000		00	Return of Organization Exempt Fro	m Incon	ne Tax	OMB No. 154	5-0047
For	шЯ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (except priva	ate foundation	s) 201	6
Department of the Treasury			Do not enter social security numbers on this form as it			Open to P	ublic
Internal Revenue Service			Information about Form 990 and its instructions is at w			Inspect	
A	or th	e 2016 calend	ar year, or tax year beginning $ m JUL1$, 2016 and endin	ng JUN 30	0, 2017		
B	Check if	C Name of	organization	D Emp	loyer identifica	ation number	
, 	∏Addre						
			INIA HISTORICAL SOCIETY		F 4 0 4	10450	
	_chang	ge Doing bu	usiness as			19452	
	returr Final	Number	and street (or P.O. box if mail is not delivered to street address)	/suite E Telep	ohone number	EQ 4001	
	returr termi	n-	BOX 7311			58-4901	221
	ated]Amer	ded DTCU	own, state or province, country, and ZIP or foreign postal code MOND, VA 23221		receipts \$	7,337,	554.
	_lreturr _Appli _tion		nd address of principal officer: JAMIE O. BOSKET		this a group ret		XNo
	pendi		AS C ABOVE		all subordinates incl		
1 1	[ay.ey	empt status:				st. (see instruction	
					oup exemption		5113)
		f organization:	Corporation Trust Association X Other ► 501 (CL				icile: VA
	art I					0	
•	1	Briefly describ	e the organization's mission or most significant activities: CONNECT	ING PEOD	PLE TO A	MERICA'S	
Governance		PAST TH	ROUGH THE UNPARALLELED STORY OF VIRG	INIA.			
erné	2	Check this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed of	f more than 259	% of its net ass	ets.	
0 V	3	Number of vot	ing members of the governing body (Part VI, line 1a)				30
ن ه	4		ependent voting members of the governing body (Part VI, line 1b)				30
ies	5		of individuals employed in calendar year 2016 (Part V, line 2a)				107
Activities &	6		of volunteers (estimate if necessary)			140	55
Act			d business revenue from Part VIII, column (C), line 12			140,	025.
	b	Net unrelated	business taxable income from Form 990-T, line 34				• •
		Contributions			Year 39,669.	Current Ye 4,320,	
Revenue	8		and grants (Part VIII, line 1h)	10	80,608.		503.
evel	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		51,967.	2,036,	
Å	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,151.		491.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		94,395.	7,337,	
	13		nilar amounts paid (Part IX, column (A), lines 1·3)	-	0.	<u> </u>	0.
	14		to or for members (Part IX, column (A), line 4)		0.		0.
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	4,19	93,736.	4,254,	089.
en se	16a	Professional fu	undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 878,027.		0.		0.
Expens	b	Total fundraisi	ng expenses (Part IX, column (D), line 25)				
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		88,086.	4,485,	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		81,822.	8,739,	
	19	Revenue less	expenses. Subtract line 18 from line 12		87,427.	-1,402,	
Net Assets or Fund Balances				0.1 4	f Current Year 72 , 274 .	End of Yea 92,523,	
Asse Bala	20	Total assets (F		0 0	48,289.	6,428,	
Vet / und	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20		23,985.	86,094,	
	art II			52,52		,	
		-	declare that I have examined this return, including accompanying schedules and s	statements. and t	o the best of mv l	knowledge and be	lief, it is
	•		Declaration of preparer (other than officer) is based on all information of which pre-	-			.,
		· ·			~		

Sign Here	Signature of officer RICHARD HEIMAN, CFO Type or print name and title		Date
	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	VIRGINIA R. BELCHER		$\mathbb{P}00421964$
Preparer	Firm's name KEITER , STEPHENS,	HURST, GARY & SHREAVES, PC	Firm's EIN 54-1631262
Use Only	Firm's address P.O. BOX 32066		
	RICHMOND, VA 232	94-2066	Phone no. (804)747-0000
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
			- 000 (*** ***

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Form	990 (2016) VIRGINIA HISTORICAL SOCIETY 54-041	19452	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🔲
1	Briefly describe the organization's mission: CONNECTING PEOPLE TO AMERICA'S PAST THROUGH THE UNPARALLELED S	TORY	OF
	VIRGINIA. BY COLLECTING, PRESERVING AND INTERPRETING THE	<u>,101(1</u>	01
	COMMONWEALTH'S HISTORY, WE LINK PAST WITH PRESENT AND INSPIRE	FUTUR	E
	GENERATIONS.		
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	XNo
•	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	L Yes	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b	v expenses	5.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	•	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,579,312. including grants of \$) (Revenue \$)
	COLLECTIONS		
4b	(Code:) (Expenses \$ 3,798,490. including grants of \$) (Revenue \$))
	PROGRAMS		
			<u> </u>
4c	(Code:) (Expenses \$ 1,074,839. including grants of \$) (Revenue \$)
	RESEARCH		/
4d	Other program services (Describe in Schedule O.)		
ти	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 6 , 452, 641.		
		Form 9	90 (2016)
63200	2 11-11-16 2		
200	405 759400 708602 000 2016.05070 VIRGINIA HISTORICAL SOCIET	V 7086	50201

08200405 759400 708602

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⊢orm	990	(2016)

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form **990** (2016)

632003 11-11-16

Form	000	(2016)	
Form	990	(2010)	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
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, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	280		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		<u> </u>	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		┣──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- -
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2016)

632004 11-11-16

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V						
	Check in Schedule O contains a response of hote to any line in this Part V	<u></u>		<u></u>	Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	43		103		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0	1			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and		able gaming				
	(gambling) winnings to prize winners?			1c	Х		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	107				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns? _.		2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)					
				3a	X X		
	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O						
4a	ta 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	acco	unt)?	4a		X	
b	If "Yes," enter the name of the foreign country:						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			_		v	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did			0-		x	
h	any contributions that were not tax deductible as charitable contributions?			6a			
D	If "Yes," did the organization include with every solicitation an express statement that such contribution and the statement that such contris and the statement		-	6b			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			00			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so	ervices	provided to the pavor?	7a		x	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v						
	to file Form 8282?		-	7c		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file F	Form 8	899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	zation	file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	-					
	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:	100	1				
	Initiation fees and capital contributions included on Part VIII, line 12	10a		1			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders	11a	1				
	Gross income from other sources (Do not net amounts due or paid to other sources against			1			
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note. See the instructions for additional information the organization must report on Schedule O.						
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	13b					
	Enter the amount of reserves on hand	13c					
				14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O .		14b		L	
				Form	1 990	(2016)	

632005 11-11-16

Form 990 (2016)

Form 990	(2016))
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X				
iect	tion A. Governing Body and Management								
	en a construction de la	3	0	Yes	N				
та	Enter the number of voting members of the governing body at the end of the tax year 1a	5	4						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	3							
	Enter the number of voting members included in line 1a, above, who are independent 1b		4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				X				
•	officer, director, trustee, or key employee?		2		2				
3	Did the organization delegate control over management duties customarily performed by or under the dire	-			.				
	of officers, directors, or trustees, or key employees to a management company or other person?				2				
	Did the organization make any significant changes to its governing documents since the prior Form 990 w				2				
	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		2				
	Did the organization have members or stockholders?		6						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				Ι,				
	more members of the governing body?		7a		Σ				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockh	olders, or			Ι.				
	persons other than the governing body?		7b		X				
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the	•							
	The governing body?		8a	X					
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9						
ject	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code.)			_				
				Yes	_				
0a	Did the organization have local chapters, branches, or affiliates?		10a		2				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to con	flicts?	12b	X					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," of	escribe							
	in Schedule O how this was done		12c	X					
	Did the organization have a written whistleblower policy?		13	X					
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by i	ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		15a	X					
b	Other officers or key employees of the organization		15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	vith a							
	taxable entity during the year?		16a		2				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	•							
	exempt status with respect to such arrangements?		16b						
jec	tion C. Disclosure								
	List the states with which a copy of this Form 990 is required to be filed AL , AK , AR , AZ , CA , C	O, CT, FL, G	A,HI	,IL	, I				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec				<u>,</u>				
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Other (explain in Sc	hedule ()							
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict	,	nd finar	cial					
0	Describe in Schedule O whether (and it so, now) the organization made its governing documents, connict	of interest policy, a	iu iirai	iciai					
19	statements available to the public during the tax year.								
		nd recorder 🏲	State the name, address, and telephone number of the person who possesses the organization's books and records:						
	State the name, address, and telephone number of the person who possesses the organization's books a	nd records:							
	State the name, address, and telephone number of the person who possesses the organization's books a THE VIRGINIA HISTORICAL SOCIETY - (804)358-4901	nd records:							
20	State the name, address, and telephone number of the person who possesses the organization's books a THE VIRGINIA HISTORICAL SOCIETY - (804)358-4901 428 NORTH BOULEVARD, RICHMOND, VA 23220	nd records: ►		. 0000	105				
20	State the name, address, and telephone number of the person who possesses the organization's books a THE VIRGINIA HISTORICAL SOCIETY - (804)358-4901	nd records: ►	Forn	n 990	(20				

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compensa	ted
	Employees, and Independe	ent Contra	ctors					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of	
	week					1	(00)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	Institutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) GRADY W. POWELL	2.00									
HONORARY VICE CHAIRMAN		Х						0.	0.	0.
(2) ANNE R. WORRELL	2.00									
HONORARY VICE CHAIRMAN		Х						0.	0.	0.
(3) BRENTON S. HALSEY	2.00									
HONORARY VICE CHAIRMAN		Х						0.	0.	0.
(4) HERBERT A. CLAIBORNE, III	2.00									
TRUSTEE		Х						0.	0.	0.
(5) JOHN R. NELSON, PHD	2.00									
CHAIRMAN		Х						0.	0.	0.
<pre>(6) LINWOOD ALLEN LACY, JR</pre>	2.00									
TRUSTEE		Х						0.	0.	0.
(7) HARRY F. BYRD, III	2.00								_	_
REGIONAL VICE CHAIRMAN		Х						0.	0.	0.
(8) CONRAD M. HALL	2.00								_	_
HONORARY VICE CHAIRMAN		Х						0.	0.	0.
(9) THOMAS G. SLATER, JR.	2.00									
TRUSTEE		Х						0.	0.	0.
(10) THOMAS G. SNEAD, JR.	2.00									•
TRUSTEE		X						0.	0.	0.
(11) ROBERT C. SLEDD	2.00									0
TRUSTEE		X						0.	0.	0.
(12) JOSEPH STETTINIUS	2.00								0	0
TRUSTEE	0.00	X						0.	0.	0.
(13) H. FURLONG BALDWIN	2.00								0	0
HONORARY VICE CHAIRMAN		X						0.	0.	0.
(14) J. HARVIE WILKINSON, III	2.00								0	0
TRUSTEE		Х						0.	0.	0.
(15) ROBERT D. TAYLOR	2.00								0	0
TRUSTEE		Х						0.	0.	0.
(16) NANCY H. GOTTWALD	2.00								0	0
TRUSTEE	2 00	Х						0.	0.	0.
(17) PAMELA K. ROYALL, PHD	2.00								^	0
TRUSTEE		Х						0.	0.	0.
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Form 990 (2016)
Dort VII	-

Part VII Section A. Officers, Directors, Tr		ploy	/ees			igne	st C				·	
(A)	(B)							(D)	(E)		(F)	
Name and title		Average Pos (do not check box, unless por						Reportable	Reportable		stimate	
	week					is bot or/trus		compensation from	compensation from related	a	mount other	
	(list any	tor						the	organizations			
	hours for	direc				p		organization	(W-2/1099-MISC)		from th	
	related	tee or	istee			ensate		(W-2/1099-MISC)	,	or	ganizat	tion
	organizations	I trus	nal tru		oyee	ompe					nd relat	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	ganizati	ons
	line)	lnd	lns	1.	Key	en Hig	For			—		
(18) CHARLES L. CABELL	2.00								0			0
TRUSTEE (19) WILLIAM H. FRALIN, JR.	2.00	X				-		0.	0.	·		0.
TRUSTEE	2.00	x						0.	0.			0.
(20) GEORGE C. FREEMAN, III	2.00	11				+				+		
TRUSTEE		x						0.	0.			0.
(21) WILLIAM C. WOOLDRIDGE	2.00									<u> </u>		
TRUSTEE		x						0.	0.	.		0.
(22) RICHARD P. CULLEN	2.00									1		
TRUSTEE		X						0.	0.	,		Ο.
(23) SUSAN S. GOODE	2.00											
TRUSTEE		Х						0.	0.	,		0.
(24) LANDON HILLIARD	2.00											
TRUSTEE		X						0.	0.	,		0.
(25) AUSTIN BROCKENBROUGH III	2.00								0			0
TRUSTEE	2.00	X						0.	0.	·		0.
(26) RUSSELL B. HARPER TRUSTEE	2.00	x						0.	0.			0.
								0.	0.			0.
1b Sub-total c Total from continuation sheets to Part								548,741.	0.		59,4	
d Total (add lines 1b and 1c)								548,741.	0.		59,4	
2 Total number of individuals (including but											- / -	
compensation from the organization		1000	, 11011	Ju		0,	10 1					3
											Yes	No
3 Did the organization list any former office	er, director, or tru	uste	e, ke	ey e	mplo	oyee	, or	highest compensated em	1ployee on			
line 1a? If "Yes," complete Schedule J for	such individual			-						3	Х	
4 For any individual listed on line 1a, is the	sum of reportab											
and related organizations greater than \$1	50,000? If "Yes,	" со	mpl	ete	Sch	edul	e J f	for such individual		4	Х	
5 Did any person listed on line 1a receive of	r accrue compe	nsat	tion	fron	n ang	y uni	relat	ted organization or indivic	lual for services			
rendered to the organization? If "Yes," co	mplete Schedul	e J f	for s	uch	per	son			<u></u>	5		X
Section B. Independent Contractors												
1 Complete this table for your five highest										sation	from	
the organization. Report compensation for	or the calendar y	ear	endi	ing	with	or w	rithir I		ear.			
(A) Name and busine:	ss address	N	ONI	E				(B) Description of se	rvices		C) ensatio	n
2 Total number of independent contractors	(including but r	not li	mite	d to	o tho	ose li	stec	d above) who received mo	ore than			
\$100,000 of compensation from the orga						0						
SEE PART VII, SECTIO	ON A CON	ΓII	NUZ	AT	IOI	N S	SH	EETS		Form	1 990 (2016)
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						8						

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Part VII Section A. Officers, Directors, Tr	ustees, Key Er	mplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of
	per	,						from	from related	other
	week					yee		the	organizations	compensatior
	(list any	ector				n plo		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted el		(W-2/1099-MISC)		organization
	related	tee o	ustee			en sat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	/id ua	tutio	er	empl	lest c	ner			
	line)	Indiv	Insti	Officer	Key	High	Former			
27) GEN. JOHN P. JUMPER	2.00									
RUSTEE		x						0.	0.	0
28) HON. ELIZABETH A. MCCLANAHAN	2.00									-
RUSTEE		x						0.	0.	0
	2.00							•	•	0
29) CORDEL L. FAULK	2.00							0	0	0
RUSTEE		X						0.	0.	0
30) ALLISON P. WEINSTEIN	2.00									-
RUSTEE		Х						0.	0.	0
31) RICHARD S. V. HEIMAN	40.00									
P OPERATIONS, CFO & TREAS		1		X				125,000.	0.	21,982
32) JAMIE O. BOSKET	40.00									
PRESIDENT & CEO		1		x				67,012.	0.	842
33) PAMELA R. SEAY	40.00							,		
VP FOR INSTITUTIONAL ADVAN						x		184,530.	0.	21,045
34) PAUL A. LEVENGOOD	40.00							101,550.	•	21,040
	40.00						х	172 100	0	15 500
ORMER PRESIDENT AND CEO							Λ	172,199.	0.	15,582
		4								
		1								
		<u> </u>	<u> </u>		<u> </u>					
		1								
	1									

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Form 990 (20	
Part VIII	Γ

6) VIRGINIA HISTORICAL SOCIETY Statement of Revenue

		Check if Schedule O conta	ains a resp	onse	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1:	a					012 014
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues			336,062.				
۲ G		Fundraising events							
ar A		Related organizations							
S, G		Government grants (contributi		-	28,019.				
Sig		All other contributions, gifts, grant	· –	-					
her	•	similar amounts not included abov			3,956,880.				
Ę	a	Noncash contributions included in lines			874,968.				
anc	-	Total. Add lines 1a-1f				4,320,961.			
<u> </u>					Business Code				
e	2 a	FEES AND ADMISSION			900099	282,277.	282,277.		
Program Service Revenue					900099	19,239.	, 19,239.		
Sel	c	PUBLICATIONS			900099	13,730.	13,730.		
eve eve	d				900099	6,257.	6,257.		
Ba	e					, -	, -		
Pre	f	All other program service reve	nue						
	a	Total. Add lines 2a-2f				321,503.			
	3	Investment income (including				,			
		other similar amounts)	-		· ·	279,715.			279,715.
	4	Income from investment of tax							
	5	Royalties	•	•	· · ·				
		2	(i) Rea		(ii) Personal				
	6 a	Gross rents	451,						
	b	Less: rental expenses		0.					
		Rental income or (loss)	451,	370.					
	d	Net rental income or (loss)			►	451,370.		140,593.	310,777.
		Gross amount from sales of	(i) Securi		(ii) Other				
		assets other than inventory	1,756,	664.					
	b	Less: cost or other basis							
		and sales expenses		Ο.					
	с	Gain or (loss)	1,756,	664.					
		Net gain or (loss)			►	1,756,664.			1,756,664.
an	8 a	Gross income from fundraising	g events (n	ot					
		including \$	of						
leve		contributions reported on line	1c). See						
Ъ		Part IV, line 18		а					
Other Reven	b	Less: direct expenses		b					
0	с	Net income or (loss) from fund	raising eve	ents	►				
	9 a	Gross income from gaming ac	tivities. See	Э					
		Part IV, line 19							
		Less: direct expenses							
	с	Net income or (loss) from gam	ing activitie	es	►				
	10 a	Gross sales of inventory, less	returns						
		and allowances		а	183,920.				
	b	Less: cost of goods sold		b	0.				
	с	Net income or (loss) from sale	s of invento	ory	►	183,920.	183,920.		
ļ		Miscellaneous Revenu	e		Business Code				
		MISCELLANEOUS			900099	17,769.	17,769.		
	b	MAGAZINE ADVERTISING			541800	5,432.		5,432.	
	С								
		All other revenue							
	е	Total. Add lines 11a-11d				23,201.			
	12	Total revenue. See instructions.			🕨	7,337,334.	523,192.	146,025.	2,347,156.
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Part IX Statement of Functional Expenses

VIRGINIA HISTORICAL SOCIETY

Do n	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	se or note to any line in (A) Total expenses	this Part IX (B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	542,733.	385,340.	103,119.	54,274
	Compensation not included above, to disqualified	-			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	2,887,208.	2,218,462.	307,908.	360,838
	Pension plan accruals and contributions (include	.,,	_,,		,
	section 401(k) and 403(b) employer contributions)	174,957.	29,154.	142,800.	3 003
	Other employee benefits	419,937.	333,029.	46,474.	3,003
		229,254.	155,187.	51,251.	22,816
	Payroll taxes	225,2540	155,107.	51,251.	22,010
	Fees for services (non-employees):				
	Management				
	Legal				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	66 275	40.004	1 6 0 0 7	7 31 4
	column (A) amount, list line 11g expenses on Sch 0.)	66,375.	42,834.	16,227.	7,314
	Advertising and promotion		0.61 010	44 120	0 000
	Office expenses	315,060.	261,013.	44,138.	9,909
4	Information technology				
5	Royalties				
6	Occupancy	650,263.	554,450.	76,880.	18,933
7	Travel	228,576.	134,499.	80,553.	13,524
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	208,290.	174,784.	26,913.	6,593
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,054,022.	843,868.	178,324.	31,830
3	Insurance				
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
	OTHER	1,080,732.	701,915.	288,467.	90,350
	EXHIBIT COSTS	393,120.	393,120.		
	PRINTING AND PUBLICATIO	272,201.	130,071.	1,012.	141,118
-	POSTAGE	104,744.	35,341.	1,396.	68,007
	All other expenses	112,518.	59,574.	43,860.	9,084
	Total functional expenses. Add lines 1 through 24e	8,739,990.	6,452,641.	1,409,322.	878,027
	Joint costs. Complete this line only if the organization	-,,	.,,	_,,	5.67021
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	euneanonai campaign ann innu aising solicitation.				

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Form **990** (2016)

VIRGINIA H	ISTORICAL	SOCIETY
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54-0419452 Page 11

16 Total assets. Add lines 1 through 15 (must equal line 34) 91,472,274. 16 92,523,199. 17 Accounts payable and accrued expenses 674,086. 17 295,692. 18 Grants payable 18 18 19 Deferred revenue 367,229. 19 354,696. 20 Tax-exempt bond liabilities 7,906,974. 20 5,778,322. 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. 22 23 Secured mortagaes 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 24 25 Other liabilities. Add lines 17 through 25. 8,948,289. 26 6,428,710. 07 anizations that follow SFAS 117 (ASC 958), check here ▶ ጃ 38,145,143. 29 38,447,437. 27 Unrestricted net assets 38,145,143. 29 38,447,437. 07 anizations that do not fol			Check if Schedule O contains a response or not	te to any lin	e in this Part X			
Beginning of yaar End of yaar 1 Cash-non-interest-bearing 2, 836, 853.1 2, 555, 802. 3 Plodges and garats receivable, net 5, 494, 919.3 4, 160, 969. 4 Accounts receivable, net 4 5 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 6 6 Loans and other receivables from chied disqualified persons (as defined under section 4958(0)(1), persons described in section 4958(0) wolwntay 6 7 9 Propaid expenses and deferred charges 9 9 10 Land, building, and equipment: cost or other basis. Complete Part VI of Schedule D 10 3, 629, 097. 22, 384, 865.100c 21, 182, 844.119 11 Investments - obtar securities. See Part IV, line 11 10 12 11 10 10, 33, 629, 097. 22, 384, 865.100c 21, 182, 844.169.11 12 Investments - obtar securities. See Part IV, line 11 11 12 11 10, 992, 574.4 11 10, 992, 574.4 12, 10, 994, 52, 537, 139.91 13 Investinents - prorgaminetated. See Part IV, line 11 1							1	
g Swings and temporary cash investments 2 g Pelagiss and grants receivable, net 5,494,919.3 4,160,969. 4 Accounts receivable in the maximum and former officers, directors, trustees, key employees, and highest componated employee. Complete 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(1)), persons described in section 4958(2)(3), and contributing employees' beneficiary organizations (see inst). Complete Part II of Sch = 1 6 7 Notes and doars receivable, net 7 8 9 Prepaid expenses and deterred ordriges 9 9 10a Land, building, and equipment: cots or other 8 9 9 10a Land, building, and equipment: cots or other 9 12.182,844. 1 1 Investments - other securities. See Part IV, line 11 13 14 10,992,574. 14 11,089,415. 10 Total assets. Acid lines 1 through 15 (must equal line 34) 91.472,274. 14 12,082,532,199. 11 Investments - other securities. 10,992,574. 15 11,089,415. 12 Investments - other securities. 10,472,274. 14						Beginning of year		
g Swings and temporary cash investments 2 g Pelagiss and grants receivable, net 5,494,919.3 4,160,969. 4 Accounts receivable in the maximum and former officers, directors, trustees, key employees, and highest componated employee. Complete 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(1)), persons described in section 4958(2)(3), and contributing employees' beneficiary organizations (see inst). Complete Part II of Sch = 1 6 7 Notes and doars receivable, net 7 8 9 Prepaid expenses and deterred ordriges 9 9 10a Land, building, and equipment: cots or other 8 9 9 10a Land, building, and equipment: cots or other 9 12.182,844. 1 1 Investments - other securities. See Part IV, line 11 13 14 10,992,574. 14 11,089,415. 10 Total assets. Acid lines 1 through 15 (must equal line 34) 91.472,274. 14 12,082,532,199. 11 Investments - other securities. 10,992,574. 15 11,089,415. 12 Investments - other securities. 10,472,274. 14		1	Cash - non-interest-bearing			2,836,853.	1	2,555,802.
3 Pledges and grants receivable, net 5, 494, 919. 3 4, 160, 969. 4 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part I of Schedule 1. 5 6 6 Loans and other receivables from other disqualified persons (as defined under section 4986)((1)), persons described in section 4986((2))(8) and contributing employees beneficianty organizations (see instr). Complete Part II of Sch L. 7 6 7 Notes and loans receivable, net 7 6 7 9 Prepard expenses and defreed charges 9 9 10a Land, buildings, and equipment: cost or other bass. Complete Part IV of Schedule 0. 10a 53, 534, 169. 11 Investments - publicky traded securities. 49, 763, 063. 11 53, 534, 169. 12 Investments - publicky traded securities. 10, 992, 574. 16 111, 089, 415. 13 Investments - publicky traded securities. 91, 472, 274. 16 11, 089, 415. 14 Intarestments - publicky traded securities. 92, 523, 199. 10, 992, 574. 16 11, 089, 415. 16 Other			•					
4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trusteses, key amployees, and highest compensated empoyees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958()(3)(4), and contributing employeers and sponsoring organizations (see nst). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges 9 10a Loans deferred charges 49, 763, 065.1 11 53, 534, 169.1 11 Investments- publicity traded securities 49, 763, 065.1 11, 089, 415.5 11, 089, 415.5 11 Investments- publicity traded securities 10 10, 992, 574.1 11, 1089, 415.5 11 Investments- publicity traded securities 10, 992, 574.1 11, 1089, 415.5 11, 089, 415.5 12 Investments- publicity traded securities 24 25, 572.3, 199.5 11, 089, 415.5						5,494,919.		4,160,969.
get Lans and other receivables from current and former officers, directors, trustenses, key employees, and highest compensated employees. Complete Part II of Schedule L 5 get Lans and other receivables from other disqualified persons (as defined under section 3950(ff)), persons described in section 4956(g(1)), end contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (as ele insth). Complete Part II of Sch L 7 8 Iversity of the section 301(c)(9) voluntary employees' beneficiary organizations (as ele insth). Complete Part II of Sch L 7 9 Prepaid expenses and deferred charges 9 10 Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 54, 811, 941. 11 Investments- public) traded securities. 49, 763, 063. 11 11 Investments- public) traded securities. 10, 992, 574. 15 11, 089, 415. 13 Investments- public) ad account expenses 674, 086. 17 295, 692. 13 Investments- public) ad account labilities 7, 906, 974. 20, 778, 322. 14 Intargible assets. 10, 992, 574. 15 11, 089, 415. 15 Total assets. Add inter at through 15 (must equal line 34) 91, 472, 274. 16 22, 523, 199.								
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complete lines 27 through 29, and lines 33 and 34.28, 937, 344.2729, 283, 570.27Unrestricted net assets15, 441, 498.2818, 363, 482.28Temporarily restricted net assets38, 145, 143.2938, 447, 437.29Permanently restricted net assets38, 145, 143.2938, 447, 437.29Organizations that do not follow SFAS 117 (ASC 958), check here ▶□303030Capital stock or trust principal, or current funds3031Paid-in or capital surplus, or land, building, or equipment fund3132Retained earnings, endowment, accumulated income, or other funds3233Total net assets or fund balances82, 523, 985.3334Total liabilities and net assets/fund balances91, 472, 274.343492, 523, 199.		26				8,948,289.	26	6,428,/10.
27Unrestricted net assets28,937,344.2729,283,57028Temporarily restricted net assets15,441,498.2818,363,48229Permanently restricted net assets38,145,143.2938,447,43729Organizations that do not follow SFAS 117 (ASC 958), check here ▶□38,145,143.2938,447,43730Capital stock or trust principal, or current funds3031Paid-in or capital surplus, or land, building, or equipment fund3132Retained earnings, endowment, accumulated income, or other funds3233Total net assets or fund balances82,523,985.3386,094,48934Total liabilities and net assets/fund balances91,472,274.3492,523,199					ere 🕨 🔝 and			
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33 10tal net assets of fund balances 02,323,903 33 00,094,403 34 Total liabilities and net assets/fund balances 91,472,274 34 92,523,199	Ę		-	130 958), C	neck nere 🗩 📖			
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33 10tal net assets of fund balances 02,323,903 33 00,094,403 34 Total liabilities and net assets/fund balances 91,472,274 34 92,523,199	t As							
34 Total liabilities and net assets/fund balances 91,472,274. 34 92,523,199	Net					82 523 985		86 094 489
							_	92 523 199
		34	TOTAL HADINGES AND THE ASSETS/TUNU DATAINCES				34	Form 990 (2016)

Form 990 (2016)
Part X Balance Sheet

Form	990 (2016) VIRGINIA HISTORICAL SOCIETY	54-0	419452	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,33		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,73		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,40		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	82,52		
5	Net unrealized gains (losses) on investments	5	4,97	3,1	60.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		00.00		~ ~
	column (B))	10	86,09	4,4	89.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Δ	
•	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audit			x
Ŀ	Act and OMB Circular A-133?		3a		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		0.		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2016)

632012 11-11-16

SCHEDULE A	
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(Form	990	or	990-	·ΕΖ
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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.

C	Dpen	to	Public
	Insi	oed	ction

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

►	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at M	/ww.irs.gov/form990.
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Name of the organization

Nam	Name of the organization Employer identification number								
_				RICAL SOCIET					4-0419452
Par									
The c	rgani	ization is not a private found							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .							
2		A school described in secti							
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	d or opera	ted by a g	overnmental (unit describ	ped in
		section 170(b)(1)(A)(iv). (C							
6	37	A federal, state, or local gov							
7	Х	An organization that norma	-	intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (Co	-						
8		A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
		university:							
10		An organization that norma							
		activities related to its exem							-
		income and unrelated busir		(less section 511 tax) fro	om busine	esses acqu	iired by the oi	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	,						
11		An organization organized a			•				
12		An organization organized a	•	•	•				
		more publicly supported or							check the box in
		lines 12a through 12d that				-		-	
а		Type I. A supporting orga	-	-	•				
		the supported organization			a majority	of the dire	ctors or truste	ees of the s	upporting
L		organization. You must c	-					na (a) hu ha	, dia a
b	L	Type II. A supporting organization	-				-		-
		control or management o			ame perso	ons that co	ontroi or mana	age the sup	ported
•		organization(s). You mus			in connoc	tion with	and functions	lly intograt	ad with
С	L	J Type III functionally inte its supported organization						iny integrate	eu witti,
d		Type III non-functionally				-	-	rtod organi	zation(c)
u	L	that is not functionally int						-	
		requirement (see instruct	с с	c ,			•	u an alleni	IVENESS
е		Check this box if the orga						II Type III	
C	L	functionally integrated, or					r type i, type	n, type in	
f	Ente	r the number of supported of	rachizationa		ng organ.	Lation			
		ide the following information							
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota									
LHA	For P	aperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	r 990-EZ.	632021 09-	21-16 Sche	dule A (For	m 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 VIRGINIA HISTORICAL SOCIETY Part II Support Schedule for Organizations Described in Sections 17

54-0419452 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8823558.	11355130.	4999306.	5439669.	4320961.	34938624.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8823558.	11355130.	4999306.	5439669.	4320961.	34938624.
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)						4264763.
6	Public support. Subtract line 5 from line 4.						30673861.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	8823558.	(b)2013 11355130.	(c) 2014 4999306.	5439669.	4320961.	34938624.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1711023.	926,685.	782,185.	700,583.	737,342.	4857818.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	88,604.	85,759.	45,425.	83,165.		302,953.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	33,062.	26,250.	13,832.	21,477.	23,201.	
11	Total support. Add lines 7 through 10						40217217.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	872,721.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	76.27 %
	Public support percentage from 2015					15	76.39 %
16 a	33 1/3% support test - 2016. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this be	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2015. If the o	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	o or more, check t	his box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	t VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the	e
	organization meets the "facts-and-cire						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	ns ►
					Sche	dule A (Form 990) or 990-EZ) 2016

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15 2016.05070 VIRGINIA HISTORICAL SOCIETY 70860201

Schedule A (Form 990 or 990-EZ) 2016 VIRGINIA HISTORICAL SOCIETY

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				<u>.</u>	_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) or	ganization,
	check this box and stop here			<u></u>)
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2016 (line 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	•			
17	Investment income percentage for 20)16 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
k	33 1/3% support tests - 2015. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organiza	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
6320	23 09-21-16			1.6	Sch	edule A (Form	n 990 or 990-EZ) 2016
				16			

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Schedule A (Form 990 or 990-EZ) 2016 VIRGINIA HISTORICAL SOCIETY

54-0419452 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

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17

Schedule A (Form 990 or 990-EZ) 2016 VIRGINIA HISTORICAL SOCIETY Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	;).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9	90 or 9	90-EZ	2016
	18			

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2016.05070 VIRGINIA HISTORICAL SOCIETY 70860201

Schedule A (Form 990 or 990-EZ) 2016 VIRGINIA HISTORICAL SOCIETY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

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2016.05070 VIRGINIA HISTORICAL SOCIETY 70860201

Schedule A (Form 990 or 990 EZ) 2016 VIRGINIA HISTORICAL SOCIETY

	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets	··· ·		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Coot	ion E. Distribution Allocations (and instructions)	Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Part VI	Form 990 or 990 EZ) 2016 VIRGIN Supplemental Information. Pr	ovide the explanations require	by Part II line 10. Part II li	54-0419452 Part III line 12 ⁻
	Part IV, Section A, lines 1, 2, 3b, 3c, 4l line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part V	o, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 ; Part IV, Section E, lines 1c, 2a	b, and 11c; Part IV, Section ı, 2b, 3a, and 3b; Part V, line	B, lines 1 and 2; Part IV, Section C e 1; Part V, Section B, line 1e; Part \
	(See instructions.)		iso complete this part for a	ly additional information.
32028 09-21-1	6			Schedule A (Form 990 or 990-EZ)

SCHEDULE D)
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(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



	ment of the Treasury I Revenue Service		Attach to Form 990. rm 990) and its instructions is at www.i	rs.gov/form990.	Inspection
Nam	e of the organizati			Employe	r identification number $54 - 0419452$
Par	tl Organiza	ations Maintaining Donor Advise			
. a		on answered "Yes" on Form 990, Part IV, lin			
	organizatio		(a) Donor advised funds	(b) Funds a	nd other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5		on inform all donors and donor advisors in		sed funds	
	-	on's property, subject to the organization's	-		Yes No
6		on inform all grantees, donors, and donor a			
	for charitable purp	poses and not for the benefit of the donor o	or donor advisor, or for any other purpose	e conferring	
	impermissible priv	/ate benefit?			Yes No
Par	tll Conserv	vation Easements. Complete if the org			
1	Purpose(s) of con	servation easements held by the organizati	ion (check all that apply).		
	Preservation	n of land for public use (e.g., recreation or e	education)	torically important	land area
	Protection of	of natural habitat	Preservation of a cer	tified historic struc	ture
	Preservation	n of open space			
2	Complete lines 2a	a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation	easement on the last
	day of the tax yea	ır.		Held	l at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b	Total acreage rest	tricted by conservation easements		2b	
С	Number of conser	rvation easements on a certified historic str	ucture included in (a)	2c	
d		rvation easements included in (c) acquired			
		nal Register			
3	Number of conser	rvation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization dur	ing the tax
	year 🕨				
4		where property subject to conservation ear			
5	•	ation have a written policy regarding the per			
-	•	forcement of the conservation easements i			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easeme	nts during the year
-					
1	Amount of expens ► \$	ses incurred in monitoring, inspecting, hanc	aling of violations, and enforcing conserv	ation easements d	uning the year
0	· · ·	rvation easement reported on line 2(d) abov	a action the requirements of acation 17		
8					Yes No
9		n)(4)(B)(ii)? ibe how the organization reports conservati			
9		ble, the text of the footnote to the organization	•	-	
	conservation ease			s the organization s	accounting for
Par		ations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar A	ssets.
		if the organization answered "Yes" on Form			
1a	If the organization	n elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance	sheet works of art,
		es, or other similar assets held for public ext			
		otnote to its financial statements that descri			
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance she	et works of art, historical
	treasures, or othe	er similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provi	de the following amounts
	relating to these it				-
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1		• •	
		ed in Form 990, Part X			
2		n received or held works of art, historical tre			
	the following amo	unts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included	d on Form 990, Part VIII, line 1		> \$	
b		n Form 990, Part X			

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990
632051	08-29-16

Schedule D (Form 990) 2016

27

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2016.05070 VIRGINIA HISTORICAL SOCIETY 70860201

Sche	dule D (Form 990) 2016 VIRGINI	A HISTORICZ	AL SOCIETY	<u>r</u>		ŗ	54-04	19452	2 Pa	age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Ti	reasures, c	or Othe					
3	Using the organization's acquisition, accessi									s
	(check all that apply):			C						
а	X Public exhibition	d	X Loan or exc	hange progra	ams					
b	X Scholarly research	е	Other	0.0						
с	X Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	how they further	the organizatio	on's exen	nat purpo	se in Parl	t XIII.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma							Yes	X	No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa		U					,		
1 a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	ns or other as	sets not i	ncluded				
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amount	:	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on F					ty?		Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par						0.				
		(a) Current year	(b) Prior year	(c) Two year	s back	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	34,441,938.	39,354,408	40,227	7,066.	38,3	36,249.	35	,341,	000.
	Contributions								929,	
	Net investment earnings, gains, and losses	5,392,987.	-2,278,258	. 1,648	3,365.	6,1	56,212.	4	,775,	
	Grants or scholarships				-					
	Other expenditures for facilities									
	and programs	2,709,116.	2,933,018	2,797	7,040.	4,3	43,869.	2	709,	591.
f	Administrative expenses				,		,		,	
	End of year balance	37,428,103.	34,441,938	. 39,354	1,408.	40,2	27,066.	38	336,	249.
2	Provide the estimated percentage of the cur				,		,			
	Board designated or quasi-endowment		%	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>						
	Permanent endowment 80.55	%								
	Temporarily restricted endowment 1									
Ũ	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	•	ation that are held a	and administe	red for th	e organiz	ation			
00	by:					e erganiz	ation	Г	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations									X
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule B?	>				3b		
4	Describe in Part XIII the intended uses of the			·				0.0		
<u> </u>	t VI Land, Buildings, and Equipm		whent tands.							
	Complete if the organization answere		Part IV line 11a	See Form 990) Part X I	ine 10				
	Description of property	(a) Cost or ot	· · · ·	t or other		cumulate	d	(d) Bool	value	
	Description of property	basis (investm	• • •	(other)	• •	reciation		(u) D00r	value	-
10	Land		,	<u>36,301.</u>	dop	Solution		430	5,3	01.
	Land)1,418.	6 9	93,30	55.	$\frac{1}{9,508}$		
	Buildings Leasehold improvements		-	39,251.		$\frac{00,00}{10}$		<u>9,93</u>		
				51,568.		62,1	79	1,299	2 / 1 2 / 1	89
	Equipment			73,403.		$\frac{02,1}{73,40}$		-,2).	-,5	0.
	Other							1,182	2 8	
Tota	Aud intes ra through re. (Column (d) must e	quari 0111 990, Fall.	л, сощни (<i>D)</i> , ште	100./			Schedule			
							Joneuule	חוסיו) ש	1 990)	2010

632052 08-29-16

(Form 990) 2016	- Other Securities	HISTORICAL	
mesiments		2.	

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments Drearem Polated		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST & DIVIDENDS	26,109.
(2) OTHER CURRENT ASSETS	308,845.
(3) DUE FROM SOV	10,619,997.
(4) SOV LLC	134,464.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	11,089,415.

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2016

632053 08-29-16

Sche	dule D (Form 990) 2016 VIRGINIA HISTORICAL SOCIET	Y	54-0419452 _{Page} 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	_ 2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		penses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		1 1
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	. 2a	
b	Prior year adjustments	. 2b	
С	Other losses	. 2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	. 4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)		
Pa	rt XIII Supplemental Information.		

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

PART III, LINE 1A:

08

IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MOST MUSEUMS, THE SOCIETY'S
FINANCIAL STATEMENTS EXCLUDE THE VALUE OF THE COLLECTION OBJECTS AND
LIBRARY HOLDINGS, AND NO DETERMINATION HAS BEEN MADE AS TO THE AGGREGATE
VALUE OF SUCH ITEMS. PURCHASES OF COLLECTION ITEMS ARE RECORDED DECREASES
IN UNRESTRICTED NET ASSETS OR TEMPORARILY RESTRICTED NET ASSETS IF THE
ASSETS USED TO PURCHASE COLLECTION ITEMS ARE RESTRICTED BY THE DONOR.
THE SOCIETY COLLECTS MANUSCRIPTS, BOOKS, MAPS, NEWSPAPERS, PHOTOGRAPHS,
PORTRAITS, AND OTHER WORKS OF ART, AS WELL AS MUSEUM ARTIFACTS THAT ARE
RELATED TO VIRGINIA AND AMERICAN HISTORY. THE SOCIETY'S COLLECTIONS ARE
MAINTAINED FOR RESEARCH, EDUCATION, AND PUBLIC EXHIBITION IN FURTHERANCE
632054 08-29-16 Schedule D (Form 990) 2016
30 200405 759400 708602_000 2016.05070 VIRGINIA HISTORICAL SOCIETY 70860201

OF PUBLIC SERVICE RATHER THAN FOR FINANCIAL GAIN. COLLECTIONS ARE THE MOST VALUABLE ASSETS OF THE SOCIETY AND ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED. AS STEWARD FOR MANY TREASURES RELATING TO THE STATE'S AND NATION'S HISTORY, THE SOCIETY MAINTAINS METICULOUS RECORDS AND IS NATIONALLY NOTED FOR THE DEPTH AND DETAIL OF ITS DESCRIPTIVE CATALOGING FOR ITS LIBRARY HOLDINGS.

INTELLECTUAL AS WELL AS PHYSICAL CONTROL OF ALL COLLECTIONS IS MAINTAINED THROUGH EXTENSIVE RECORD KEEPING INCLUDING PROVENANCE OF ORIGIN; ACCESSION DATE; TERMS OF GIFT OR PURCHASE PRICE, WHICHEVER IS APPLICABLE; PHYSICAL DESCRIPTION AND CONDITION REPORT; LOCATION; AND CONSERVATION RECORD. IN CONFORMITY WITH THE AMERICAN ASSOCIATION OF MUSEUM GUIDELINES, COLLECTIONS ARE DEACCESSIONED RARELY AND IN CLOSE ADHERENCE TO SPECIFIC STEPS, CULMINATING IN APPROVAL FROM EITHER THE SOCIETY'S PRESIDENT OR COLLECTION COMMITTEE. PROCEEDS DERIVED FROM THE SALE OF ANY DEACCESSIONED COLLECTIONS ARE APPLIED TO RESOURCES RESTRICTED TO THE PURCHASE OF COLLECTIONS.

THE SOCIETY DOES NOT INCLUDE EITHER THE COST OR THE VALUE OF ITS COLLECTIONS IN THE STATEMENTS OF FINANCIAL POSITION, NOR DOES IT RECOGNIZE GIFTS OF COLLECTION ITEMS AS REVENUES IN THE STATEMENTS OF ACTIVITES. BECAUSE COLLECTION ITEMS ACQUIRED BY PURCHASE ARE NOT CAPITALIZED, THE COST OF THOSE ACQUISITIONS IS REPORTED AS A DECREASE IN NET ASSETS IN THE STATEMENT OF ACTIVITIES.

PART X, LINE 2:

THE SOCIETY HAS ADOPTED FINANCIAL REPORTING GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING FOR INCOME Schedule D (Form 990) 2016

08200405 759400 708602_000 2016.05070 VIRGINIA HISTORICAL SOCIETY 70860201

TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE SOCIETY'S CONSOLIDATEDFINANCIAL STATEMENTS. THE GUIDANCE ALSO PROVIDES CRITERIA ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION.

THE SOCIETY DISCLOSES THE EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POSITIONS PRESUMING THE TAXING AUTHORITIES' FULL KNOWLEDGE OF THE FACTS AND THE SOCIETY'S POSITION, AND RECORDS UNRECOGNIZED TAX BENEFITS OR LIABILITIES FOR KNOWN, OR ANTICIPATED TAX ISSUES BASED ON THE SOCIETY'S ANALYSIS OF WHETHER ADDITIONAL TAXES WOULD BE DUE TO THE AUTHORITY GIVEN THEIR FULL KNOWLEDGE OF THE TAX POSITION. THE SOCIETY HAS COMPLETED ITS ASSESSMENT AND DETERMINED THAT THERE ARE NO TAX POSITIONS WHICH WOULD REQUIRE RECOGNITION. THE SOCIETY IS NOT CURRENTLY UNDER AUDIT FOR ANY JURISDICTION.

Schedule D (Form 990) 2016

632055 08-29-16

SCHEDULE J		I	OMB No.	1545-00	47		
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	16			
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IU	,		
Department of the Treasur	Attack to Forms 000		Open to Publ				
Internal Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo		Inspe				
Name of the organi			identificati		mber		
Devit I Ourse	VIRGINIA HISTORICAL SOCIETY	54-	041945	2			
Part I Quest	ions Regarding Compensation						
		- 000		Yes	No		
	ropriate box(es) if the organization provided any of the following to or for a person listed on Form	1990,					
	n A, line 1a. Complete Part III to provide any relevant information regarding these items. or charter travel Housing allowance or residence for perso						
	or charter travel Housing allowance or residence for person companions Payments for business use of personal re						
	inification and gross-up payments Health or social club dues or initiation fee						
	ary spending account						
		ur, cheij					
b If any of the br	xes on line 1a are checked, did the organization follow a written policy regarding payment or						
	or provision of all of the expenses described above? If "No," complete Part III to explain		1b				
	ation require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
•	fficers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3 Indicate which	if any, of the following the filing organization used to establish the compensation of the organiz	ation's					
	Director. Check all that apply. Do not check any boxes for methods used by a related organization						
	ensation of the CEO/Executive Director, but explain in Part III.						
· · · · ·	ation committee Written employment contract						
	ent compensation consultant I Compensation survey or study						
	of other organizations I Approval by the board or compensation of	committee					
4 During the yea	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
organization o	a related organization:						
a Receive a seve	rance payment or change-of-control payment?		4a		X		
	or receive payment from, a supplemental nonqualified retirement plan?				X		
c Participate in,	or receive payment from, an equity-based compensation arrangement?		4c		X		
If "Yes" to any	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
-	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
•	he revenues of:		_		v		
	n?				X X		
	anization?		5b				
	5a or 5b, describe in Part III.						
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	he net earnings of:		6.		x		
	n?				X		
	anization?		6b				
	6a or 6b, describe in Part III.						
	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment to be lines 5 and 62 If "Yes." describe in Part III		7		x		
	on lines 5 and 6? If "Yes," describe in Part III						
	exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x		
	8, did the organization also follow the rebuttable presumption procedure described in		····· 0				
	s, did the organization also follow the rebuttable presumption procedure described in ction 53.4958-6(c)?		9				
	k Reduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 900'	016		
	ה הפתוכנוסה אכן מסווכפ, כפי נוופ ווופו מכנוסהים וסו דטוווו 200.	Sched		11 390	1 20 10		

54-0419452

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) PAMELA R. SEAY	(i)	184,530.	0.	0.	0.	21,045.		0.
VP FOR INSTITUTIONAL ADVAN	(ii)	0.	0.	0.	0.	0.	0.	
(2) PAUL A. LEVENGOOD	(i)	172,199.	0.	0.	0.	15,582.		0.
FORMER PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2016

SCHEDULE K Supplemental Information on Tax-Exempt Bonds (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Department of the Treasury Internal Revenue Service Attach to Form 990. Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.										Op Ins	en to l spectio	016 Public on	;
Name of the organization VIRGINI	A HISTORICAL S							Employer identification number 54-0419452					ıber
Part I Bond Issues	SEE PART VI	FOR COLUM	IN (F) CON	TINUAT	IONS								
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	le price	(f) Descripti	on of purpose	(g) De	feased	(h) On		(i) Po	oled
										of iss	suer	finan	cing
								Yes	No	Yes	No	Yes	No
VA SMALL BUSINESS						REFINANC							
A FINANCING AUTHORITY	54-1300845	NONE	06/27/13	4,914	,000.		DS AND SW	T	X	X			X
VA SMALL BUSINESS						CAPITAL							
B FINANCING AUTHORITY	54-1300845	NONE	06/27/13	1500	0000.	IMPROVEM	ENT PROJE	2	X	Х			Х
С													
D													
Part II Proceeds													
			A	A B C		С			D				
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
3 Total proceeds of issue			1 01	914,000. 110,000.									
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
7 Issuance costs from proceeds													
9 Working capital expenditures from pro	ceeds												
10 Capital expenditures from proceeds						110,000.							
					14,	890,000.							
13 Year of substantial completion													
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a cu	rrent refunding issue?		Х			X							
15 Were the bonds issued as part of an a	dvance refunding issue?			Х		X							
16 Has the final allocation of proceeds be	•					X							
17 Does the organization maintain adequate books and			X		X								
Part III Private Business Use		·			•								
						В	С				D		
1 Was the organization a partner in a part	rtnership, or a member of an	LLC,	Yes	No	Yes	No	Yes	No	+	Yes		No	
which owned property financed by tax	• •			X		X			+		+		
2 Are there any lease arrangements that									+		+		
bond-financed property?				Х		X							
						•			0.1.	-l			0010

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 b

Schedule K (Form 990) 2016 VIRGINIA HISTORICAL SOCIETY

54-0419452

Page **2**

Part III Private Business Use (Continued)				<u>J4194J2</u>				Page
	A B			c		D		
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		9
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		Х		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		· · · · · · · · · · · · · · · · · · ·				1		
of		%		%		%		9
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections		~ ~		/2				,
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?		x		х				
Part IV Arbitrage		1				1 1		
		A [F	3	(2		
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?						-		
a Rebate not due yet?		X		X		1		
b Exception to rebate?		X		X				
		x		X				
c No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was						1		<u> </u>
performed		x		X				
3 Is the bond issue a variable rate issue?								
4a Has the organization or the governmental issuer entered into a qualified		x		х				
hedge with respect to the bond issue?								l
b Name of provider								
c Term of hedge		ł						
d Was the hedge superintegrated?								
e Was the hedge terminated?								L

VIRGINIA HISTORICAL SOCIETY Schedule K (Form 990) 2016

54 - 0419452

Part IV Arbitrage (Continued)								
		A		3	С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC						_		
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of								
section 148?		Х		Х				
Part V Procedures To Undertake Corrective Action								
		A		3	(0	[D
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		x		X				
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedul	e K. See insti	ructions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: VA SMALL BUSINESS FINANCING AUT	HORITY							
(F) DESCRIPTION OF PURPOSE: REFINANCE SERIES 200	9 BOND	S AND S	WAP AG	REEMENT	1			
(A) ISSUER NAME: VA SMALL BUSINESS FINANCING AUT	HORITY							
(F) DESCRIPTION OF PURPOSE: CAPITAL IMPROVEMENT	PROJEC'	Г						
PART I, LINE A:								
SERIES 2013B BONDS WERE ISSUED TO RETIRE THE VAR	IABLE 1	RATE RE	VENUE					
REFUNDING BONDS, SERIES 2009 AND THE FORWARD INT	EREST 1	RATE SW	IAP					
AGREEMENT.								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open To Public Inspection

16

Name of the	organization
-------------	--------------

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

VIRGINIA

Employer	identification number
5	4-0419452

Par	rt I Types of Property				·			
		(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of de		•	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	tion amo	ounts	•
1	Art - Works of art							
2	Art - Historical treasures	X	65		NO DETERMIN	ATIO	N	
3	Art - Fractional interests							
4	Books and publications	X			NO DETERMIN	ATIO	N	
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	31	874,968.	NYSE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts	Х	81		NO DETERMIN	ATIO	Ν	
23	Scientific specimens							
24	Archeological artifacts							
25	Other 🕨 ()							
26	Other ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
						<u> </u>	′es	No
30a	During the year, did the organization receive by				-			
	must hold for at least three years from the date			•				
	exempt purposes for the entire holding period?	•				30a	_	X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p					31	x	
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M ((Form 9	90) (2	2016)

08

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

632142 08-23-16				Schedule M	(Form 990) (2016)
200405 759400 708602_000		40			
200405 759400 708602_000	2016.05070	VIRGINIA	HISTORICAL	SOCIETY	70860201

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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



Employer identification number 54 - 0419452

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

501(C)(3)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VIRGINIA HISTORICAL SOCIETY

CONNECTING PEOPLE TO AMERICA'S PAST THROUGH THE UNPARALLELED STORY OF

VIRGINIA. BY COLLECTING, PRESERVING AND INTERPRETING THE

COMMONWEALTH'S HISTORY, WE LINK PAST WITH PRESENT AND INSPIRE FUTURE

GENERATIONS.

632211 08-25-16

FORM 990, PART VI, SECTION B, LINE 11B:

EACH MEMBER OF THE BOARD WILL RECEIVE A COPY OF THE RETURN THAT WILL BE PASSWORD PROTECTED FOR THEIR REVIEW. THE TRUSTEES HAVE FIVE (5) DAYS TO REVIEW THE DOCUMENT AND SUBMIT THEIR QUESTIONS TO STAFF. UPON CLEARING ALL QUESTIONS, STAFF WILL PROCEED TO FILE THE RETURN TO THE RESPECTIVE RECIPIENTS.

FORM 990, PART VI, SECTION B, LINE 12C: THE VIRGINIA HISTORICAL SOCIETY HAS A CODE OF ETHICS DOCUMENT THAT INCORPORATES POLICIES AND PROCEDURES FOR BOTH TRUSTEES AND THE EMPLOYEES OF THE ORGANIZATION. IT ADDRESSES IN GREAT LENGTH THE FOLLOWING: FOR TRUSTEES - GENERAL RESPONSIBILITY, CONFLICT OF INTEREST, AND TRUSTEE-PRESIDENTIAL RELATIONSHIP; FOR STAFF - GENERAL RESPONSIBILITIES, CONFLICT OF INTEREST, GIFTS, FAVORS, DISCOUNTS, DISPENSATIONS, RESPONSIBILITY FOR VHS PROPERTY, BOTH REAL AND TANGIBLE, AND OUTSIDE EMPLOYMENT. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

41

08200405 759400 708602_000 2016.05070 VIRGINIA HISTORICAL SOCIETY 70860201

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR OFFICERS AND EMPLOYEES IS APPROVED BY THE FINANCE COMMITTEE, THE EXECUTIVE COMMITTEE AND SUBSEQUENTLY BY THE FULL BOARD OF TRUSTEES IN THE ANNUAL BUDGET PROCESS. MANAGEMENT USES INDUSTRY RELATED COMPENSATION SURVEYS WHEN AVAILABLE TO AUGMENT THE SALARY STRUCTURE OF THE ORGANIZATION AND PAYS FOR COMPENSATION STUDIES OCCASIONALLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,AZ,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION CURRENTLY MAKES ITS GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS AND THOSE DOCUMENTS REQUIRED BY THE IRS FOR PUBLIC INSPECTION AVAILABLE ON ITS WEBSITE.

632212 08-25-16