

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

2004Open to Public
Inspection

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

A For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**AMERICAN ASSOCIATION FOR STATE AND LOCAL HISTORY**

Number and street (or P.O. box if mail is not delivered to street address)

1717 CHURCH STREET

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37203**D** Employer identification number**39-0962197****E** Telephone number**615-320-3203****F** Accounting method ☐ Cash ☒ Accrual
☐ Other (Specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **WWW.AASLH.ORG****J** Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,141,496.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

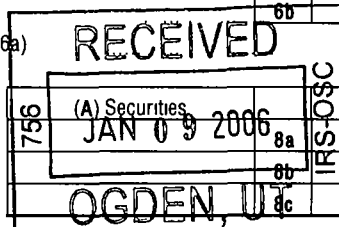
Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Direct public support	1a	137,969.
	b Indirect public support	1b	
	c Government contributions (grants)	1c	71,469.
	d Total (add lines 1a through 1c) (cash \$ 209,438. noncash \$)	1d	209,438.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	249,688.
	3 Membership dues and assessments	3	462,641.
	4 Interest on savings and temporary cash investments	4	
	5 Dividends and interest from securities	5	100,686.
	6 a Gross rents	6a	
	b Less: rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7 Other investment income (describe ▶)	7		
8 a Gross amount from sales of assets other than inventory	8a		
b Less: cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10 a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11	119,043.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,141,496.	
Expenses	13 Program services (from line 44, column (B))	13	817,828.
	14 Management and general (from line 44, column (C))	14	203,931.
	15 Fundraising (from line 44, column (D))	15	75,729.
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 13 and 14, column (A))	17	1,097,488.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	44,008.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,270,716.
	20 Other changes in net assets or fund balances (attach explanation)	20	0.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,314,724.

423001
01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2004)

SCANNED JAN 23 2006



25

**AMERICAN ASSOCIATION FOR STATE AND
LOCAL HISTORY**

39-0962197

**Part II Statement of
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	130,887.	44,501.	82,459.
26	Other salaries and wages	26	201,374.	148,024.	22,777.
27	Pension plan contributions	27	15,122.	8,782.	4,775.
28	Other employee benefits	28	31,827.	18,595.	9,965.
29	Payroll taxes	29	24,864.	14,493.	7,811.
30	Professional fundraising fees	30			
31	Accounting fees	31	9,322.	5,579.	2,819.
32	Legal fees	32			
33	Supplies	33	12,536.	4,219.	8,317.
34	Telephone	34	17,225.	10,493.	4,014.
35	Postage and shipping	35	68,373.	61,233.	2,136.
36	Occupancy	36	37,907.	22,109.	11,898.
37	Equipment rental and maintenance	37	54,437.	32,637.	16,640.
38	Printing and publications	38	86,840.	77,366.	2,710.
39	Travel	39	45,423.	42,532.	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	4,741.	2,875.	1,381.
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 1	43e	356,610.	324,390.	26,229.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,097,488.	817,828.	203,931.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service
Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	EDUCATION PROGRAMS: AASLH ORGANIZES AN ANNUAL MEETING TO PROVIDE A FORUM FOR DISCUSSIONS ON HISTORY. THE ANNUAL MEETING WAS CANCELLED DUE TO 9/11/01. ALSO, AASLH PROVIDES NUMEROUS WORKSHOPS AND SEMINARS. (Grants and allocations \$ _____)	427,028.
b	ADVANCEMENT: AASLH MAINTAINS A PROGRAMS TO INFORM THE PUBLIC ABOUT THIS ORGANIZATION. ALSO, THEY DEVELOP PROJECTS AND INITIATIVES TO ENCOURAGE THE PRESERVATION AND USE OF HISTORY. (Grants and allocations \$ _____)	268,972.
c	PERIODICALS: AASLH PREPARES A MONTHLY NEWSLETTER AND A QUARTERLY MAGAZINE THAT ARE SENT TO APPR. 5,100 MEMBERS, TO PROVIDE A CLEARING HOUSE FOR THE EXCHANGE OF INFORMATION. (Grants and allocations \$ _____)	116,979.
d	PUBLICATIONS: AASLH PUBLISHES NUMEROUS BOOKS THAT PROVIDE A SOURCE OF INFORMATION, IDEAS, AND NEWS RELATED TO HISTORY. (Grants and allocations \$ _____)	4,849.
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	817,828.

Part IV Balance Sheets**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	43,707.	45	39,937.	
	46 Savings and temporary cash investments	24,846.	46	36,067.	
	47 a Accounts receivable	47a 106,152.			
	b Less: allowance for doubtful accounts	47b 3,417.	128,916.	47c 102,735.	
	48 a Pledges receivable	48a 5,000.			
	b Less: allowance for doubtful accounts	48b	4,250.	48c 5,000.	
	49 Grants receivable	87,202.	49	18,764.	
	50 Receivables from officers, directors, trustees, and key employees		50		
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	60,062.	53	63,610.	
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments - land, buildings, and equipment; basis	55a			
	b Less: accumulated depreciation	55b	55c		
56 Investments - other	SEE STATEMENT 3	1,420,534.	56	1,381,205.	
57 a Land, buildings, and equipment; basis	57a 40,708.				
b Less: accumulated depreciation	57b 32,999.	8,662.	57c 7,709.		
58 Other assets (describe DEPOSITS)		2,643.	58	0.	
59 Total assets (add lines 45 through 58) (must equal line 74)		1,780,822.	59	1,655,027.	
Liabilities	60 Accounts payable and accrued expenses	115,655.	60	42,598.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe SEE STATEMENT 4)		394,451.	65	297,705.
66 Total liabilities (add lines 60 through 65)		510,106.	66	340,303.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	56,879.	67	44,224.	
	68 Temporarily restricted	87,542.	68	135,571.	
	69 Permanently restricted	1,126,295.	69	1,134,929.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		1,270,716.	73	1,314,724.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		1,780,822.	74	1,655,027.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
------------------	---

a	Total expenses and losses per audited financial statements	a	1,097,488.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify): \$ _____		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	1,097,488.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,097,488.

[illegible]☐ Yes ☒ No

Yes	No
-----	----

ZIP + 4 ► 37203

N/A

**AMERICAN ASSOCIATION FOR STATE AND
LOCAL HISTORY**

Form 990 (2004)

39-0962197

Page 6

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a ROYALTIES			03		51,608.
b SEMINARS			03		33,288.
c ANNUAL MEETING FEES			03		157,024.
d SALES OF PUBLICATIONS			03		7,768.
e MISCELLANEOUS			03		
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			03		462,641.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	100,686.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a PERFORMANCE MEASURE INC			03		60,167.
b SALES OF ADVERTISING	541800	41,111.			
c SALES OF LABELS	541860	6,811.			
d MISCELLANEOUS REVENUE			03		10,954.
e					
104 Subtotal (add columns (B), (D), and (E))		47,922.		100,686.	783,450.
105 Total (add line 104, columns (B), (D), and (E))					932,058.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 5

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I am not aware of any information of which preparer has any knowledge.

3-06

► Karla Nicholson, Acting President & CEO

Date

Type or print name and title.

Date

Check if
self-

Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2004

Name of the organization **AMERICAN ASSOCIATION FOR STATE AND
LOCAL HISTORY**

Employer identification number
39 0962197

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE -----				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

AMERICAN ASSOCIATION FOR STATE AND

Schedule A (Form 990 or 990-EZ) 2004 **LOCAL HISTORY**

39-0962197 Page 2

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

AMERICAN ASSOCIATION FOR STATE AND

Schedule A (Form 990 or 990-EZ) 2004 **LOCAL HISTORY**

39-0962197 Page 3

Part IV-A**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	723,606.	568,092.	589,078.	286,631.	2,167,407.
16 Membership fees received	448,320.	441,954.	431,877.	410,814.	1,732,965.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	267,813.	222,604.	244,769.	267,947.	1,003,133.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	163,832.	51,188.	-66,808.	11,323.	159,535.
19 Net income from unrelated business activities not included in line 18	46,855.	47,164.	64,570.	89,574.	248,163.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	62,246.	65,953.	SEE STATEMENT 6 7,894.	2,840.	138,933.
23 Total of lines 15 through 22	1,712,672.	1,396,955.	1,271,380.	1,069,129.	5,450,136.
24 Line 23 minus line 17	1,444,859.	1,174,351.	1,026,611.	801,182.	4,447,003.
25 Enter 1% of line 23	17,127.	13,970.	12,714.	10,691.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)				26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____				26d	N/A
e Public support (line 26c minus line 26d total)				26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:	(2003) 0.	(2002) 0.	(2001) 0.	(2000) 0.	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2003) 0.	(2002) 0.	(2001) 0.	(2000) 0.	
c Add: Amounts from column (e) for lines: 15 2,167,407. 16 1,732,965. 17 1,003,133. 20 _____ 21 _____				27c	4,903,505.
d Add: Line 27a total 0. and line 27b total 0.				27d	0.
e Public support (line 27c total minus line 27d total)				27e	4,903,505.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)				27f	5,450,136.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	89.9703%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	2.9272%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

AMERICAN ASSOCIATION FOR STATE AND

Schedule A (Form 990 or 990-EZ) 2004 **LOCAL HISTORY**

39-0962197 Page **4**

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

N/A

Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.

(b)
To be completed for ALL
electing organizations

N/A

- | | | |
|----|--|--|
| 36 | | |
| 37 | | |
| 38 | | |
| 39 | | |
| 40 | | |
| 41 | | |
| 42 | | |
| 43 | | |
| 44 | | |

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period					N/A
Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
45 Lobbying nontaxable amount						0.
46 Lobbying ceiling amount (150% of line 45(e))						0.
47 Total lobbying expenditures						0.
48 Grassroots nontaxable amount						0.
49 Grassroots ceiling amount (150% of line 48(e))						0.
50 Grassroots lobbying expenditures						0.

N/A

Yes	No	Amount
		0.

423141
11-24-04

a Transfers from the reporting organization to a noncharitable exempt organization of:

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

► ☐ Yes ☒ No

b. If "Yes," complete the following schedule:

N/A

423151
11-24-04

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
COST OF GOODS SOLD	102,396.	102,396.	0.	0.
CONSULTANTS	82,446.	82,104.	0.	342.
DESIGN COSTS	29,158.	26,950.	0.	2,208.
DUPLICATING COSTS	406.	1,113.	-799.	92.
INSURANCE	8,777.	5,095.	2,773.	909.
MISCELLANEOUS	17,905.	9,353.	7,971.	581.
SPECIAL EVENTS	34,386.	34,386.	0.	0.
SPONSORSHIPS	19,752.	17,452.	2,300.	0.
UTILITIES	3,898.	2,271.	1,225.	402.
BUILDING MAINTENANCE	4,665.	2,750.	1,442.	473.
DUES AND				
SUBSCRIPTIONS	1,900.	1,900.	0.	0.
CREDIT CARD EXPENSE	9,697.	0.	9,697.	0.
PROFESSIONAL				
TRAINING	1,815.	195.	1,620.	0.
MEETING EXPENSES	39,409.	38,425.	0.	984.
TOTAL TO FM 990, LN 43	356,610.	324,390.	26,229.	5,991.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT 2
	PART III	

EXPLANATION

TO PROMOTE THE FIELD OF HISTORY IN THE UNITED STATES AND CANADA.

FORM 990	OTHER INVESTMENTS		STATEMENT 3
DESCRIPTION	VALUATION METHOD	AMOUNT	
AWARDS, SCHOLARSHIPS & OTHER INVEST	MARKET VALUE	1,381,205.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,381,205.	

FORM 990	OTHER LIABILITIES	STATEMENT	4
DESCRIPTION		AMOUNT	
UNEARNED MEMBERSHIP DUES		226,693.	
UNEARNED REVENUE		71,012.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		297,705.	

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	5
----------	---	-----------	---

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	THESE ACTIVITIES ALLOW AASLH TO PROVIDE INFORMATION, IDEAS, AND NEWS ABOUT LOCAL HISTORY AND TO DEVELOP AN UNDERSTANDING AND APPRECIATION OF OUR HERITAGE.
94	THESE ACTIVITIES ENABLE AASLH TO PERFORM ITS FUNCTION TO EXCHANGE IDEAS, NEWS AND INFORMATION ABOUT LOCAL HISTORICAL ACTIVITIES.

SCHEDULE A	OTHER INCOME			STATEMENT 6
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS	62,246.	65,953.	7,894.	2,840.
TOTAL TO SCHEDULE A, LINE 22	62,246.	65,953.	7,894.	2,840.

**American Association for State and Local History
President & Board of Directors**

Executive Committee

Chair: David Crosson
President/CEO
History San Jose
1650 Senter Road
San Jose, CA 95112
(408) 918-1041

Vice Chair: Barbara Franco
Executive Director
Pennsylvania Historical &
Museum Commission
300 North Street
Harrisburg, PA 17120
(717) 783-9880

Secretary: Dennis Fiori
Director & CEO
Maryland Historical Society
201 West Monument Street
Baltimore, MD 21201
(410) 685-3750 x 341

Treasurer: Katherine Kane
Executive Director
Harriet Beecher Stowe
Center
77 Forest Street
Hartford, CT 06105
(860) 522-9258 x 310

Immediate Past Chair: Charles Bryan
President & CEO
Virginia Historical Society
P. O. Box 7311
Richmond, VA 23221
(804) 342-9656

Council

Barry Dressel
Manager
Walter P. Chrysler Museum
One Chrysler Drive
Auburn Hills, MI 48326
(248) 944-0431

Kathleen Stiso Mullins
Doctoral Student
Purdue University
144 Creighton Road
West Lafayette, IN 47906
(765) 464-3770

Rodger Stroup
Director
South Carolina Department of Archives
And History
8301 Parklane Road
Columbia, SC 29223
(803) 896-6187

Mindi Love
Director
Johnson County Museums
6305 Lackman Road
Shawnee, KS 66218
(816) 333-3035

Terry Barnhardt
Professor
History Department
Eastern Illinois University
600 Lincoln Avenue
Charleston, IL 61920
(217) 581-5224

Milita Rios-Samaniego
Director of Exhibits
Discovery Museum
101 I Street
Old Sacramento, CA 95814
(916) 264-7057

Dwight Pitcaithley
Chief Historian
National Park Service
1849 C Street NW, Room 2280
Washington, DC 20240
(202) 354-2214

CJ Brafford
Director
Ute Indian Museum
17253 Chipeta Road
Montrose, CO 81401
(970) 249-3098

Eileen Kurahashi
Vice President
National Center for the Preservation
Of Democracy
The Japanese American National Museum
369 East First Street
Los Angeles, CA 90012
(213) 830-5628

Kevin Graffagnino
Director
Vermont Historical Society
60 Washington Street
Barre, VT 05641
(802) 479-8515

Maria Quinlan Leiby
Museum Historian
Michigan History Center
702 West Kalamazoo
Lansing, MI 48909
(517) 373-1685

Rick Beard
15 Lake Forrest Lane
Atlanta, GA 30342
(404) 252-4561

Nina Zannieri
Executive Director
Paul Revere Memorial Association
19 North Square
Boston, MA 02113
(617) 523-2338

Maureen Otwell
Assistant Director for Museums
Minnesota Historical Society
345 Kellogg Boulevard West
Saint Paul, MN 55102
(651) 297-7899

John Harris
Local History Services Director
Indiana Historical Society
450 West Ohio Street
Indianapolis, IN 46202
(317) 232-4591

Sandra Washington
Chief, Planning and Compliance
National Park Service, Midwest
Region
601 Riverview Drive
Omaha, NE 68102
(402) 661-1840

132

AMERICAN ASSOCIATION FOR STATE AND LOCAL HISTORY
DEPRECIATION SCHEDULE
June 30, 2005

DATE	DESCRIPTION	AMOUNT	ACC DEPR 6/30/2001	FY 2002	FY 2003	FY 2004	FY 2005	ACC DEPR 6/30/2005	BOOK VALUE 6/30/2005
ACCOUNT 1410 - EQUIPMENT									
May-99	Cons Media-Projector	4,187.50	1,814.80	837.60	837.60	697.50	0.00	4,187.50	0.00
May-00	Conf. Room Furn.	6,188.00	1,650.13	1,237.60	1,237.60	1,237.60	825.07	6,188.00	0.00
Jul-01	Phones-Cable-Link	7,285.00	0.00	1,457.00	1,457.00	1,457.00	1,457.00	5,828.00	1,457.00
Jun-02	Desk & Comp Hutch	1,999.00	0.00	33.32	399.80	399.80	399.80	1,232.72	766.28
Feb-03	Security System	1,257.00	0.00	0.00	1,464.2	351.40	351.40	849.22	207.28
	Subtotal	21,416.50	3,464.93	3,565.52	4,078.42	4,143.30	3,033.27	18,285.44	3,131.06
ACCOUNT 1460 - COMPUTER EQUIPMENT									
Nov-98	JK Comp-New Comp	1,465.00	781.44	293.04	293.04	97.48	0.00	1,465.00	0.00
Jun-99	JK Comp-New Comp	1,966.00	819.17	393.20	393.20	360.43	0.00	1,966.00	0.00
Dec-99	PSI-Mtg Software	2,695.00	853.44	539.00	539.00	539.00	224.56	2,695.00	0.00
Jun-00	JK Comp-New Comp	1,059.14	229.58	211.92	211.92	211.92	193.80	1,059.14	0.00
Sep-00	Circuit City-Laptop	1,517.60	253.00	303.52	303.52	303.52	303.52	1,467.08	50.52
Jun-01	JK Comp-2 New Comp	2,014.64	33.58	402.93	402.93	402.93	402.93	1,645.30	369.34
Aug-01	JK Comp-Printer	2,289.00	0.00	419.65	457.80	457.80	457.80	1,793.05	495.95
	Subtotal	13,006.38	2,970.21	2,563.26	2,601.41	2,373.08	1,582.61	12,090.57	915.81
	TOTAL	34,422.88	6,435.14	6,128.78	6,679.83	6,516.38	4,615.88	30,376.01	4,046.87

recalculated
whole

132

Jun 97 JK Computer 1,000.00
 Sep 97 JK Computer 1,431.75
 Oct 04 Sans Club Comp. 1,111.10
 Jun 05 JK Comp 2,070.00
 40,707.79
 Computers Cost = 40,707.79
 Computers AD = 14,755.02
 Diff 41,711.10

Jun 97 JK Computer 1,000.00
 Sep 97 JK Computer 1,431.75
 Oct 04 Sans Club Comp. 1,111.10
 Jun 05 JK Comp 2,070.00
 40,707.79
 Computers Cost = 40,707.79
 Computers AD = 14,755.02
 Diff 41,711.10

Jun 97 JK Computer 1,000.00
 Sep 97 JK Computer 1,431.75
 Oct 04 Sans Club Comp. 1,111.10
 Jun 05 JK Comp 2,070.00
 40,707.79
 Computers Cost = 40,707.79
 Computers AD = 14,755.02
 Diff 41,711.10

CLIENT did not include these in the cost since they were funding line items

**Application for Extension of Time To File an
Exempt Organization Return**

COPY

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization AMERICAN ASSOCIATION FOR STATE AND LOCAL HISTORY	Employer identification number 39-0962197
	Number, street, and room or suite no. If a P.O. box, see instructions. 1717 CHURCH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **TERRY DAVIS**
Telephone No. ► **615-320-3203** FAX No. ►
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole** group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for.
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2004**, and ending **JUN 30, 2005**
- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

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