

Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 7/01, **2012, and ending** 6/30, **2013**

B Check if applicable:	C	D Employer Identification Number
<input type="checkbox"/> Address change	CALIFORNIA HISTORICAL SOCIETY 678 MISSION STREET SAN FRANCISCO, CA 94105	94-0385620
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		415-357-1848
<input type="checkbox"/> Terminated		G Gross receipts \$ 1,989,911.
<input type="checkbox"/> Amended return		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: SAME AS C ABOVE	H(b) Are all affiliates 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: ▶	WWW.CALIFORNIAHISTORICALSOCIETY.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: 1871 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>PLEASE READ THE CALIFORNIA HISTORICAL FOUNDATION TAX RETURN (FEIN 94-3156066) IN CONJUNCTION WITH THIS TAX RETURN. THE SOCIETY AND THE FOUNDATION ARE INTEGRALLY RELATED AND COMPLIMENTARY ENTITIES. FOUNDED IN 1871, CHS INSPIRES AND EMPOWERS CALIFORNIANS TO MAKE THE PAST (CONT P2)</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	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-34,413.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	945,935.	1,280,584.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	290,463.	280,984.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,146.	325,788.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,558.	76,103.
		1,396,102.	1,963,459.
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)	898,212.	1,178,167.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 112,546.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	918,187.	947,804.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,816,399.	2,125,971.	
19 Revenue less expenses. Subtract line 18 from line 12	-420,297.	-162,512.	
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)	3,057,143.	6,347,554.
	22 Net assets or fund balances. Subtract line 21 from line 20	125,551.	141,128.
		2,931,592.	6,206,426.

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	
	ANTHEA M. HARTIG		EXEC DIRECTOR
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	DOUGLAS W. REGALIA	DOUGLAS W. REGALIA	
	Firm's name ▶ REGALIA & ASSOCIATES, CPAS		Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 103 TOWN & COUNTRY DR., STE. K DANVILLE, CA 94526		PTIN P00186389
		Firm's EIN ▶ 68-0260103	
		Phone no. (925) 314-0390	

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. [X]

1 Briefly describe the organization's mission:

A MEANINGFUL PART OF THEIR LIVES. CHS STIMULATES PUBLIC EXPLORATION OF THE PAST THROUGH EXHIBITIONS AND PUBLIC PROGRAMS STATEWIDE, FOSTERS SCHOLARSHIP THROUGH RESEARCH COLLECTIONS AND PUBLICATIONS, AND PROMOTES HISTORY EDUCATION IN CALIF.

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 [X] 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,272,061. including grants of \$) (Revenue \$)

EXHIBITIONS AND PROGRAMS

CHS SHARES ITS COLLECTIONS THROUGH AN EXHIBITION GALLERY IN THE HEART OF THE YERBA BUENA DISTRICT, AND THROUGH YEAR-ROUND PUBLIC PROGRAMMING, IN ADDITION TO ITS FREE PUBLIC LIBRARY. IN RECENT YEARS, EXHIBITIONS AND RELATED PROGRAMMING HAVE STRESSED PARTNERSHIPS WITH A WIDE VARIETY OF NONTRADITIONAL CULTURAL AND SOCIAL SERVICE COMMUNITY ORGANIZATIONS THAT HAVE DEEPEENED THE HISTORICAL DIMENSIONS OF ITS PRESENTATIONS AND INTRODUCED HISTORY TO EXTENSIVE NONTRADITIONAL AUDIENCES. RECENT EXHIBITS INCLUDE LANDSCAPES OF THE CALIFORNIA ART CLUB, THINK CALIFORNIA - AN INSTALLATION FROM THE PERMANENT COLLECTION, HOBOS TO STREET PEOPLE: ARTISTS' RESPONSES TO HOMELESSNESS FROM THE NEW DEAL TO PRESENT, THE CHINESE OF CALIFORNIA: A ** CONTINUED ON SCHEDULE O

4b (Code:) (Expenses \$ 87,563. including grants of \$) (Revenue \$)

MEMBER SERVICES

CALIFORNIA HISTORY, THE OFFICIAL QUARTERLY JOURNAL OF CHS IS DEDICATED TO THE STUDY AND PROMOTION OF ALL ASPECTS OF STATE AND WESTERN HISTORY FROM PRE-COLUMBIAN TO MODERN TIMES. CONTINUOUSLY PUBLISHED SINCE 1922, CALIFORNIA HISTORY IS ILLUSTRATED WITH HISTORIC PHOTOGRAPHS AND IMAGES REPRODUCED FROM CHS' SIGNIFICANT COLLECTIONS AND FROM OTHER LEADING COLLECTIONS IN CALIFORNIA AND THE WEST. IN ADDITION TO THE JOURNAL, CHS MEMBERS ALSO RECEIVE DISCOUNTS ON HISTORY WALKS, AND AT THE FRIEND LEVEL AND ABOVE RECIPROCAL ADMISSIONS AT OTHER PARTICIPATING CULTURAL INSTITUTIONS.

4c (Code:) (Expenses \$ 61,118. including grants of \$) (Revenue \$)

LIBRARY SERVICES & COLLECTIONS

THE CURRENT CHS HEADQUARTERS ACCOMMODATE THE ADMINISTRATIVE OFFICES, NORTH BAKER RESEARCH LIBRARY, COLLECTIONS STORAGE VAULTS, MUSEUM GALLERIES, AND RETAIL SPACE. SERVING AN AVERAGE OF OVER 3,200 PEOPLE A YEAR. THE NORTH BAKER RESEARCH LIBRARY PROVIDES PUBLIC ACCESS TO ONE OF THE FOUR PREMIER COLLECTIONS OF ORIGINAL MATERIALS ON CALIFORNIA HISTORY IN THE STATE. AS OF 2011, CHS COLLECTION HOLDINGS ARE ESTIMATED AT OVER 50,000 VOLUMES OF BOOKS AND PAMPHLETS, 4,000 MANUSCRIPT COLLECTIONS, AND SOME 500,000 PHOTOGRAPHIC IMAGES, CHIEFLY FROM THE NINETEENTH AND EARLY TWENTIETH CENTURY. THESE ARE ENHANCED BY SIGNIFICANT COLLECTIONS OF PRINTED EPHEMERA, PERIODICALS, POSTERS, BROADSIDES, MAPS, AND NEWSPAPERS, ALONG WITH THE KEMBLE COLLECTION, ONE ** CONTINUED ON SCHEDULE O

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

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

4e Total program service expenses 1,420,742.

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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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
20 a 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 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>		
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 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="10"/>		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <input type="text" value="16"/>		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	X	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/>		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12 <input type="text"/>		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/>		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. <input type="text"/>		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/>		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year <input type="text"/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <input type="text"/>		
13 c	Enter the amount of reserves on hand <input type="text"/>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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.

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1 a 20 If there are material differences in voting rights among members SEE SCH. O of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 b	Enter the number of voting members included in line 1a, above, who are independent 1 b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	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?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body?	X	
8 b	b Each committee with authority to act on behalf of the governing body?	X	
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.		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12 a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	X	
15 b	b Other officers of key employees of the organization. SEE SCHEDULE O	X	
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and 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 ▶ CA
- 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.
 Own website Another's website 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. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ PAM GARCIA, FINANCE DIR 678 MISSION STREET SAN FRANCISCO CA 94105 415-357-1848

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) ROBERT CHATTEL PRESIDENT	4 0	X		X				0.	0.	0.
(2) R. THOMAS DECKER EXEC VICE PRES	4 0	X		X				0.	0.	0.
(3) STEPHEN LESIEUR VICE PRESIDENT	4 0	X		X				0.	0.	0.
(4) THOMAS R. OWENS VICE PRESIDENT	4 0	X		X				0.	0.	0.
(5) CRISTINA ROSE VICE PRESIDENT	4 0	X		X				0.	0.	0.
(6) JOHN E. BROWN TREASURER	4 0	X		X				0.	0.	0.
(7) LARRY GOTLIEB SECRETARY	4 0	X		X				0.	0.	0.
(8) MELINDA BITTAN TRUSTEE	2 0	X						0.	0.	0.
(9) ALBERT CAMARILLO TRUSTEE	2 0	X						0.	0.	0.
(10) IAN CAMPBELL TRUSTEE	2 0	X						0.	0.	0.
(11) JON CHRISTENSEN TRUSTEE	2 0	X						0.	0.	0.
(12) TONY GONZALEZ TRUSTEE	2 0	X						0.	0.	0.
(13) FRED HAMBER TRUSTEE	2 0	X						0.	0.	0.
(14) ROBERT HIATT TRUSTEE	2 0	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			
(15) GARY KURUTZ TRUSTEE	2 0	X					0.	0.	0.
(16) SUE MOLINARI TRUSTEE	2 0	X					0.	0.	0.
(17) BEVERLY THOMAS TRUSTEE	2 0	X					0.	0.	0.
(18) HAROLD TUCK TRUSTEE	2 0	X					0.	0.	0.
(19) RALPH WALTER TRUSTEE	2 0	X					0.	0.	0.
(20) BLANCA ZARAZUA TRUSTEE	2 0	X					0.	0.	0.
(21) ANTHEA M. HARTIG EXEC DIRECTOR	40 0			X			131,603.	0.	0.
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							131,603.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							131,603.	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 173,048.				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 32,500.				
	f All other contributions, gifts, grants, and similar amounts not included above.	1 f 1,075,036.				
	g Noncash contributions included in lns 1a-1f: \$	243.				
	h Total. Add lines 1a-1f. ▶	1,280,584.				
	PROGRAM SERVICE REVENUE	Business Code				
		2 a COLLECTION SHARING		200,000.	200,000.	
b PROGRAMS/ACTIVITIES/OTHER			80,984.	80,984.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f. ▶			280,984.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts). ▶		225,788.		225,788.	
	4 Income from investment of tax-exempt bond proceeds . . . ▶					
	5 Royalties. ▶					
	6 a Gross rents	(i) Real	(ii) Personal			
			24,146.			
		b Less: rental expenses				
		c Rental income or (loss)	24,146.			
	d Net rental income or (loss). ▶		24,146.		24,146.	
	7 a Gross amount from sales of assets other than inventory.	(i) Securities	(ii) Other			
			100,000.			
		b Less: cost or other basis and sales expenses				
		c Gain or (loss).	100,000.			
	d Net gain or (loss). ▶		100,000.	100,000.		
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
		b Less: direct expenses b				
		c Net income or (loss) from fundraising events. ▶				
	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						
	b Less: cost of goods sold. b	58,224.				
	c Net income or (loss) from sales of inventory ▶		31,772.		31,772.	
Miscellaneous Revenue		Business Code				
11 a PERMISSIONS & ROYALTIES		18,441.		18,441.		
b OTHER INCOME		1,744.	1,744.			
c						
d All other revenue.						
e Total. Add lines 11a-11d. ▶		20,185.				
12 Total revenue. See instructions. ▶		1,963,459.	382,728.	0.	300,147.	

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.	131,603.	96,266.	25,553.	9,784.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	835,674.	567,936.	212,627.	55,111.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	127,921.	87,840.	31,499.	8,582.
10 Payroll taxes.	82,969.	56,973.	20,430.	5,566.
11 Fees for services (non-employees):				
a Management.				
b Legal.	1,530.		1,530.	
c Accounting.	76,189.		76,189.	
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).	149,216.	128,296.	14,020.	6,900.
12 Advertising and promotion.	1,471.			1,471.
13 Office expenses.	32,814.	14,484.	16,247.	2,083.
14 Information technology.	34,724.	11,587.	22,340.	797.
15 Royalties.				
16 Occupancy.				
17 Travel.	18,864.	11,485.	5,506.	1,873.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	8,860.	1,715.	6,920.	225.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	156,284.	121,333.	34,951.	
23 Insurance.	43,477.	24,524.	18,953.	
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>PRODUCTION AND EXHIBITION</u>	175,963.	175,963.		
b <u>PRINTING AND PUBLICATIONS</u>	48,348.	41,358.	3,001.	3,989.
c <u>UTILITIES</u>	43,785.		43,710.	75.
d <u>COLLECTIONS MANAGEMENT</u>	35,456.	35,456.		
e All other expenses.	120,823.	45,526.	59,207.	16,090.
25 Total functional expenses. Add lines 1 through 24e.	2,125,971.	1,420,742.	592,683.	112,546.
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	38,904.	1	29,534.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	1,601.	3	311,630.	
	4 Accounts receivable, net		4		
	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	1,969.	8	1,944.	
	9 Prepaid expenses and deferred charges	30,301.	9	22,648.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,368,954.			
	b Less: accumulated depreciation	10b 3,099,408.	2,421,749.	10c	2,269,546.
	11 Investments – publicly traded securities		11		
	12 Investments – other securities. See Part IV, line 11	562,619.	12	3,712,252.	
	13 Investments – program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		3,057,143.	16	6,347,554.	
LIABILITIES	17 Accounts payable and accrued expenses	125,551.	17	139,028.	
	18 Grants payable		18		
	19 Deferred revenue		19	2,100.	
	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		23		
	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		25		
	26 Total liabilities. Add lines 17 through 25		125,551.	26	141,128.
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	2,440,805.	27	2,438,082.	
	28 Temporarily restricted net assets	490,787.	28	523,439.	
	29 Permanently restricted net assets		29	3,244,905.	
	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		2,931,592.	33	6,206,426.
	34 Total liabilities and net assets/fund balances		3,057,143.	34	6,347,554.

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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	1,963,459.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,125,971.
3	Revenue less expenses. Subtract line 2 from line 1	3	-162,512.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,931,592.
5	Net unrealized gains (losses) on investments	5	192,441.
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) SEE SCHEDULE O	9	3,244,905.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,206,426.

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.			
2a	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			
2b	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			
2c	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.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

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Form 990 (2012)

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

CALIFORNIA HISTORICAL SOCIETY

Employer identification number

94-0385620

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?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

(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									

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

Schedule **A** (Form 990 or 990-EZ) 2012

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'.)	1,018,262.	727,065.	735,127.	945,935.	1,280,584.	4,706,973.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	1,018,262.	727,065.	735,127.	945,935.	1,280,584.	4,706,973.
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)						382,162.
6 Public support. Subtract line 5 from line 4						4,324,811.

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	1,018,262.	727,065.	735,127.	945,935.	1,280,584.	4,706,973.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	496,143.	84,687.	93,152.	82,146.	225,788.	981,916.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV	5,086.	28,195.	25,600.		20,185.	79,066.
11 Total support. Add lines 7 through 10						5,767,955.
12 Gross receipts from related activities, etc (see instructions)					12	1,879,168.
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	74.98 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	72.94 %
16 a 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"/>		
17 a 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

Calendar year (or fiscal yr 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.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
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).

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2012	2011	2010	2009	2008
OTHER	\$ 20,185.		\$ 25,600.	\$ 28,195.	\$ 5,086.
TOTAL	<u>\$ 20,185.</u>	<u>\$ 0.</u>	<u>\$ 25,600.</u>	<u>\$ 28,195.</u>	<u>\$ 5,086.</u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization

Employer identification number

CALIFORNIA HISTORICAL SOCIETY

94-0385620

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 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

- 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?
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?

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).
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.

Table with 2 columns: Line number, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

- 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?
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)?
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. SEE PART XIII
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. SEE 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	3,244,905.	3,244,905.	3,244,905.	3,244,905.	3,244,905.
b Contributions					
c Net investment earnings, gains, and losses	368,993.	118,182.	191,319.	216,129.	
d Grants or scholarships					
e Other expenditures for facilities and programs	368,993.	118,182.	191,319.	216,129.	
f Administrative expenses					
g End of year balance	3,244,905.	3,244,905.	3,244,905.	3,244,905.	3,244,905.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment _____ %
- 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

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		605,676.		605,676.
b Buildings		1,413,244.		1,413,244.
c Leasehold improvements		2,594,725.		2,594,725.
d Equipment				
e Other		755,309.	3,099,408.	-2,344,099.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 2,269,546.

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 CASH AND CASH EQUIVALENTS	212,341.	END OF YEAR MARKET VALUE
(A) MUTUAL FUNDS PRINCIPALLY IN BONDS	1,241,173.	END OF YEAR MARKET VALUE
(B) MUTUAL FUNDS PRINCIPALLY IN EQUITI	1,228,278.	END OF YEAR MARKET VALUE
(C) OTHER MUTUAL FUNDS	1,030,460.	END OF YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	3,712,252.	

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(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. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

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

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

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. SEE 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	2,133,116.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.) SEE PART XIII	2 d	395,445.	
	e Add lines 2a through 2d	2 e		395,445.
3	Subtract line 2e from line 1		3	1,737,671.
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.) SEE PART XIII	4 b	225,788.	
	c Add lines 4a and 4b	4 c		225,788.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,963,459.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements		1	1,996,139.
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.) SEE PART XIII	2 d	26,452.	
	e Add lines 2a through 2d	2 e		26,452.
3	Subtract line 2e from line 1		3	1,969,687.
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.) SEE PART XIII	4 b	156,284.	
	c Add lines 4a and 4b	4 c		156,284.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,125,971.

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.

PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC.

COLLECTIONS

INEXHAUSTIBLE COLLECTIONS INCLUDE RESEARCH BOOKS, MANUSCRIPTS, PHOTOGRAPHS, ART

OBJECTS, AND OTHER ITEMS OF HISTORICAL SIGNIFICANCE WHICH HAVE BEEN DONATED TO THE

SOCIETY. IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY SIMILAR ORGANIZATIONS AND

IN ACCORDANCE WITH ASC 958.360.25-3, PROPERTY, PLANT AND EQUIPMENT (INCLUDING

COLLECTIONS) OF NOT-FOR-PROFIT ENTITIES, THE SOCIETY DOES NOT CAPITALIZE ITS

COLLECTION MATERIALS. ASC 958.360.25-3 PRECLUDES THE CAPITALIZATION OF SUCH ITEMS IF

Part XIII Supplemental Information (continued)**PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC. (CONTINUED)**

COLLECTIONS ARE: (1) HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN, (2) PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED, AND (3) SUBJECT TO AN ORGANIZATIONAL POLICY THAT REQUIRES THE PROCEEDS FROM SALES OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE

COLLECTION SHARING AGREEMENT

DURING THE YEAR ENDED JUNE 30, 2007, THE SOCIETY AND THE AUTRY NATIONAL CENTER ("AUTRY") ENTERED INTO A NON-PROFIT JOINT VENTURE AND COLLECTION SHARING AGREEMENT (THE "AGREEMENT"). THIS COLLECTION SHARING ARRANGEMENT INAUGURATED A LONG-TERM PRESENCE OF THE SOCIETY AND ITS COLLECTION INTO SOUTHERN CALIFORNIA AND ENHANCES THE LONG-TERM PLANS OF THE SOCIETY TO IMPROVE ITS FACILITY AND OPERATIONS IN NORTHERN CALIFORNIA WHILE PERMITTING AUTRY TO DISPLAY HISTORIC PIECES OF THE SOCIETY'S COLLECTION. THE INITIAL COLLECTION SHARING INVOLVES 68 "PAINTINGS" AND THE CALIFORNIA HISTORIC COSTUME COLLECTION. THE TERM OF THE AGREEMENT IS 60 YEARS, WITH THE OPTION OF TWO ADDITIONAL CONSECUTIVE 20 YEAR PERIODS.

AUTRY HAS AGREED TO PAY AN AGGREGATE SUM OF \$3,500,000 TO THE SOCIETY THROUGH A SERIES OF PERIOD PAYMENTS OVER 15 YEARS. DURING THE YEAR ENDED JUNE 30, 2013, THE SOCIETY RECEIVED \$200,000 UNDER THE AGREEMENT, AND THIS AMOUNT IS REFLECTED AS COLLECTION SHARING REVENUE ON FORM 990 PAGE 9 LINE 2A.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

ENDOWMENT FUNDS, CLASSIFIED AS PERMANENTLY RESTRICTED NET ASSETS ON THE FOUNDATION'S BOOKS, REPRESENT DONOR CONTRIBUTIONS THAT ARE SUBJECT TO RESTRICTIONS OF GIFT INSTRUMENTS REQUIRING THAT THE PRINCIPAL BE INVESTED IN PERPETUITY. BY LAW, THE SOCIETY IS PERMITTED TO TRANSFER ALL EARNINGS (INCLUDING REALIZED AND UNREALIZED GAINS) TO UNRESTRICTED NET ASSETS. SUCH TRANSFERS MAY BE USED FOR GENERAL OPERATING PURPOSES IN ACCORDANCE WITH ASC 958.320.

Part XIII Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE

INCOME TAXES

FINANCIAL STATEMENT PRESENTATION FOLLOWS THE RECOMMENDATIONS OF ASC 740, INCOME TAXES. UNDER ASC 740, THE SOCIETY IS REQUIRED TO REPORT INFORMATION REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE SOCIETY AND REQUIRES A TWO-STEP PROCESS THAT SEPARATES RECOGNITION FROM MEASUREMENT. THE FIRST STEP IS DETERMINING WHETHER A TAX POSITION HAS MET THE RECOGNITION THRESHOLD; THE SECOND STEP IS MEASURING A TAX POSITION THAT MEETS THE RECOGNITION THRESHOLD. MANAGEMENT BELIEVES THAT IT HAS ADEQUATELY EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF JUNE 30, 2013, THE SOCIETY DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE OR AN ACCRUAL FOR A TAX LIABILITY WOULD BE NECESSARY.

THE SOCIETY HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA THAT IT QUALIFIES FOR TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 27301D OF THE CALIFORNIA REVENUE AND TAXATION CODE. THIS EXEMPTION IS SUBJECT TO PERIODIC REVIEW BY THE FEDERAL AND STATE TAXING AUTHORITIES AND MANAGEMENT IS CONFIDENT THAT THE SOCIETY CONTINUES TO SATISFY ALL FEDERAL AND STATE STATUTES IN ORDER TO QUALIFY FOR CONTINUED TAX EXEMPTION STATUS. THE SOCIETY MAY PERIODICALLY RECEIVE UNRELATED BUSINESS INCOME (SUCH AS ADVERTISING REVENUE) REQUIRING THE SOCIETY TO FILE SEPARATE TAX RETURNS UNDER FEDERAL AND STATE STATUTES. UNDER SUCH CONDITIONS, THE SOCIETY CALCULATES AND ACCRUES THE APPLICABLE TAXES PAYABLE.

2012

SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 23005

CALIFORNIA HISTORICAL SOCIETY

94-0385620

1/17/14

09:35AM

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

COST OF SALES.....	\$	26,452.
ENDOWMENT INCOME APPROPRIATED.....		368,993.
TOTAL	\$	<u>395,445.</u>

**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

INVESTMENT INTEREST AND DIVIDENDS.....	\$	131,355.
REALIZED GAINS ON INVESTMENTS.....		94,433.
TOTAL	\$	<u>225,788.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

COST OF SALES.....	\$	26,452.
TOTAL	\$	<u>26,452.</u>

**SCHEDULE D, PART XII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

DEPRECIATION EXPENSE SEPARATELY REPORTED.....	\$	156,284.
TOTAL	\$	<u>156,284.</u>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

▶ Attach to Form 990 or 990-EZ.

Name of the organization

CALIFORNIA HISTORICAL SOCIETY

Employer identification number

94-0385620

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

**** LIBRARY SERVICES & COLLECTIONS (CONTINUED)**

OF THE MOST EXTENSIVE COLLECTIONS IN THE U.S. PERTAINING TO THE HISTORY OF PRINTING AND PUBLISHING IN NORTH AMERICA. ADDITIONALLY, THERE ARE ROUGHLY 5,000 WORKS OF ART, INCLUDING PAINTINGS, DRAWINGS, AND LITHOGRAPHS, PLUS ARTIFACTS, TEXTILES, AND FURNITURE.

THE CHS COLLECTION REPRESENTS THE SOCIAL, POLITICAL, AND ECONOMIC HERITAGE OF THE ENTIRE STATE AND INCLUDE MATERIALS FROM OUTSIDE CALIFORNIA THAT CONTRIBTUE TO UNDERSTANDING THE STATE AND ITS PEOPLE. CHS COLLECTIONS INCLUDE MATERIALS THAT ARE USED BY, CREATED BY, OR DOCUMENT THE PEOPLE OF CALIFORNIA, AND THAT ILLUSTRATE STATE, REGIONAL, NATIONAL, OR INTERNATIONAL CULTURES, EXPERIENCES, OR EVENTS THAT SPECIFICALLY RELATE TO OR PROMOTE AN UNDERSTANDING OF THE CONTINUING HERITAGE OF CALIFONRIA. RECURRING THROUGHOUT THE COLLECTION ARE PRIMARY AND SECONDARY SOURCES FROM WHICH THE STORIES OF INDIVIDUALS AND FAMILIES, SOCIAL GROUPS, AND ORGANIZATIONS, AND OF THE EXPERIENCES AND EVENTS OF DAILY LIFE, CAN BE FOUND TO ILLUSTRATE AND ILLUMINATE THE HISTORY OF THE PEOPLE, CULTURES, COMMUNITIES, AND REGIONS OF CALIFORNIA.

CHS WAS THE LEAD INSTITUTION THAT ALONG WITH THE GAY, LESBIAN, BISEXUAL, TRANSGENDER HISTORICAL SOCIETY, THE SAN FRANCISCO PUBLIC LIBRARY, AND THE SOCIETY OF CALIFORNIA PIONEERS -- LAUNCHED THE CALIFORNIA EPHEMERA PROJECT. WITH A 2008 GRANT FROM THE COUNCIL ON LIBRARY AND INFORMATION RESOURCES TITLED "CATALOGING HIDDEN SPECIAL COLLECTIONS AND ARCHIVES," THE PARTNERS COMPLETED A TWO-YEAR MARATHON OF SORTING, SIFTING, AND IDENTIFYING THEIR RESPECTIVE EPHEMERA DURING THE PAST FISCAL YEAR.

**** EXHIBITS AND PROGRAMS (CONTINUED)**

STRUGGLE FOR COMMUNITY AND AT WORK: THE ART OF CALIFORNIA LABOR. SCHEDULED

Name of the organization

CALIFORNIA HISTORICAL SOCIETY

Employer identification number

94-0385620

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EXHIBITIONS INCLUDE: OYSTER FARM; PHOTOGRAPHS OF THE DRAKES BAY OYSTER COMPANY AND AN EXHIBIT CELEBRATING THE 75TH ANNIVERSARY OF THE GOLDEN GATE BRIDGE.

FORM 990, PART VI, LINE 1A - EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE

IN ACCORDANCE WITH COMMON PRACTICE IN THE NONPROFIT COMMUNITY, THE BOARD DELEGATES CERTAIN MATTERS TO THE EXECUTIVE COMMITTEE, WHICH IS EMPOWERED TO ACT BETWEEN BOARD MEETINGS IF NECESSARY, AND SOMETIMES WITH SPECIFICALLY DELEGATED AUTHORITY TO ACT IN PARTICULAR AREAS ON BEHALF OF THE FULL BOARD. THE COMPOSITION OF EXECUTIVE COMMITTEE INCLUDES BOARD MEMBERS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT, A MEMBER OF THE BOARD OF DIRECTORS, AND THE EXECUTIVE DIRECTOR. THIS GROUP OF INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT SIGNS THE E-FILE AUTHORIZATION AND THE RETURNS IS THEN ELECTRONICALLY SUBMITTED TO THE DEPARTMENT OF THE TREASURY.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. THE EXECUTIVE DIRECTOR AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES.

Name of the organization

Employer identification number

CALIFORNIA HISTORICAL SOCIETY

94-0385620

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL ANNUALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

COMPENSATION OF OTHER HIGH-LEVEL PERSONNEL AND KEY EMPLOYEES IS REVIEWED AT LEAST ANNUALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS. ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL FILES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO WWW.GUIDESTAR.ORG (WHERE IT IS AVAILABLE FOR VIEWING AS AN ELECTRONIC COPY) AND ARE ALSO AVAILABLE AT THE ORGANIZATION'S OFFICE IN SAN FRANCISCO, CALIFORNIA (FOR A PHYSICAL INSPECTION).

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

TRANSFER OF NET ASSETS FROM CHS FOUNDATION.....	\$ 3,244,905.
TOTAL	<u>\$ 3,244,905.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

CALIFORNIA HISTORICAL SOCIETY

Employer identification number

94-0385620

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to 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' to 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) CALIFORNIA HISTORICAL FOUNDATION 678 MISSION STREET SAN FRANCISCO, CA 94105 94-3156066	MANAGE EARNINGS FROM ENDOWMENT ASSETS.	CA	501 (C) (3)	170 (B) (1) (A)	CALIFORNIA HISTORICAL SOCIETY		X
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to 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' to 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' to 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.....
- b** Gift, grant, or capital contribution to related organization(s).....
- c** Gift, grant, or capital contribution from related organization(s).....
- d** Loans or loan guarantees to or for related organization(s).....
- e** Loans or loan guarantees by related organization(s).....

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

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

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information with horizontal dashed lines.

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. CALIFORNIA HISTORICAL SOCIETY	Employer identification number (EIN) or 94-0385620
	Number, street, and room or suite number. If a P.O. box, see instructions. 678 MISSION STREET	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. SAN FRANCISCO, CA 94105	

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 ► PAM GARCIA, FINANCE DIR

Telephone No. ► 415-357-1848 FAX No. ► 415-357-1850

- 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 2/15, 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 7/01, 20 12, and ending 6/30, 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	\$	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	3 b	\$	0.
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	\$	0.

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.

**CONTRIBUTIONS, GIFTS, AND GRANTS
OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC.**

CONTRIBUTIONS, GRANTS AND BEQUESTS.....	\$	1,042,520.
MEMBERSHIPS AND ANNUAL FUND.....		238,064.
MEMBERSHIP DUES REFLECTED SEPARATELY.....		-173,048.
GOVERNMENT GRANTS SHOWN ELSEWHERE.....		-32,500.
NONCASH DONATIONS SHOWN ELSEWHERE.....		-243.
TOTAL	\$	<u>1,074,793.</u>

CLIENT 23005

CALIFORNIA HISTORICAL SOCIETY

94-0385620

1/17/14

09:35AM

DETAILS OF INVESTMENT INCOME (FORM 990 PAGE 9 LINE 3)

INVESTMENT INTEREST AND DIVIDENDS	\$ 131,355
REALIZED GAINS ON INVESTMENTS	94,433
NET INVESTMENT INCOME	\$ 225,788

DETAILS FOR FORM 990-T EXPENSES

COST OF PUBLICATION WITH ADVERTISING	\$ 48,348
DUES ALLOCABLE TO PUB'S WITH ADVERTISING	- 3,935
CALCULATION:	
TOTAL PUBLICATION EXPENSE	48,348
TOTAL EXPENSES FORM 990	2,125,971
PERCENTAGE	0.02274
MULTIPLIED BY MEMBER DUES	173,048
DUES ALLOCABLE TO PUB'S	3,935
TOTAL PUBLICATIONS EXPENSE	\$ 44,413

INVESTMENTS

INVESTMENTS CONSIST OF THE FOLLOWING AT JUNE 30, 2013 AND 2012:

	2013		2012	
	COST	MARKET VALUE	COST	MARKET VALUE
CASH AND CASH EQUIVALENTS	\$ 212,341	212,341	33,677	33,677
MUTUAL FUNDS IN BONDS	1,172,928	1,241,173	1,353,641	1,335,390
MUTUAL FUNDS IN SECURITIES	1,160,741	1,228,278	1,341,656	1,323,566
OTHER MUTUAL FUNDS	973,800	1,030,460	1,130,128	1,114,891
TOTALS FOR CHS	\$3,519,810	3,712,252	3,859,102	3,807,524

DURING THE YEARS ENDED JUNE 30, 2013 AND 2012, PROCEEDS FROM THE SALE OF INVESTMENTS WERE REINVESTED INTO OTHER INVESTMENTS. INVESTMENT INCOME CONSISTS OF INTEREST AND DIVIDENDS AND AMOUNTED TO \$131,355 AND \$118,182 FOR THE YEARS ENDED JUNE 30, 2013 AND 2012, RESPECTIVELY. REALIZED GAINS (LOSSES) AMOUNTED TO \$94,433 AND (\$36,036) FOR THE YEARS ENDED JUNE 30, 2013 AND 2012, RESPECTIVELY. DURING THE YEARS ENDED JUNE 30, 2013 AND 2012, UNREALIZED GAINS (LOSSES) ON INVESTMENTS AMOUNTED TO \$192,441 AND (\$51,578), RESPECTIVELY. ALL INVESTMENTS ARE MAINTAINED IN AN ACCOUNT AT AN INVESTMENT BROKERAGE FIRM.

PROPERTY AND EQUIPMENT

PROPERTY AND EQUIPMENT CONSIST OF THE FOLLOWING AT JUNE 30, 2013 AND 2012:

	2013	2012
LAND AND BUILDINGS	\$4,613,645	4,613,645
EQUIPMENT	751,228	751,228
LESS: ACCUMULATED DEPRECIATION	(2,943,124)	(2,943,124)
PROPERTY AND EQUIPMENT, NET	\$2,421,749	2,421,749

DEPRECIATION EXPENSE AMOUNTED TO \$156,284 AND \$171,565 FOR THE YEARS ENDED JUNE 30, 2013 AND 2012, RESPECTIVELY. THE SOCIETY HAS NOT OBTAINED A RECENT APPRAISAL OF ITS

1/17/14

09:35AM

NON-CAPITALIZED COLLECTIONS.

CLIENT 23005

CALIFORNIA HISTORICAL SOCIETY

94-0385620

1/17/14

09:32AM

RENTAL INCOME WORKSHEET**MEETING ROOMS**

GROSS RENTAL INCOME.....	\$	24,146.
EXPENSES		
TOTAL EXPENSES.....	\$	<u>0.</u>
NET RENTAL INCOME OR LOSS		<u>\$ 24,146.</u>

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR.....	1,969.
2. PURCHASES.....	26,427.
3. COST OF LABOR.....	0.
4. ADDITIONAL 263A COSTS.....	0.
5. OTHER COSTS.....	<u>0.</u>
6. TOTAL (ADD LINES 1 THROUGH 5).....	28,396.
7. INVENTORY AT END OF YEAR.....	<u>1,944.</u>
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6).....	<u><u>26,452.</u></u>

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
PROFESSIONAL FEES - OTHER	149,216.	128,296.	14,020.	6,900.
TOTAL	<u>\$ 149,216.</u>	<u>\$ 128,296.</u>	<u>\$ 14,020.</u>	<u>\$ 6,900.</u>

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK/INVESTMENT/FINANCIAL FEES	12,578.		12,578.	
CATERING AND HOSPITALITY	25,865.	16,212.		9,653.
DUES AND SUBSCRIPTIONS	11,338.	6,422.	959.	3,957.
EQUIPMENT RENTAL	13,463.	920.	12,543.	
POSTAGE AND SHIPPING	18,148.	8,737.	7,348.	2,063.
PROGRAMS AND OTHER	5,560.	3,473.	1,670.	417.
REPAIRS AND MAINTENANCE	21,512.	9,747.	11,765.	
TELEPHONE	12,359.	15.	12,344.	
TOTAL	<u>\$ 120,823.</u>	<u>\$ 45,526.</u>	<u>\$ 59,207.</u>	<u>\$ 16,090.</u>