

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

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning Jul 1, 2013, **and ending** Jun 30, 2014

B Check if applicable:	C Name of organization WESTERN RESERVE HISTORICAL SOCIETY	D Employer Identification Number 34-0714724
<input type="checkbox"/> Address change	Doing Business As	E Telephone number (216) 721-5722
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10825 EAST BOULEVARD	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code CLEVELAND OH 44106	G Gross receipts \$7,147,802.
<input type="checkbox"/> Terminated	F Name and address of principal officer: KELLY FALCONE HALL WRHS CLEVELAND OH 44106	
<input type="checkbox"/> Amended return		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶	WRHS.ORG	
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1867 M State of legal domicile: OH

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>WESTERN RESERVE HISTORICAL SOCIETY PRESERVES AND USES ITS COLLECTIONS, HISTORIC SITES, AND MUSEUMS TO INSPIRE PEOPLE TO DISCOVER THE AMERICAN EXPERIENCE BY EXPLORING THE TANGIBLE HISTORY OF NORTHEAST OHIO.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	141
	6	Total number of volunteers (estimate if necessary)	6	522
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	129,931.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-92,268.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,582,661.	3,248,446.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	620,089.	710,461.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	312,531.	585,169.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	419,787.	583,217.
	12		5,935,068.	5,127,293.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,367,688.	2,585,916.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 330,011.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,542,720.	2,719,409.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,910,408.	5,305,325.	
19	Revenue less expenses. Subtract line 18 from line 12	1,024,660.	-178,032.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	37,908,715.	39,770,913.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,478,893.	1,052,170.
			36,429,822.	38,718,743.

Part II Signature Block

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

Sign Here	▶ SIGNED COPY AVAILABLE UPON REQUEST				
	Signature of officer	Date			
	▶ MARY THOBURN, CPA				
	Type or print name and title.				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ Self-Prepared				
	Firm's address			Firm's EIN ▶	
				Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

REFER TO SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior

Form 990 or 990-EZ? Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,017,200. including grants of \$ 0.) (Revenue \$ 1,729,090.)

HISTORY LIBRARY AND MUSEUMS - SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,035,225. including grants of \$ 0.) (Revenue \$ 639,847.)

HALE FARM & VILLAGE - SEE SCHEDULE O

4c (Code:) (Expenses \$ 71,785. including grants of \$ 0.) (Revenue \$ 300.)

OTHER PROPERTIES - SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,124,210.

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)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		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? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		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? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2013)

Part 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

Table with columns for line number, description, and Yes/No boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and deductible contributions.

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-1b, 2-9 regarding governing body composition and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a-16b regarding organizational policies on chapters, conflicts of interest, whistleblower, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Ohio
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

MARY M. THOBURN CPA CFO 10825 EAST BOULEVARD CLEVELAND OH 44106 (216) 721-5722

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

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

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

1 a 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONALD J. DAILEY CHAIRMAN	1.00	X		X				0.	0.	0.
(2) GLENN G. ANDERSON, JR. VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(3) GREGORY M. JELINEK SECRETARY	1.00	X		X				0.	0.	0.
(4) MARK W. BICHE TREASURER	1.00	X		X				0.	0.	0.
(5) FREDERICK ASBECK DIRECTOR	1.00	X						0.	0.	0.
(6) GREGORY R. BEAN DIRECTOR	1.00	X						0.	0.	0.
(7) CYNTHIA BRUML DIRECTOR	1.00	X						0.	0.	0.
(8) GROSVIE R. COOLEY DIRECTOR	1.00	X						0.	0.	0.
(9) LIN EMMONS DIRECTOR	1.00	X						0.	0.	0.
(10) GINA HAMISTER DIRECTOR	1.00	X						0.	0.	0.
(11) EDITH F. HIRSCH DIRECTOR	1.00	X						0.	0.	0.
(12) ROBERT H. JACKSON DIRECTOR	1.00	X						0.	0.	0.
(13) HENRI PELL JUNOD, JR. DIRECTOR	1.00	X						0.	0.	0.
(14) BETTY J. KEMPER DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TERRY KOVEL DIRECTOR	1.00	X					0.	0.	0.	
(16) J. RODERICK MACDONALD DIRECTOR	1.00	X					0.	0.	0.	
(17) WENDY HOGE NAYLOR DIRECTOR	1.00	X					0.	0.	0.	
(18) LEE POSEIDON DIRECTOR	1.00	X					0.	0.	0.	
(19) KURT SCHUERING DIRECTOR	1.00	X					0.	0.	0.	
(20) SHIRLEY SMITH SEATON DIRECTOR	1.00	X					0.	0.	0.	
(21) DAVID STAHL DIRECTOR	1.00	X					0.	0.	0.	
(22) DAVID L. STASHOWER DIRECTOR	1.00	X					0.	0.	0.	
(23) CONGRESSMAN LOUIS STOKES DIRECTOR	1.00	X					0.	0.	0.	
(24) THOMAS V. H. VAIL, JR. DIRECTOR	1.00	X					0.	0.	0.	
(25) MYRON T. VERNIS DIRECTOR	1.00	X					0.	0.	0.	
1 b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							319,313.	0.	0.	
d Total (add lines 1b and 1c)							319,313.	0.	0.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1										

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	3 X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SCAPAROTTI CONSTRUCTION GROUP LLC 5910 LANDERBROOK DR. CLEVELAND OH 44124	CONSTRUCTION CONTRACTOR	300,822.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b 157,434.					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions) . .	1 e 477,268.					
	f All other contributions, gifts, grants, and similar amounts not included above . .	1 f 2,613,744.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶		3,248,446.				
PROGRAM SERVICE REVENUE			Business Code				
	2 a <u>ADMISSIONS & PARKING</u>	900099	535,818.	535,818.	0.	0.	
	b <u>FEE FOR SERVICE</u>	900099	174,643.	174,643.	0.	0.	
	c						
	d						
	e						
	f All other program service revenue . . .						
	g Total. Add lines 2a-2f ▶		710,461.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) ▶		415,145.	0.	0.	415,145.	
	4 Income from investment of tax-exempt bond proceeds . . ▶						
	5 Royalties ▶						
	6 a Gross rents	(i) Real	(ii) Personal				
		267,290.					
		b Less: rental expenses					
		c Rental income or (loss)	267,290.				
	d Net rental income or (loss) ▶			267,290.	0.	0.	267,290.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,915,015.	27,953.				
		b Less: cost or other basis and sales expenses	1,772,944.				
		c Gain or (loss)	142,071.	27,953.			
	d Net gain or (loss) ▶			170,024.	27,953.	0.	142,071.
	8 a Gross income from fundraising events (not including . . \$ 0 . . of contributions reported on line 1c). See Part IV, line 18.	a	237,967.				
		b Less: direct expenses	b	72,954.			
c Net income or (loss) from fundraising events ▶				165,013.	0.	165,013.	
9 a Gross income from gaming activities. See Part IV, line 19.	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
10 a Gross sales of inventory, less returns and allowances	a	175,351.					
	b Less: cost of goods sold	b	174,611.				
	c Net income or (loss) from sales of inventory ▶			740.	740.	0.	0.
Miscellaneous Revenue		Business Code					
11 a <u>FOOD SERVICE REVENUE</u>	722320	129,931.	0.	129,931.	0.		
b <u>INSURANCE PROCEEDS</u>	900099	20,243.	20,243.	0.	0.		
c							
d All other revenue							
e Total. Add lines 11a-11d ▶			150,174.				
12 Total revenue. See instructions ▶			5,127,293.	759,397.	129,931.	989,519.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	351,152.	31,592.	319,560.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages	1,891,738.	1,473,667.	214,362.	203,709.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	34,189.	25,341.	6,641.	2,207.
9 Other employee benefits	146,316.	112,149.	17,575.	16,592.
10 Payroll taxes	162,521.	110,504.	37,030.	14,987.
11 Fees for services (non-employees):				
a Management				
b Legal	20,528.	0.	20,528.	0.
c Accounting	18,500.	0.	18,500.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	88,713.	51,575.	37,090.	48.
12 Advertising and promotion	57,801.	52,021.	2,890.	2,890.
13 Office expenses	78,500.	33,366.	44,014.	1,120.
14 Information technology	46,189.	34,112.	11,810.	267.
15 Royalties				
16 Occupancy	522,860.	478,546.	22,157.	22,157.
17 Travel	15,240.	11,536.	2,905.	799.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,133.	5,344.	2,308.	4,481.
20 Interest	15,241.	11,736.	3,505.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,135,406.	1,080,195.	53,744.	1,467.
23 Insurance	96,008.	86,408.	4,800.	4,800.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a <u>DIRECTORS EXPENSE</u>	8,348.	1,138.	7,190.	20.
b <u>REPAIRS & MAINTENANCE</u>	94,170.	88,016.	3,077.	3,077.
c <u>SECURITY</u>	59,754.	54,322.	2,716.	2,716.
d <u>POSTAGE & SHIPPING</u>	20,440.	4,336.	7,667.	8,437.
e All other expenses	429,578.	378,306.	11,035.	40,237.
25 Total functional expenses. Add lines 1 through 24e.	5,305,325.	4,124,210.	851,104.	330,011.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	303,053.	1	80,571.
	2	Savings and temporary cash investments	858,595.	2	1,223,733.
	3	Pledges and grants receivable, net	994,149.	3	1,166,741.
	4	Accounts receivable, net	71,923.	4	144,972.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	101,596.	8	100,555.
	9	Prepaid expenses and deferred charges	24,532.	9	42,143.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,547,532.		
	10b	Less: accumulated depreciation	10b 10,434,923.		
	11	Investments — publicly traded securities	14,739,311.	11	16,616,941.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,786,917.	15	7,282,648.
16	Total assets. Add lines 1 through 15 (must equal line 34)	37,908,715.	16	39,770,913.	
LIABILITIES	17	Accounts payable and accrued expenses	267,655.	17	114,169.
	18	Grants payable		18	
	19	Deferred revenue	102,367.	19	92,651.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	914,518.	23	765,698.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	194,353.	25	79,652.
	26	Total liabilities. Add lines 17 through 25	1,478,893.	26	1,052,170.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	14,109,902.	27	13,470,153.
	28	Temporarily restricted net assets	7,630,851.	28	9,921,136.
	29	Permanently restricted net assets	14,689,069.	29	15,327,454.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances.	36,429,822.	33	38,718,743.
	34	Total liabilities and net assets/fund balances.	37,908,715.	34	39,770,913.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,127,293.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,305,325.
3	Revenue less expenses. Subtract line 2 from line 1	3	-178,032.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,429,822.
5	Net unrealized gains (losses) on investments	5	2,466,953.
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	38,718,743.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 b	Were the organization's financial statements audited by an independent accountant?	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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	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?		X
3 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		

BAA

2013

Department of the Treasury
Internal Revenue Service

Name of the Organization WESTERN RESERVE HISTORICAL SOCIETY	Employer Identification number 34-0714724
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Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26 CRAIG OWEN WHITE DIRECTOR	1.00	X						0.	0.	0.
27 KELLY FALCONE-HALL PRESIDENT & CEO	35.00			X				82,783.	0.	0.
28 MARY M. THOBURN, CPA CFO	35.00			X				92,142.	0.	0.
29 GAINER B. DAVIS, PHD FORMER PRESIDENT/CEO	35.00						X	144,388.	0.	0.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ 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.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization WESTERN RESERVE HISTORICAL SOCIETY	Employer identification number 34-0714724
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III — Functionally integrated
 - d Type III — Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,901,327.	2,743,053.	5,660,609.	4,582,661.		15,887,650.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3	2,901,327.	2,743,053.	5,660,609.	4,582,661.		15,887,650.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						15,887,650.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,901,327.	2,743,053.	5,660,609.	4,582,661.		15,887,650.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,830,875.	1,138,317.	594,718.	566,017.		7,129,927.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	31,354.	43,552.	66,684.		141,590.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,066,894.	829,729.	753,843.	719,706.		3,370,172.
11 Total support. Add lines 7 through 10						26,529,339.
12 Gross receipts from related activities, etc (see instructions)					12	
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	59.89 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	50.68 %
16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 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 ▶ <input type="checkbox"/>		
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 organization ▶ <input type="checkbox"/>		
b 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 ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6.).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total Support. (Add lns 9,10c, 11 and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2012 Schedule A, Part III, line 15. - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 - 18 - %

19a 33-1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Line 10: Description: PROGRAM SERVICE

Pt II Line 10: 2009: 526904.

Pt II Line 10: 2010: 501037.

Pt II Line 10: 2011: 402614.

Pt II Line 10: 2012: 505376.

Pt II Line 10: Description: SPECIAL EVENTS, NET

Pt II Line 10: 2009: 100697.

Pt II Line 10: 2010: 136709.

Pt II Line 10: 2011: 115214.

Pt II Line 10: 2012: 54704.

Pt II Line 10: Description: RETAIL SALES, NET

Pt II Line 10: 2009: 62641.

Pt II Line 10: 2010: 79263.

Pt II Line 10: 2011: 60397.

Pt II Line 10: 2012: 44913.

Pt II Line 10: Description: OTHER REVENUE

Pt II Line 10: 2009: 376652.

Pt II Line 10: 2010: 112720.

Pt II Line 10: 2011: 175618.

Pt II Line 10: 2012: 114713.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		15,000.
j Total. Add lines 1c through 1i.			15,000.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2 a	
b Carryover from last year	2 b	
c Total	2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Pt II-B Line 1 THE SOCIETY HAS ENGAGED THE SERVICES OF STATE LOBBYISTS
 DURING THE FISCAL YEAR TO LOBBY IN SUPPORT OF THE
 SOCIETY'S REQUESTS FOR SUPPORT THROUGH THE STATE OF OHIO
 CAPITAL BUDGET AND ANY OTHER MATTERS AFFECTING THE
 SOCIETY. THE SOCIETY PAID \$15,000 IN RETAINER FEES
 TO THE STATE LOBBYISTS.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

WESTERN RESERVE HISTORICAL SOCIETY

34-0714724

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|------------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	14,539,449.	13,515,731.	14,284,990.	12,226,126.	11,168,446.
b Contributions	100,000.	75,000.		2,000.	478,590.
c Net investment earnings, gains, and losses	2,459,228.	1,620,320.	-146,419.	2,722,022.	1,648,769.
d Grants or scholarships					
e Other expenditures for facilities and programs	695,870.	671,602.	622,840.	665,158.	1,069,679.
f Administrative expenses					
g End of year balance	16,402,807.	14,539,449.	13,515,731.	14,284,990.	12,226,126.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 5.00 %
 - b Permanent endowment ▶ 45.00 %
 - c Temporarily restricted endowment ▶ 50.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
- b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		1,104,117.		1,104,117.
b Buildings		21,485,133.	10,017,526.	11,467,607.
c Leasehold improvements				
d Equipment		932,758.	417,397.	515,361.
e Other		25,524.		25,524.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,112,609.

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . ▶		

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	7,282,648.
(2) CAPITAL ACCOUNTS RECEIVABLE	0.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	7,282,648.

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	79,652.
(3) CAPITAL ACCOUNTS PAYABLE	0.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶	79,652.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,594,246.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2 a	1,913,550.	
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d	553,403.	
	e Add lines 2 a through 2 d			2 e 2,466,953.
3	Subtract line 2 e from line 1			3 5,127,293.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4 a and 4 b			4 c
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)			5 5,127,293.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements.		1	5,305,325.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d			2 e
3	Subtract line 2 e from line 1			3 5,305,325.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4 a and 4 b			4 c
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)			5 5,305,325.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Pt III Line 1a "THE SOCIETY'S COLLECTIONS OF HISTORICALLY SIGNIFICANT ARTIFACTS, ART OBJECTS, AND OTHER MATERIALS ARE HELD FOR EDUCATION, RESEARCH, AND PUBLIC EXHIBITION, AND ARE NOT CAPITALIZED BY THE SOCIETY. THE BOARD OF TRUSTEES CONSIDER STAFF RECOMMENDATIONS REGARDING COLLECTION ITEMS TO BE DEACCESSIONED AND SOLD, WHICH MAY OCCUR BECAUSE THE ITEMS ARE DUPLICATES OR NO LONGER MEET THE MISSION OR PURPOSES OF THE SOCIETY. NET SALES PROCEEDS

Part XIII Supplemental Information (continued)

ARE USED TO ADDRESS SPECIFIC NEEDS OF THE SOCIETY,
INCLUDING DEBT RETIREMENT AS DEEMED WARRANTED. SUCH
ACTIVITY IS REFLECTED IN THE STATEMENT OF ACTIVITIES AS
PROCEEDS FROM THE SALES OF GIFTS-IN-KIND, UNDER
NON-OPERATING CHANGES."

Pt III Line 4 THE SOCIETY'S COLLECTIONS OF HISTORICALLY SIGNIFICANT
ARTIFACTS, ART OBJECTS, AND OTHER MATERIALS ARE HELD FOR
EDUCATION, RESEARCH, AND PUBLIC EXHIBITION.

Pt V Line 4 THE SOCIETY HAS ADOPTED INVESTMENT AND SPENDING POLICIES
FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE FUNDS FOR
VARIOUS OPERATING AND MAINTENANCE EXPENSES WHILE SEEKING
TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

Pt X Line 2 "THE SOCIETY CURRENTLY HAS NO SIGNIFICANT UNCERTAIN
TAX POSITIONS THAT IT HAS TAKEN AND BELIEVES THAT IT
CAN DEFEND THE SOCIETY'S TAX RETURNS TO ANY JURISDICTION."

Pt XI Line 2d CHANGE IN BENEFICIAL INTEREST IN TRUSTS

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: WESTERN RESERVE HISTORICAL SOCIETY; Employer identification number: 34-0714724

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2 a Did the organization have a written or oral agreement... b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in column (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	<u>SOMEWHERE IN TIME</u> (event type)	<u>HALE LEGACY</u> (event type)	<u>NONE</u> (total number)	(add column (a) through column (c))	
1	Gross receipts	204,492.	33,475.	237,967.	
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2).	204,492.	33,475.	237,967.	
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	58,374.	14,580.	72,954.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			72,954.
11	Net income summary. Subtract line 10 from line 3, column (d)			165,013.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	Yes _____ % No	Yes _____ % No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

2013

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

WESTERN RESERVE HISTORICAL SOCIETY

34-0714724

Part I Questions Regarding Compensation

		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
1 b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input type="checkbox"/>	Written employment contract		
<input type="checkbox"/>	Compensation survey or study		
<input type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
4 a	Receive a severance payment or change-of-control payment?	X	
4 b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
4 c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
5 a	The organization?		X
5 b	Any related organization?		X
	If 'Yes' to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
6 a	The organization?		X
6 b	Any related organization?		X
	If 'Yes' to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 GAINER B. DAVIS, PHD FORMER PRESIDENT/CEO	(i)	69,388.	0.	75,000.	0.	5,008.	149,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

Pt I Line 4a SEVERANCE PAYMENTS TO FORMER PRESIDENT/CEO \$75,000

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

WESTERN RESERVE HISTORICAL SOCIETY

34-0714724

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art	X	3	0.	N/A
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		0.	N/A
6 Cars and other vehicles	X	3	0.	N/A
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	13	0.	N/A
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (LIBRARY COLLECTIONS)	X	131	0.	N/A
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 3.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2013

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Pt I col(b) HISTORIC ART AND ARTIFACTS, HISTORIC VEHICLES,
MANUSCRIPT COLLECTIONS, PHOTOGRAPHS, HISTORIC
APPAREL

Pt I Line 33 COLLECTION ASSETS ARE NOT CAPITALIZED AS ALLOWED UNDER
SFAS 116

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

WESTERN RESERVE HISTORICAL SOCIETY

34-0714724

Pt VI, Line 11b THE BOARD OF DIRECTORS FORMALLY DELEGATED THE REVIEW
OF THE DRAFT FORM OF THE 990 TO THE AUDIT COMMITTEE.
THE AUDIT COMMITTEE REVIEWED AND APPROVED THE DRAFT
PRIOR TO FILING.

Pt VI, Line 12c EACH DIRECTOR MUST SIGN AN ANNUAL STATEMENT AFFIRMING
THEY HAVE READ THE CONFLICT OF INTEREST POLICY AND
ARE IN COMPLIANCE WITH THE POLICY.

Pt VI, Line 15a THE EXECUTIVE COMMITTEE IS AUTHORIZED TO MAKE
RECOMMENDATIONS TO THE BOARD REGARDING EXECUTIVE
COMPENSATION. ONLY THOSE MEMBERS OF THE EXECUTIVE
COMMITTEE WHO ARE FREE OF CONFLICTS OF INTEREST MAY BE
INVOLVED IN THE EVALUATION OF EXECUTIVE COMPENSATION.
THE EXECUTIVE COMMITTEE, TO THE EXTENT REASONABLY
AVAILABLE, TAKES INTO ACCOUNT APPROPRIATE DATA AS TO
COMPARABILITY PRIOR TO MAKING ITS RECOMMENDATION, AND
CONTEMPORANEOUSLY PLACES SUCH DATA AND OTHER
REASONS FOR ITS RECOMMENDATION IN THE MINUTES. ONLY
THOSE DIRECTORS WHO ARE FREE FROM CONFLICTS OF
INTEREST MAY VOTE ON EXECUTIVE COMPENSATION. THE BOARD
REVIEWS AND APPROVES EXECUTIVE COMPENSATION AFTER A
REVIEW OF COMPARABILITY DATA OR OTHER EVIDENCE THAT
COMPENSATION IS REASONABLE, AND CONTEMPORANEOUSLY
SUBSTANTIATES ITS DELIBERATION AND DECISION IN THE
MINUTES.

Pt VI, Line 19 THE SOCIETY ANNUALLY PUBLISHES AUDITED FINANCIAL
STATEMENTS AND FORM 990 ON ITS WEBSITE. THOSE

Name of the organization WESTERN RESERVE HISTORICAL SOCIETY	Employer identification number 34-0714724
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DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE
ALSO AVAILABLE UPON REQUEST.

Pt XII, Line 2c THE SOCIETY'S AUDIT COMMITTEE IS RESPONSIBLE FOR
REVIEWING AND APPROVING THE SELECTION OF AN
INDEPENDENT AUDITOR, AND FOR REVIEW AND APPROVAL
OF THE ANNUAL AUDITED FINANCIAL STATEMENTS.

Pt III, Line 1 THE WESTERN RESERVE HISTORICAL SOCIETY PRESERVES
AND USES ITS COLLECTIONS, HISTORIC SITES, AND
MUSEUMS TO INSPIRE PEOPLE TO DISCOVER THE
AMERICAN EXPERIENCE BY EXPLORING THE TANGIBLE
HISTORY OF NORTHEAST OHIO.

Pt III, Line 4a THE WESTERN RESERVE HISTORICAL SOCIETY HISTORY
CENTER IN CLEVELAND'S UNIVERSITY CIRCLE HOUSES
THE INSTITUTION'S ADMINISTRATIVE HEADQUARTERS, HISTORY
MUSEUM, LIBRARY/ARCHIVES & GENEALOGY CENTER,
CRAWFORD AUTO AVIATION MUSEUM, CHISHOLM HALLE
COSTUME WING, KIDZIBITS FAMILY EDUCATION CENTER,
AND TWO EARLY 20TH CENTURY HISTORIC MANSIONS - THE
HAY MCKINNEY AND BINGHAM-HANNA MANSIONS. THE
COLLECTIONS AND ARCHIVES ARE AMONG THE MOST EXTENSIVE
OF ANY REGIONAL HISTORY CENTER IN THE UNITED STATES -
A REFLECTION OF MORE THAN 140 YEARS OF COLLECTING.
WRHS WAS FOUNDED IN 1867 TO PRESERVE THE HISTORY OF THE
CONNECTICUT WESTERN RESERVE - THE NAME FOR THE LAND ON
THE WESTERN EDGE OF THE CONNECTICUT TERRITORY WHICH IS
NOW NORTHEAST OHIO. TODAY, WRHS COLLECTS, PRESERVES,
AND PRESENTS THE HISTORY OF NORTHEAST OHIO TO CONNECT

Name of the organization WESTERN RESERVE HISTORICAL SOCIETY	Employer identification number 34-0714724
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WITH PEOPLE, INSPIRING THEM TO DISCOVER THEMSELVES,
 THEIR FAMILIES AND COMMUNITIES BY EXPLORING THE
 PAST AND IMAGINING THE FUTURE. THIS IS ACHIEVED
 THROUGH A COMBINATION OF EXHIBITS, PROGRAMS
 AND EVENTS FOR ALL AGES AND INTERESTS.
 THE WRHS COLLECTIONS ARE VAST AND VARIED. THE
 LIBRARY/ARCHIVES HOLD MILLIONS OF ITEMS INCLUDING
 BOOKS, PHOTOGRAPHS, MANUSCRIPTS AND DOCUMENTS, MAKING
 IT A PREMIER RESEARCH INSTITUTE FOR SCHOLARS, THE
 GENERAL PUBLIC AND GENEALOGISTS. HIGHLIGHTS OF THE
 COLLECTIONS INCLUDE CIVIL WAR MATERIALS, VARIOUS
 ETHNIC AND COMMUNITY COLLECTIONS SUCH AS THOSE OF THE
 AFRICAN-AMERICAN, JEWISH, ITALIAN, AND IRISH HISTORIES
 OF THE REGION, AND EXTENSIVE BUSINESS, INDUSTRIAL,
 ENTREPRENEURIAL, AND POLITICAL RECORDS.
 THE WRHS HISTORIC COSTUME AND TEXTILE COLLECTION IS
 ONE OF THE LARGEST IN THE UNITED STATES.
 THE INSTITUTION'S COLLECTIONS OF ITEMS RELATED
 TO THE SHAKER COMMUNITIES IS, IN FACT,
 THE LARGEST IN THE U.S. THE DECORATIVE ARTS
 COLLECTION INCLUDES ABOUT 3,500 ARTIFACTS OWNED BY
 EARLY RESIDENTS OF THE WESTERN RESERVE, AND
 APPROXIMATELY 800 PAINTINGS REFLECTING THE HISTORY
 OF THE REGION. THE CRAWFORD AUTO AVIATION MUSEUM
 CONTAINS MORE THAN 157 CARS, 10 AIRPLANES, AND
 NUMEROUS MOTORCYCLES, BICYCLES AND OTHER AUTOMOTIVE-
 RELATED ITEMS. ALONG WITH THE LIBRARY'S AUTOMOTIVE

Name of the organization WESTERN RESERVE HISTORICAL SOCIETY	Employer identification number 34-0714724
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MARQUE FILES, THE CRAWFORD COLLECTION TELLS THE STORY OF THE AUTOMOTIVE INDUSTRY, PARTICULARLY IN NORTHEAST OHIO. IN NOVEMBER, 2014, THE ICONIC EUCLID BEACH PARK GRAND CAROUSEL OPENED TO THE PUBLIC AFTER RESTORATION, HOUSED IN A SPECIALLY CONSTRUCTED GLASS PAVILION. THIS WAS MADE POSSIBLE THROUGH A COLLABORATION BETWEEN WRHS, THE CLEVELAND CAROUSEL SOCIETY, AND EUCLID BEACH PARK NOW.

Pt III, Line 4b HALE FARM & VILLAGE, IN SCENIC CUYAHOGA VALLEY SOUTH OF CLEVELAND, IS AN OUTDOOR LIVING HISTORY MUSEUM OF THE WESTERN RESERVE HISTORICAL SOCIETY. AT HALE, 19TH CENTURY LIFE IS PRESENTED TO ENGAGE, STIMULATE AND CHALLENGE VISITORS TO SUSPEND THEIR DISBELIEF, STEP BACK IN TIME, AND USE THE LESSONS OF THE PAST TO MAKE INFORMED DECISIONS ABOUT THE PRESENT AND THE FUTURE. THE 90 ACRE SITE IS COMPRISED OF 32 HISTORIC, RESTORED 19TH CENTURY STRUCTURES; A MODERN VISITOR'S CENTER WITH GIFT SHOP AND CAFE; SEVERAL GARDENS; HERITAGE LIVESTOCK BREEDS; AND THE EARLY AMERICAN CRAFT AND TRADE PROGRAM THAT FEATURES GLASSBLOWING, BLACKSMITHING, POTTERY, CANDLE, BROOM AND BASKET MAKING; AND HEARTH AND WOODSTOVE COOKING. FOUR GENERATIONS OF THE HALE FAMILY USED THE LAND AND RESOURCES TO CARVE OUT A NICHE FOR THEMSELVES IN THE CUYAHOGA VALLEY. THE MUSEUM BUILDS ITS PROGRAMMING AND OPERATIONS WITH REVERANCE FOR THE HALES' ENTREPRENEURIAL SPIRIT COMBINED WITH A DEEP

Name of the organization WESTERN RESERVE HISTORICAL SOCIETY	Employer identification number 34-0714724
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RESPECT FOR THE PAST. THE GOAL IS TO BUILD SUSTAINABLE OPERATIONS THROUGH ENGAGING EDUCATIONAL, FAMILY, AND COMMUNITY PROGRAMS. THE YEAR 'ROUND PROGRAM CALENDAR FOLLOWS THE SEASONAL CYCLE OF RURAL LIFE IN NORTHEAST OHIO. ANNUAL PROGRAM HIGHLIGHTS INCLUDE THE SUMMER CIVIL WAR ENCAMPMENT WHICH DRAWS HUNDREDS OF CIVIL WAR RE-ENACTORS AND THOUSANDS OF VISITORS. CIVIL WAR-ERA HISTORY AND INTERPRETATION IS A HALLMARK OF HALE PROGRAMMING FEATURED IN ANNUAL HOLIDAY LANTERN TOURS OF THE VILLAGE AND THE UNDERGROUND RAILROAD EDUCATION PROGRAM. HARVEST FESTIVAL IS ANOTHER ANNUAL EVENT DRAWING THOUSANDS OF VISITORS PARTICIPATING IN HARVEST SEASON ACTIVITIES. HALE INCREASINGLY CONSIDERS THE CONNECTION BETWEEN ENTREPRENEURSHIP AND SUSTAINABILITY IN ITS PROGRAMMING. STUDENT EDUCATION PROGRAMS TEACH THE PRINCIPLES OF ECONOMICS IN EVERYDAY LIFE BY EXPLORING THE ROOTS OF ENTREPRENEURSHIP IN NORTHEAST OHIO AND CONSIDERING WISE USE OF LIMITED RESOURCES. THE PHRASE "COME HOME TO HALE" APTLY DESCRIBES THE VISITOR EXPERIENCE AT HALE FARM & VILLAGE - WHERE ONE MAY CONNECT WITH THE PAST AND FIND ITS RELEVANCE FOR THE PRESENT AND THE FUTURE.

Pt III, Line 4C SHANDY HALL IS AN 1815 HOME ON 115 ACRES OF LAND IN ASHTABULA COUNTY, AND CONSISTS OF A MAIN HOUSE AND SEVERAL OUTBUILDINGS. THE HOME WAS OCCUPIED BY SEVEN

Name of the organization WESTERN RESERVE HISTORICAL SOCIETY	Employer identification number 34-0714724
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----- GENERATIONS OF THE SAME FAMILY AND CONTAINS ORIGINAL -----
 ----- FURNISHINGS - MAKING IT A TRUE GEM OF THE WRHS -----
 ----- COLLECTION. THE SITE IS OPEN TO THE PUBLIC FOR TOURS -----
 ----- BY APPOINTMENT ONLY. LOGHURST, IN MAHONING COUNTY, -----
 ----- SITS ON 7.5 ACRES AND INCLUDES A CIRCA 1805 LOG -----
 ----- HOUSE - BELIEVED TO BE THE OLDEST SUCH STRUCTURE IN -----
 ----- NORTHEAST OHIO. WRHS ENJOYS A CO-STEWARDSHIP -----
 ----- ARRANGEMENT WITH THE CANFIELD HERITAGE FOUNDATION TO -----
 ----- OPERATE THE PROPERTY ON A SEASONAL BASIS. -----

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 - ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

WESTERN RESERVE HISTORICAL SOCIETY

Employer identification number

34-0714724

Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____ _____ _____					
(2) _____ _____ _____					
(3) _____ _____ _____					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) <u>HOLSEY GATES RESIDENCE PRESERVATION FOUNDATION</u> <u>762 BROADWAY AVE.</u> <u>BEDFORD, OH 44146</u> <u>34-1279724</u>	SUPPORTING ORGANIZATION	OH	501(C)(3)	TYPE I SUPPORTING ORGANIZATION	WESTERN RESERVE HISTORICAL SOCIETY		X
(2) _____ _____ _____							
(3) _____ _____ _____							
(4) _____ _____ _____							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity **1 a**
- b** Gift, grant, or capital contribution to related organization(s) **1 b**
- c** Gift, grant, or capital contribution from related organization(s) **1 c**
- d** Loans or loan guarantees to or for related organization(s) **1 d**
- e** Loans or loan guarantees by related organization(s) **1 e**

- f** Dividends from related organization(s) **1 f**
- g** Sale of assets to related organization(s) **1 g**
- h** Purchase of assets from related organization(s) **1 h**
- i** Exchange of assets with related organization(s) **1 i**
- j** Lease of facilities, equipment, or other assets to related organization(s) **1 j**

- k** Lease of facilities, equipment, or other assets from related organization(s) **1 k**
- l** Performance of services or membership or fundraising solicitations for related organization(s) **1 l**
- m** Performance of services or membership or fundraising solicitations by related organization(s) **1 m**
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) **1 n**
- o** Sharing of paid employees with related organization(s) **1 o**

- p** Reimbursement paid to related organization(s) for expenses **1 p**
- q** Reimbursement paid by related organization(s) for expenses **1 q**

- r** Other transfer of cash or property to related organization(s) **1 r**
- s** Other transfer of cash or property from related organization(s) **1 s**

	Yes	No
1 a		X
1 b		X
1 c		X
1 d		X
1 e		X
1 f		X
1 g		X
1 h		X
1 i		X
1 j		X
1 k		X
1 l		X
1 m		X
1 n		X
1 o		X
1 p		X
1 q		X
1 r		X
1 s		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	June 30, 2014
Notice date	February 16, 2015
Employer ID number	34-0714724
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

110378.530360.363014.16951 1 AT 0.406 370



WESTERN RESERVE HISTORICAL SOCIETY
10825 EAST BLVD
CLEVELAND OH 44106-1703

Page 1 of 1



110378

Important information about your June 30, 2014 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2014 Form 990.

Your new due date is May 15, 2015.

What you need to do

File your June 30, 2014 Form 990 by May 15, 2015. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.