.	1,475.	216.
d	Lobbying	21,000.	21,000.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	83,304.	83,304.		
12	Advertising and promotion				
13	Office expenses		<u> </u>		
14	Information technology				
15	Royalties				
16	Occupancy _	42,089.	21,478.	19,894.	<u>717.</u>
17	Travel	123,075.	123,075.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	· · · · · · · · · · · · · · · · · · ·			
19	Conferences, conventions, and meetings	63,402.	52,561.	10,841.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,591.	3,240.	3,240.	111.
23	Insurance	15,471.	7,830.	7,375.	266.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	BOOK PURCHASES	536,357.	536,357.		
b	COST OF GOODS SOLD	221,671.	221,671.		
c	MISCELLANEOUS	136,314.	84,091.	50,649.	1,574.
d	SHIPPING/POSTAGE/PRINTI	112,882.	87,326.	20,664.	4,892.
e	PRINTING	87,890.	72,826.	12,874.	2,190.
	All other expenses	251,048.	175,501.	73,216.	2,331.
25	Total functional expenses Add lines 1 through 24f	2,306,082.	1,801,872.	481,998.	22,212.
26	Joint Costs Check here ▶ ☐ If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
					Farm 990 (2008)

Part X Balance Sheet (A) Beginning of year End of year 75,854 118,515. Cash - non-interest-bearing 162,875. 153,013. 2 Savings and temporary cash investments 2 162,022. 163,594. Pledges and grants receivable, net 55,440. 37,969. 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 97,184. 85,415. Prepaid expenses and deferred charges 9 77,506. 10a 10a Land, buildings, and equipment: cost basis b Less accumulated depreciation. Complete 54,042. 28,304. 23,464. 10b 10c Part VI of Schedule D 11 Investments - publicly traded securities 11 1,141,403. 1,481,638 12 Investments other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 2,053,120 1,733,570. 16 Total assets. Add lines 1 through 15 (must equal line 34) 69,<u>770</u>. 115,462. Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow account liability. Complete Part IV of Schedule D 21 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 14,716. 11,446. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable 24 437,943 414,312. Other liabilities. Complete Part X of Schedule D 25 25 522,429. 541,220. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <u>-49,67</u>1. -307,000. 27 27 Unrestricted net assets 220,980. 43,191. 28 Temporarily restricted net assets 28 ,359,382. 1,456,159. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 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 31 32 32 Retained earnings, endowment, accumulated income, or other funds 1,530,691. 1,192,350. 33 33 Total net assets or fund balances 2,053,120 1,733,570. Total liabilities and net assets/fund balances **Financial Statements and Reporting** Yes No X Accrual Other Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? X 2c 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 X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? Form **990** (2008)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008 Open to Public

Inspection

Schedule A (Form 990 or 990-EZ) 2008

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	e organization is not a private foundation because it is: (Please check only one organization.)												
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed ın se	ection 170	(b)(1)(A)(i)).				
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3				tal service organization			170(b)(1)	(A) (iii). (At	tach Sche	dule H.)			
4			· ·	operated in conjunction							ne hospital	's name	Э,
		city, and stat	_	•							•		
5		-		benefit of a college or u	niversity o	wned or o	perated by	a governi	mental uni	t describe	d ın		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)				-					
6				ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7			•	eives a substantial part					or from the	general p	ublic desc	nbed in	1
		•	b)(1)(A)(vi). (Comple	•			ŭ						
8				section 170(b)(1)(A)(vi).	(Complete	Part II)							
9	X	-		eives: (1) more than 33			rom contr	butions, n	nembershi	p fees, and	d aross re	ceipts f	rom
•		=	· ·	nctions - subject to certa									
				axable income (less sec									
			509(a)(2). (Complete			,		20qa., oa 2	, uno orgo			.,	•
10				perated exclusively to te	st for publ	ic safety 5	See sectio	n 509(a)(4	4) (see ins	tructions)			
11	Ħ	•	•	perated exclusively for the	-	-			•	•	ournoses o	of one o	ır
• •		•	•	ations described in secti						•	-		•
		, ,		organization and compl		•		-) Occ se ()eoc 110113	ajjoj. Onci	ok the box	titat	
		a Type I	· · · · · · · · · · · · · · · · · · ·	- , '	Typ			tearsted		4	Type III - 0	Other	
6	\Box			it the organization is not			•	-	r more dis		,.		,
	-	_		han one or more publicly									•
	:		_	ten determination from t		_				3(a)(1) UI 3	ection sos	η(α)(Σ).	
1		_	rganization, check th		uie ino liik	аннаату	pe i, Type	ii, oi Type	5 111				
_					ov aft or o	ontabution	from any	of the fell	owing non	cone?			
ç	,	-		organization accepted ar irectly controls, either al			_					Yes	No
				upported organization?	one or tog	eniei wini	persons c	Jeschbeu	iii (ii) aiiu (iii) below,	11g(i)	165	140
		•		•	,						T	1	
				n described in (i) above?		•0	•				11g(ii)		
		• •		person described in (i) o							11g(iii)	<u> </u>	
h)	Provide the to	ollowing information	about the organizations	the organ	ization sup	oports.						
/6"	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	notify the	(vi) ls	the	(vii) An	nount of	
(1)		inization	(ii) Eiiv	organization (described on lines 1-9		sted in your			Lorganizatio	on in col.		port	
	·			above or IRC section	governing	document?	(i) of you	support?	(i) organız U.S	.7	•	•	
				(see instructions))	Yes	No	Yes	No	Yes	No			
									ļ				
												_	
			-							 	_		
					Į	,	[1	1	1 1			

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

	irt II Support Schedule for	Organization:	s Described in	Sections 170)(b)(1)(A)(iv) an	d 170(b)(1)(A)(s	vi)
	(Complete only if you checke	-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~ · · · · · · · · · · · · · · · · · · ·	,
Sec	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and		,9,200	(5)		3-4	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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 - 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)						
6	Public Support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
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 carned on				ļ		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10				<u> </u>	ļ ,	
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	· ·	s first, second, the	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. \Box
200	organization, check this box and storection C. Computation of Publ		roontago				
				l (A)		144	
	Public support percentage for 2008 (column (t))		14	<u>%</u>
	Public support percentage from 2007 33 1/3% support test - 2008. If the co			n line 12 and line	14 is 33 1/304 or a	15	
108	stop here. The organization qualifies				14 15 33 1/3/6 01 1	nore, check this be	x and ►
h	33 1/3% support test - 2007. If the c		=		d line 15 is 33 1/3%	6 or more check th	nis box
U	and stop here. The organization qual	-			J III 10 13 13 00 1707	o of more, effect to	▶ □
172	10% -facts-and-circumstances tes		• • •		e 13, 16a or 16b	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						>
.	10% -facts-and-circumstances tes	•	· ·		-	17a and line 15 is	10% or
U	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization		-	-			s 🕌

Schedule A (Form 990 or 990-EZ) 2008 LOCAL HISTORY 39-0962197 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 743,401 847,873. 942,316 2,345,850, 6.552.810. 1 673 370 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 518,718. organization's tax-exempt purpose 272,235. 369,981 303,134. 451,212 1 915 280 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 - 5 1,015,636 1,217,854, 1,245,450 2,864,568 2,124,582 8,468,090, 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9. 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 8.468.090. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 1,245,450 8,468,090. 1,015,636 1,217,854 2,864,568 2 124 582 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 115,012. 251,688. -88.877-243977 134,532. 100,686. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 115,012. 251,688. -88,877 -243977 100,686. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is 47,922 49,717. 42,431 57.578 40,806. 238,454. regularly carned on 12 Other income. Do not include gain or loss from the sale of capital 71,121 51,232 93,295 11,773 13,775 241,196. assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11, and 12) 9 082 272. 14 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 93.24 % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 81.78 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 1.48 17 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % 10.49 18 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ▶ X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 19 a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

AMERICAN ASSOCIATION FOR STATE AND

Employer identification number 39-0962197

Pa	t I Organizations Maintaining Donor Advised	I Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 w	riting that the assets held in donor adv	vised funds
•	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ad		be used only
•	for chantable purposes and not for the benefit of the donor or	•	
Pa			
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or ple		nistorically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conse	rvation contribution in the form of a co	onservation easement on the last day
_	of the tax year.		,
	· · · · · · · · · · · · · · · · · · ·		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru-	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	• •	2d
3	Number of conservation easements modified, transferred, rele		
Ū	year >	2002, 074gc.002, 0. 107202 2, 1	
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		- and
9	enforcement of the conservation easements it holds?	odio monitoring, mopostion, violatione,	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and	d enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and el		
8	Does each conservation easement reported on line 2(d) above		
Ŭ	and section 170(h)(4)(B)(ii)?	, 	Yes No
9	In Part XIV, describe how the organization reports conservation	n easements in its revenue and expen	
•	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edit		
	the footnote to its financial statements that describes these ite		
b	If the organization elected, as permitted under SFAS 116, to re	eport in its revenue statement and bala	ance sheet works of art, historical treasures,
_	or other similar assets held for public exhibition, education, or		
	these items.	, , , , , , , , , , , , , , , , , , , ,	
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treat	sures, or other similar assets for finance	
_	the following amounts required to be reported under SFAS 11		
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		► \$ ► \$
_			

Sche	dule D (Form 990) 2008 LOCAL H					962197 Page 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical T	reasures, or Oth	<u>ner Similar Ass</u>	sets (continued)
3	Using the organization's accession and other	r records, check any	of the following th	at are a significant u	se of its collection	items (check all
	that apply)					
а	Public exhibition	d	Loan or ex	change programs		
b	Scholarly research	е	Other			
C	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explair	n how they further	the organization's ex	empt purpose in P	art XIV.
5	During the year, did the organization solicit of	r receive donations of	of art, historical tre	asures, or other simil	ar assets	
	to be sold to raise funds rather than to be m		•		··	Yes No
Par	t IV Trust, Escrow and Custodial		 Complete if organ 	nization answered "Y	es" to Form 990, F	Part IV, line 9, or
	reported an amount on Form 990, Pa					
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contributio	ns or other assets n	ot included	— —
	on Form 990, Part X?				L	Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				<u>1e</u>	
f	Ending balance				<u>_1f</u>	
2 a	Did the organization include an amount on F		21?	•	i.	Yes No
$\overline{}$	If "Yes," explain the arrangement in Part XIV			000 D. M. L 40		
Pai	t V Endowment Funds. Complete			T	L n There was be	-t. () T bl-
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bar	ck (e) Four years back
1a	Beginning of year balance			 		
Ь	Contributions					
С	Investment earnings or losses	_		-		<u> </u>
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					-
f	Administrative expenses					<u> </u>
g	End of year balance				<u> </u>	l
2	Provide the estimated percentage of the year	r end balance held a				
a	Board designated or quasi-endowment	0/	_%			
b	Permanent endowment	% %				
C		, -	tion that are hold	and administered for	the erganization	
за	Are there endowment funds not in the posse	ession of the organiza	ation that are neid	anu auministereu ioi	trie organization	Voc. No.
	by.					3a(i)
	(i) unrelated organizations				•	3a(ii)
	(ii) related organizations	a lintad on required o	n Cahadula D2	•		3b
D	If "Yes" to 3a(ii), are the related organizations					30
Par	t VI Investments - Land, Building			0 Part X line 10		
_ a		(a) Cost or of			Depreciation	(d) Book value
	Description of investment	basis (investr	1 ''	s (other)	Dopreciation	(u) Dook value
	Land	223.0 (3011)		\- \\	•	
	Land Buildings					
D	Leasehold improvements				-	
ت س	Equipment	56	929.		45,223.	11,706.
	Other	20,			8,819.	11,758.
	Add lines 1a.1e (Column (d) should equal Fr				0,010.	23.464.

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 LOCAL HISTO	RY		39	-0962197	Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12				
(a) Description of security or category (including name of security)	(b) Book value		Method of valua end-of-year mark		
Financial derivatives and other financial products				· · · · · · · · · · · · · · · · · · ·	
Closely-held equity interests					
Other				·	
AWARDS, SCHOLARSHIPS & OTHER	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
INVEST	1,141,403.	END-OF-YEA	R MARKET	VALUE	
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	1,141,403.				
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13	3.			
(a) Description of investment type	(b) Book value		Method of valua		
		Cost or	end-of-year mark	ket value	
	_				
				•	
		<u> </u>			
				··· -	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line					
(a)	Description			(b) Book val	ue
		<u>-</u>			
			-		
Total. (Column (b) should equal Form 990, Part X, col (B) lin			<u> </u>		
Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability	ine 25	(h) Amazunt			
		(b) Amount			
Federal income taxes		250 022			
UNEARNED MEMBERSHIP DUES UNEARNED REVENUE		258,033. 156,279.			
UNEARNED REVENUE		150,279.			
· · · · · · · · · · · · · · · · · · ·					
Total. (Column (b) should equal Form 990, Part X, col (B) lin	ne 25)	414,312.			
In Part XIV, provide the text of the footnote to the organizat	tion's financial statements	that reports the organiz	ation's liability for	r uncertain tax no	sitions

Sche	dule D (Form 990) 2008 LOCAL HISTORY				3	9-0	962197	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Fina	ncial Sta	temen				
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			1,967	741.
2	Total expenses (Form 990, Part IX, column (A), line 25)		•	2			2,306	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	•	•	3				,341.
4	Net unrealized gains (losses) on investments	• •	••	4				
5	Donated services and use of facilities	•		5				
6	Investment expenses	•		6				
7	Pnor period adjustments	•	•	7				
8	Other (Describe in Part XIV)	•		8			-	
9	Total adjustments (net). Add lines 4-8		•	9				0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10		,	-338	341.
	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	/ith Reve	nue p	er Ret	um		
1	Total revenue, gains, and other support per audited financial statements					1	1,967	741.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12							
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV)	2d]			
е	Add lines 2a through 2d			-	2	2e		0.
3	Subtract line 2e from line 1				[3	1,967	741.
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	4a						
b	Other (Describe in Part XIV)	4b				-		
С	Add lines 4a and 4b			<u> </u>		4c		0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)					5	1,967	741.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents \	With Exp	enses	per R	etur	n	
1	Total expenses and losses per audited financial statements					1	2,306	<u>.082.</u>
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	2b						
c	Losses reported on Form 990, Part IX, line 25	2c		_				
đ	Other (Describe in Part XIV)	2d						
е	Add lines 2a through 2d					2e		0.
3	Subtract line 2e from line 1					3	2,306	<u>,082.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV)	4b	1					
C	Add lines 4a and 4b				4	1c		0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)					5	2,306	<u>.082.</u>
Par	t XIV Supplemental Information							
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II, lines	1a and 4; P	art IV, lır	nes 1b a	and 21	o; Part V, line	4, Part
X; Pa	t XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.							
								
					 -			
		· · ·				-		
			 _					

SCHEDULE O (Form 990)

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Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

AMERICAN ASSOCIATION FOR STATE AND LOCAL HISTORY

Employer identification number 39-0962197

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PUBLICATIONS: AASLH PUBLISHES NUMEROUS BOOKS THAT PROVIDE A SOURCE OF
INFORMATION, IDEAS, AND NEWS RELATED TO HISTORY.
EXPENSES \$ 2872. INCLUDING GRANTS OF \$ 0. REVENUE \$ 44983.
FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S MEMBERS ELECT THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 10: A DRAFT COPY OF FORM 990 IS
REVIEWED BY THE EXECUTIVE DIRECTOR, TREASURER AND DIRECTOR OF FINANCE PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS AND COUNCIL MEMBERS
ARE REQUIRED TO READ AND SIGN THE ORGANIZATION'S CONFLICT OF INTEREST
POLICY ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS AND APPROVES THE
OFFICER'S SALARIES.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE LOCATED ON
AASHL'S WEB SITE. FORM 990 AND RELATED FINANCIAL INFORMATION CAN BE FOUND
ON GUIDESTAR'S WEB SITE.
FORM 990, PAGE 11, PART XI, LINE 2C
NO CHANGES HAVE BEEN MADE TO THE ORGANIZATION'S AUDIT OVERSIGHT
COMMITTEE

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Internal Revenue Service	rom sso or to provide				Inspection
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