

Return of Organization Exempt From Income Tax

2012

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning Jul 1, 2012, **and ending** Jun 30, 2013

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 addr) Room/suite	
<input type="checkbox"/> Initial return	10825 EAST BOULEVARD	G Gross receipts \$ 9,705,721.
<input type="checkbox"/> Terminated	City, town or country State ZIP code + 4	
<input type="checkbox"/> Amended return	CLEVELAND OH 44106	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer: GAINOR B. DAVIS WRHS CLEVELAND OH 44106	
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(b) Are all affiliates included? If 'No,' attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: ▶	WRHS.ORG	H(c) Group exemption number ▶
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

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	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	119
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	66,684.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,660,609.	4,582,661.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	578,232.	620,089.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	461,427.	312,531.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,052,722.	5,935,068.
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)	2,432,208.	2,367,688.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 353,009.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).	2,513,214.	2,542,720.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,945,422.	4,910,408.	
19 Revenue less expenses. Subtract line 18 from line 12	2,107,300.	1,024,660.	
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)	35,253,322.	37,908,715.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,367,951.	1,478,893.
		33,885,371.	36,429,822.

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	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 to any question 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 \$ 2,512,902. including grants of \$ 0.) (Revenue \$ 2,059,136.)

HISTORY LIBRARY AND MUSEUMS - SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,174,371. including grants of \$ 0.) (Revenue \$ 701,319.)

HALE FARM & VILLAGE - SEE SCHEDULE O

4c (Code:) (Expenses \$ 85,239. including grants of \$ 0.) (Revenue \$ 0.)

OTHER PROPERTIES - SEE SCHEDULE O

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

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

4e Total program service expenses 3,772,512.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If 'Yes,' complete Schedule C, Part 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? If 'Yes,' complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	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? If 'Yes,' complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	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? If 'Yes,' complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		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? If 'Yes,' complete Schedule D, Part VIII		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? If 'Yes,' complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		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? If 'Yes,' complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		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? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		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 and other assistance to governments and organizations in the United States 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 and 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
24a 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</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?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' 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
35a 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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings, employee counts, foreign accounts, and charitable 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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

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. Indicate how you make these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization 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 to any question 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) EDWARD F. CRAWFORD 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 (cont)

(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) WILLIAM LIPSCOMB 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) SHIRLEY SMITH SEATON DIRECTOR	1.00	X					0.	0.	0.	
(20) DAVID STAHL DIRECTOR	1.00	X					0.	0.	0.	
(21) DAVID L. STASHOWER DIRECTOR	1.00	X					0.	0.	0.	
(22) CONGRESSMAN LOUIS STOKES DIRECTOR	1.00	X					0.	0.	0.	
(23) THOMAS V.H. VAIL, JR. DIRECTOR	1.00	X					0.	0.	0.	
(24) MYRON T. VERNIS DIRECTOR	1.00	X					0.	0.	0.	
(25) CRAIG OWEN WHITE DIRECTOR	1.00	X					0.	0.	0.	
1 b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b 144,450.					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions) . .	1 e 1,047,307.					
	f All other contributions, gifts, grants, and similar amounts not included above . .	1 f 3,390,904.					
	g Noncash contributions included in lns 1a-1f: \$						
	h Total. Add lines 1a-1f ▶		4,582,661.				
PROGRAM SERVICE REVENUE			Business Code				
	2 a <u>ADMISSIONS & PARKING</u>	900099	505,376.	505,376.	0.	0.	
	b <u>FEE FOR SERVICE</u>	900099	114,713.	114,713.	0.	0.	
	c _____						
	d _____						
	e _____						
	f All other program service revenue . . .						
	g Total. Add lines 2a-2f ▶		620,089.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) ▶		488,143.	0.	0.	488,143.	
	4 Income from investment of tax-exempt bond proceeds . . ▶						
	5 Royalties ▶						
	6 a Gross rents	(i) Real	(ii) Personal				
		253,486.					
		b Less: rental expenses					
		c Rental income or (loss) . .	253,486.				
	d Net rental income or (loss) ▶			253,486.	0.	0.	253,486.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		3,374,318.	8,026.				
		b Less: cost or other basis and sales expenses . . .	3,557,956.				
		c Gain or (loss)	-183,638.	8,026.			
	d Net gain or (loss) ▶			-175,612.	8,026.	0.	-183,638.
	8 a Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c). See Part IV, line 18.	a	147,331.				
		b Less: direct expenses	b	92,627.			
		c Net income or (loss) from fundraising events ▶			54,704.	0.	54,704.
	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	164,983.					
	b Less: cost of goods sold	b	120,070.				
	c Net income or (loss) from sales of inventory ▶			44,913.	44,913.	0.	0.
		Business Code					
11 a <u>FOOD SERVICE REVENUE</u>	722320	66,684.	0.	66,684.	0.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d ▶		66,684.				
12 Total revenue. See instructions ▶		5,935,068.	673,028.	66,684.	612,695.		

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 to any question 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	253,066.	0.	253,066.	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	1,768,072.	1,416,822.	155,000.	196,250.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	16,855.	13,578.	2,567.	710.
9 Other employee benefits	196,576.	107,550.	67,678.	21,348.
10 Payroll taxes	133,119.	105,562.	13,260.	14,297.
11 Fees for services (non-employees):				
a Management				
b Legal	20,869.	1,311.	19,558.	0.
c Accounting	19,500.	0.	19,500.	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) amt, list line 11g expenses on Sch O)	131,105.	106,563.	13,939.	10,603.
12 Advertising and promotion	66,158.	58,219.	3,176.	4,763.
13 Office expenses	76,852.	17,636.	57,301.	1,915.
14 Information technology	40,703.	22,245.	18,042.	416.
15 Royalties				
16 Occupancy	469,486.	402,771.	49,658.	17,057.
17 Travel	8,962.	7,879.	432.	651.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,092.	2,503.	2,046.	4,543.
20 Interest	2,523.	1,943.	580.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	982,322.	910,090.	72,232.	0.
23 Insurance	90,238.	81,394.	4,783.	4,061.
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 DIRECTORS EXPENSE	10,439.	4,199.	5,382.	858.
b REPAIRS & MAINTENANCE	83,925.	78,869.	2,528.	2,528.
c SECURITY	49,370.	44,930.	2,220.	2,220.
d POSTAGE & SHIPPING	23,817.	5,081.	9,320.	9,416.
e All other expenses	457,359.	383,367.	12,619.	61,373.
25 Total functional expenses. Add lines 1 through 24e.	4,910,408.	3,772,512.	784,887.	353,009.
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 to any question in this Part X

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	148,330.	1	303,053.
	2 Savings and temporary cash investments	1,184,378.	2	858,595.
	3 Pledges and grants receivable, net	1,275,922.	3	994,149.
	4 Accounts receivable, net	26,169.	4	71,923.
	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	106,154.	8	101,596.
	9 Prepaid expenses and deferred charges	14,162.	9	24,532.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,548,013.		
	b Less: accumulated depreciation	10b 9,519,374.	11,660,633.	10c 14,028,639.
	11 Investments — publicly traded securities	13,694,170.	11	14,739,311.
	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	7,143,404.	15	6,786,917.
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,253,322.	16	37,908,715.	
LIABILITIES	17 Accounts payable and accrued expenses	160,185.	17	267,655.
	18 Grants payable		18	
	19 Deferred revenue	58,297.	19	102,367.
	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	339,617.	23	914,518.
	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	809,852.	25	194,353.
	26 Total liabilities. Add lines 17 through 25	1,367,951.	26	1,478,893.
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	11,983,702.	27	14,109,902.
	28 Temporarily restricted net assets	7,374,522.	28	7,630,851.
	29 Permanently restricted net assets	14,527,147.	29	14,689,069.
	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	33,885,371.	33	36,429,822.
	34 Total liabilities and net assets/fund balances	35,253,322.	34	37,908,715.

BAA

Form 990 (2012)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,935,068.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,910,408.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,024,660.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,885,371.
5	Net unrealized gains (losses) on investments	5	1,519,791.
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	36,429,822.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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? 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		X
2 b	Were the organization's financial statements audited by an independent accountant? 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	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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

Form 990 (2012)

Continuation Sheet for Form 990

2012

Department of the Treasury
Internal Revenue Service

Name of the Organization

Employer Identification number

WESTERN RESERVE HISTORICAL SOCIETY

34-0714724

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 <u>GAINOR B. DAVIS, PHD</u> PRESIDENT/CEO	<u>35.00</u>			X				136,841.	0.	0.
27 <u>MARY M. THOBURN, CPA</u> SENIOR VICE PRESIDENT/CFO	<u>35.00</u>			X				92,142.	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.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,701,506.	2,901,327.	2,743,053.	5,660,609.		13,006,495.
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	1,701,506.	2,901,327.	2,743,053.	5,660,609.		13,006,495.
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						13,006,495.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,701,506.	2,901,327.	2,743,053.	5,660,609.		13,006,495.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,060,062.	4,830,875.	1,138,317.	594,718.		8,623,972.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	31,354.	43,552.		74,906.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,305,857.	1,066,894.	829,729.	753,843.		3,956,323.
11 Total support. Add lines 7 through 10						25,661,696.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	50.68 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	48.40 %
16a 33-1/3% support test – 2012. 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 – 2011. 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 – 2012. 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 – 2011. 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) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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 2012 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2011 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 2012 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17 - 18 - %

19a 33-1/3% support tests - 2012. 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 - 2011. 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. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Other Income Part II, Line 10 -----

Description: PROGRAM SERVICE -----

2008: 858961. -----

2009: 526904. -----

2010: 501037. -----

2011: 402614. -----

Description: SPECIAL EVENTS, NET -----

2008: 110393. -----

2009: 100697. -----

2010: 136709. -----

2011: 115214. -----

Description: RETAIL SALES, NET -----

2008: 113576. -----

2009: 62641. -----

2010: 79263. -----

2011: 60397. -----

Description: OTHER REVENUE -----

2008: 222927. -----

2009: 376652. -----

2010: 112720. -----

2011: 175618. -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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. See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor informed consent.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and several questions about monitoring and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenues and assets.

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	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance	13,515,731.	14,284,990.	12,226,126.	11,168,446.	14,502,089.
b Contributions	75,000.		2,000.	478,590.	9,331.
c Net investment earnings, gains, and losses	1,620,320.	-146,419.	2,722,022.	1,648,769.	-2,316,694.
d Grants or scholarships					
e Other expenditures for facilities and programs	671,602.	622,840.	665,158.	1,069,679.	1,026,280.
f Administrative expenses					
g End of year balance	14,539,449.	13,515,731.	14,284,990.	12,226,126.	11,168,446.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 4.00 %
 - b Permanent endowment ▶ 56.00 %
 - c Temporarily restricted endowment ▶ 40.00 %
- 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?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. 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		1,113,731.		1,113,731.
b Buildings		21,505,892.	8,662,630.	12,843,262.
c Leasehold improvements				
d Equipment		923,890.	856,744.	67,146.
e Other		4,500.	0.	4,500.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,028,639.

Part VII Investments – Other Securities. 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. 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. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	6,729,246.
(2) CAPITAL ACCOUNTS RECEIVABLE	57,671.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	6,786,917.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	75,022.
(3) CAPITAL ACCOUNTS PAYABLE	119,331.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . ▶	194,353.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,454,858.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2 a	1,350,802.	
	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	168,988.	
	e Add lines 2 a through 2 d			2 e 1,519,790.
3	Subtract line 2 e from line 1			3 5,935,068.
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 5,935,068.

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

1	Total expenses and losses per audited financial statements.		1	4,910,408.
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 4,910,408.
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 4,910,408.

Part XIII Supplemental Information

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

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

Pt XII 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.

OMB No. 1545-0047

2012

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 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	121,646.	25,685.	147,331.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2).	121,646.	25,685.	147,331.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	79,402.	13,225.	92,627.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			92,627.
11	Net income summary. Combine line 3, column (d), and line 10			54,704.	

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	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Combine lines 1, column (d) and line 7			

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. Complete this part to 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 complete this part to provide any additional information (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open To Public
Inspection**

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.**

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				
2 Art — Historical treasures	X	5	0.	N/A
3 Art — Fractional interests				
4 Books and publications	X		0.	N/A
5 Clothing and household goods				
6 Cars and other vehicles				
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	92	0.	N/A
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MANUSCRIPT COLLECTIONS)	X	102	0.	N/A
26 Other ▶ (LIBRARY MATERIALS)	X	83	0.	N/A
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** 9.

	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) 2012

Part II **Supplemental Information.** Complete this part to 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) 97 HISTORIC ARTS/ARTIFACTS FROM 23 DONORS,
102 NEW MANUSCRIPT COLLECTIONS, TOTALING 612 LINEAR
SQUARE FEET.
221 ITEMS OF LIBRARY MATERIALS, INCLUDING BOOKS,
PUBLICATIONS, AND OTHER LIBRARY COLLECTION ITEMS

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

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.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

WESTERN RESERVE HISTORICAL SOCIETY

Employer identification number

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 III, Line 1 THE WESTERN RESERVE HISTORICAL SOCIETY PRESERVES
AND USES ITS COLLECTIONS, HISTORIC SITES, AND

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

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 COLLECTION, CHISHOLM HALLE
 COSTUME WING, KIDZIBITS FAMILY EDUCATION CENTER,
 AND TWO EARLY 20TH CENTURY HISTORIC HOMES - 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
 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

Name of the organization WESTERN RESERVE HISTORICAL SOCIETY	Employer identification number 34-0714724
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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 COLLECTION
 CONTAINS MORE THAN 157 CARS, 10 AIRPLANES, AND
 NUMEROUS MOTORCYCLES, BICYCLES AND OTHER AUTOMOTIVE-
 RELATED ITEMS. ALONG WITH THE LIBRARY'S AUTOMOTIVE
 MARQUE FILES, THE CRAWFORD COLLECTION TELLS THE STORY
 OF THE AUTOMOTIVE INDUSTRY, PARTICULARLY IN
 NORTHEAST OHIO.

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

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

----- 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 -----
 ----- 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 -----

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

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
 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.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <u>WESTERN RESERVE HISTORICAL SOCIETY</u>	Employer identification number (EIN) or <u>34-0714724</u>
	Number, street, and room or suite number. If a P.O. box, see instructions. <u>10825 EAST BOULEVARD</u>	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>CLEVELAND</u>	<u>OH 44106</u>

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► MARY M. THOBURN CPA CFO

Telephone No. ► (216) 721-5722 FAX No. ► (216) 721-0891

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 18, 20 14, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 20 or
- tax year beginning Jul 1, 20 12, and ending Jun 30, 20 13.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	<u>0.</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	<u>0.</u>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3 c	\$	<u>0.</u>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	WESTERN RESERVE HISTORICAL SOCIETY	34-0714724
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	10825 EAST BOULEVARD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CLEVELAND OH 44106	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 20 14.

5 For calendar year _____, or other tax year beginning Jul 1, 20 12, and ending Jun 30, 20 13.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension . . . THE INFORMATION NECESSARY FOR A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8 a	\$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8 b	\$ 0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8 c	\$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Date ▶

BAA FIFZ0502 01/21/13 Form 8868 (Rev 1-2013)

Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)

Schedule A (Form 990 or 990EZ) - Other Income (continued)

Description	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
PROGRAM SERVICE	858,961.	526,904.	501,037.	402,614.		2,289,516.
SPECIAL EVENTS, NET	110,393.	100,697.	136,709.	115,214.		463,013.
RETAIL SALES, NET	113,576.	62,641.	79,263.	60,397.		315,877.
OTHER REVENUE	222,927.	376,652.	112,720.	175,618.		887,917.
Total	<u>1,305,857.</u>	<u>1,066,894.</u>	<u>829,729.</u>	<u>753,843.</u>		<u>3,956,323.</u>