

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

**2006**Open to Public  
Inspection

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

**A** For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007****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**

Room/suite

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 ▶ **N/A****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 ▶ **N/A****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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,701,474.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received.				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<b>178,590.</b>		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	<b>296,172.</b>		
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>474,762.</b> noncash \$ )	<b>1e</b>	<b>474,762.</b>		
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>293,792.</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>545,506.</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>	<b>251,688.</b>		
Revenue	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			
	<b>7</b> Other investment income (describe ▶ )	<b>7</b>			
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	(B) Other	
	<b>b</b> Less cost or other basis and sales expenses	<b>8b</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
	<b>d</b> Net gain or (loss) Combine line 8c, columns (A) and (B)	<b>8d</b>			
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>			
Revenue	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>			
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>			
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	<b>135,726.</b>		
	<b>12</b> Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>1,701,474.</b>		
	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>1,032,691.</b>		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>405,369.</b>		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>14,398.</b>		
Expenses	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses Add lines 16 and 44, column (A)	<b>17</b>	<b>1,452,458.</b>		
	<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>	<b>249,016.</b>		
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>1,263,214.</b>		
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0.</b>		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>1,512,230.</b>		

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

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**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

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22a</b>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule) <b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule) <b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 2</b> <b>25a</b>	148,638.	50,981.	96,802.	855.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B <b>25b</b>	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c <b>26</b>	256,536.	146,179.	108,388.	1,969.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c <b>27</b>	10,574.	5,107.	5,267.	200.
<b>28</b> Employee benefits not included on lines 25a - 27 <b>28</b>	38,600.	18,643.	19,690.	267.
<b>29</b> Payroll taxes <b>29</b>	28,853.	14,015.	14,767.	71.
<b>30</b> Professional fundraising fees <b>30</b>				
<b>31</b> Accounting fees <b>31</b>	17,039.	11,846.	5,124.	69.
<b>32</b> Legal fees <b>32</b>				
<b>33</b> Supplies <b>33</b>	20,037.	12,906.	7,038.	93.
<b>34</b> Telephone <b>34</b>	19,790.	12,666.	6,936.	188.
<b>35</b> Postage and shipping <b>35</b>	64,166.	46,566.	13,624.	3,976.
<b>36</b> Occupancy <b>36</b>	40,540.	19,562.	20,698.	280.
<b>37</b> Equipment rental and maintenance <b>37</b>	57,001.	27,635.	28,974.	392.
<b>38</b> Printing and publications <b>38</b>	78,288.	68,371.	7,203.	2,714.
<b>39</b> Travel <b>39</b>	98,303.	98,303.		
<b>40</b> Conferences, conventions, and meetings <b>40</b>	219,371.	208,959.	10,412.	
<b>41</b> Interest <b>41</b>				
<b>42</b> Depreciation, depletion, etc. (attach schedule) <b>42</b>	5,417.	2,554.	2,825.	38.
<b>43</b> Other expenses not covered above (itemize) a <b>43a</b> b <b>43b</b> c <b>43c</b> d <b>43d</b> e <b>43e</b> f <b>43f</b> g <b>SEE STATEMENT 1</b> <b>43g</b>	349,305.	288,398.	57,621.	3,286.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) <b>44</b>	1,452,458.	1,032,691.	405,369.	14,398.

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

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**Part III Statement of Program Service Accomplishments** (See the instructions )

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.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 3</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others )
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 )	
<b>a EDUCATION PROGRAMS: AASLH ORGANIZES AN ANNUAL MEETING TO PROVIDE A FORUM FOR DISCUSSIONS ON HISTORY. THE ANNUAL MEETING LOCATION VARIES EACH YEAR. ALSO, AASLH PROVIDES NUMEROUS WORKSHOPS AND SEMINARS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>364,078.</b>
<b>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.</b>	
(Grants and allocations \$ 296,172. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>527,855.</b>
<b>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.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>131,680.</b>
<b>d PUBLICATIONS: AASLH PUBLISHES NUMEROUS BOOKS THAT PROVIDE A SOURCE OF INFORMATION, IDEAS, AND NEWS RELATED TO HISTORY.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>9,078.</b>
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>1,032,691.</b>

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**Part IV Balance Sheets** (See the instructions)

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	77,370.	45	92,244.	
	46 Savings and temporary cash investments	85,856.	46	96,744.	
	47 a Accounts receivable	47a 103,918.			
	b Less allowance for doubtful accounts	47b 2,498.	103,987.	47c 101,420.	
	48 a Pledges receivable	48a 38,000.			
	b Less allowance for doubtful accounts	48b		48c 38,000.	
	49 Grants receivable		49	50,032.	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	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	62,343.	53	54,879.	
	54 a Investments - publicly traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment basis	55a				
b Less accumulated depreciation	55b		55c		
56 Investments - other	SEE STATEMENT 4	1,413,928.	56	1,571,079.	
57 a Land, buildings, and equipment basis	57a 66,654.				
b Less accumulated depreciation	57b 41,618.	25,083.	57c	25,036.	
58 Other assets, including program-related investments (describe ► )			58	0.	
59 Total assets (must equal line 74) Add lines 45 through 58		1,768,567.	59	2,029,434.	
Liabilities	60 Accounts payable and accrued expenses	103,716.	60	107,955.	
	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	20,364.	64b	17,679.	
	65 Other liabilities (describe ► SEE STATEMENT 5 )	381,273.	65	391,570.	
	66 Total liabilities. Add lines 60 through 65		505,353.	66	517,204.
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	-34,404.	67	12,715.	
	68 Temporarily restricted	161,939.	68	363,461.	
	69 Permanently restricted	1,135,679.	69	1,136,054.	
	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 and column (B) must equal line 21)		1,263,214.	73	1,512,230.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,768,567.	74	2,029,434.

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<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	1,701,474.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,701,474.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,701,474.

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,452,458.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17.			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,452,458.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,452,458.

[illegible]

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Yes	No
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20

75b

X

75c

X

75d

x

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

	Yes	No
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76

**X**

77

**X**

78a

78b

78b

—

79

X

80a

**X**

N/A

☐ e

exempt or

☐ nonexempt

81a

1

0

81b

**X**

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**Part VI** Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85b	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89c	0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
89d	0.		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed		
90b	NONE		
b	Number of employees employed in the pay period that includes March 12, 2006		10
91 a	The books are in care of		
91b	TERRY DAVIS		
	Located at		
	1717 CHURCH STREET, NASHVILLE, TN		
	Telephone no		615-320-3203
	ZIP + 4		37203
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
	N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

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<b>Part VI</b>	<b>Other Information</b> (continued)		<b>Yes</b>	<b>No</b>
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <span style="float: right;">N/A</span>		91c		<b>X</b>
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">N/A</span>		92		

Part VII Analysis of Income-Producing Activities (See the instructions)		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		
<b>Note:</b> Enter gross amounts unless otherwise indicated						
93 Program service revenue						
a ROYALTIES			03		43,799.	
b SEMINARS			03		58,961.	
c ANNUAL MEETING FEES			03		184,532.	
d SALES OF PUBLICATIONS			03		6,500.	
e						
f Medicare/Medicaid payments						
g Fees and contracts from government agencies						
94 Membership dues and assessments			03		545,506.	
95 Interest on savings and temporary cash investments						
96 Dividends and interest from securities			14	251,688.		
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		92,575.	
b SALES OF ADVERTISING	541800	36,301.				
c SALES OF LABELS	541860	6,130.				
d MISCELLANEOUS REVENUE			03		720.	
e						
104 Subtotal (add columns (B), (D), and (E))		42,431.		251,688.	932,593.	
105 Total (add line 104, columns (B), (D), and (E))					1,226,712.	

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

<b>Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes</b> (See 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 6

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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	%			
	%			
	%			

<b>Part X Information Regarding Transfers Associated with Personal Benefit Contracts</b> (See the instructions)	
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Form **990** (2006)



**AMERICAN ASSOCIATION FOR STATE AND  
LOCAL HISTORY**

Form 990 (2006)

39-0962197 Page 9

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a  
controlling organization as defined in section 512(b)(13) **N/A**

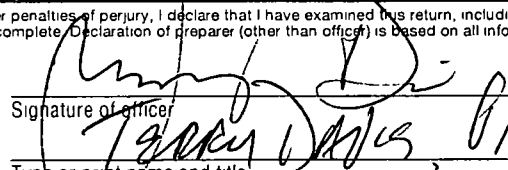
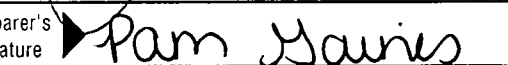
**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"  
complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes,"  
complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and  
annuities described in question 107 above?

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <b>1/3/08</b>	
Paid Preparer's Use Only	Type or print name and title <b>TERRY DAVIS, President</b>			
	Preparer's signature  <b>Pam Gaines</b>	Date <b>12/23/07</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) EIN <b>61-5279060</b>
Firm's name (or yours if self-employed), address, and ZIP + 4 <b>GAINES FINANCIAL SERVICES, LLC P. O. BOX 150285 NASHVILLE, TN 37215</b>		Phone no <b>(615) 279-0600</b>		

Form 990 (2006)

**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 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

**2006**

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 2 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-A**

**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	

**Part II-B**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

**AMERICAN ASSOCIATION FOR STATE AND**

Schedule A (Form 990 or 990-EZ) 2006 **LOCAL HISTORY**

**39-0962197** Page **2**

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

	Yes	No
<b>1</b> 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.	<b>1</b>	<b>X</b>
<b>2</b> 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 )		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	<b>3a</b>	<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	<b>X</b>
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<b>3c</b>	<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>	<b>X</b>
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>	<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966?	<b>4b</b>	
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>	
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year	N/A	
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
<b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Schedule A (Form 990 or 990-EZ) 2006

**AMERICAN ASSOCIATION FOR STATE AND**

Schedule A (Form 990 or 990-EZ) 2006 **LOCAL HISTORY**

**39-0962197** Page 3

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization.  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

**Provide the following information about the supported organizations** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> <b>▶</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4) (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

**AMERICAN ASSOCIATION FOR STATE AND**

Schedule A (Form 990 or 990-EZ) 2006 **LOCAL HISTORY**

39-0962197 Page 4

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	290,013.	280,760.	723,606.	568,092.	1,862,471.
16 Membership fees received	557,860.	462,641.	448,320.	441,954.	1,910,775.
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	369,981.	272,235.	267,813.	222,604.	1,132,633.
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	115,012.	100,686.	163,832.	51,188.	430,718.
19 Net income from unrelated business activities not included in line 18	49,717.	47,922.	46,855.	47,164.	191,658.
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	51,232.	71,121.	SEE STATEMENT 7	65,953.	250,552.
23 Total of lines 15 through 22	1,433,815.	1,235,365.	1,712,672.	1,396,955.	5,778,807.
24 Line 23 minus line 17	1,063,834.	963,130.	1,444,859.	1,174,351.	4,646,174.
25 Enter 1% of line 23	14,338.	12,354.	17,127.	13,970.	

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 2002 through 2005 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

(2005)0.(2004)0.(2003)0.(2002)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 11b, 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:

(2005)0.(2004)0.(2003)0.(2002)0.

c Add. Amounts from column (e) for lines: 151,862,471.161,910,775.171,132,633.202127c4,905,879.

d Add Line 27a total 0. and line 27b total 0.27d0.

e Public support (line 27c total minus line 27d total)27e4,905,879.

f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)27f5,778,807.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))27g84.8943%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))27h7.4534%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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

NONE

**AMERICAN ASSOCIATION FOR STATE AND**

Schedule A (Form 990 or 990-EZ) 2006 **LOCAL HISTORY**

39-0962197 Page 5

**Part V Private School Questionnaire** (See page 9 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/>		
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?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<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?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<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?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
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) 2006

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 |  |  |

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

(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 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





FORM 990

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
COST OF GOODS SOLD	70,126.	70,126.		
CONSULTANTS	27,975.	25,219.		2,756.
DESIGN COSTS	23,789.	23,789.		
DUPLICATING COSTS	-215.	890.	-1,110.	5.
INSURANCE	10,256.	4,933.	5,252.	71.
MISCELLANEOUS	118,855.	90,835.	27,645.	375.
SPECIAL EVENTS	46,535.	46,535.		
SPONSORSHIPS	20,347.	19,102.	1,245.	
UTILITIES	5,151.	2,475.	2,640.	36.
BUILDING MAINTENANCE	6,177.	2,972.	3,162.	43.
DUES AND				
SUBSCRIPTIONS	1,522.	1,522.		
CREDIT CARD EXPENSE	14,621.		14,621.	
PROFESSIONAL				
TRAINING	170.		170.	
BAD DEBT EXPENSES	3,996.		3,996.	
TOTAL TO FM 990, LN 43	349,305.	288,398.	57,621.	3,286.

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FORM 990	OFFICER COMPENSATION ALLOCATION	STATEMENT	2
	PART II, LINE 25A		

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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TERRY DAVIS	96,408.	7,231.	599.	104,238.
A. PROGRAM SERVICES	44,926.	3,370.	279.	48,575.
B. MANAGEMENT AND GENERAL	50,691.	3,802.	315.	54,808.
C. FUNDRAISING	791.	59.	5.	855.

---

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RISA WOODWARD	44,400.			44,400.
A. PROGRAM SERVICES	2,406.			2,406.
B. MANAGEMENT AND GENERAL	41,994.			41,994.
C. FUNDRAISING				

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TOTAL PROGRAM SERVICES				50,981.
TOTAL MANAGEMENT AND GENERAL				96,802.
TOTAL FUNDRAISING				855.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				148,638.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	3
	PART III		

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EXPLANATION

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

FORM 990	OTHER INVESTMENTS	STATEMENT	4
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DESCRIPTION	VALUATION METHOD	AMOUNT
AWARDS, SCHOLARSHIPS & OTHER INVEST	MARKET VALUE	1,571,079.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,571,079.

FORM 990	OTHER LIABILITIES	STATEMENT	5
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DESCRIPTION	AMOUNT
UNEARNED MEMBERSHIP DUES	255,342.
UNEARNED REVENUE	136,228.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	391,570.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	6
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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	7
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DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS	51,232.	71,121.	62,246.	65,953.
TOTAL TO SCHEDULE A, LINE 22	51,232.	71,121.	62,246.	65,953.



**AASLH**  
American Association  
for State and Local History

1717 Church Street  
Nashville, TN 37203-2991  
Phone 615/320-3203  
Fax 615/327-9013  
membership@aaslh.org  
www.aaslh.org

***Executive Committee and Council  
2006-2007***

As of 12/04/06

***Barbara Franco***

***Chair:***

Executive Director  
PA Historical & Museum Commission  
300 North St.  
Harrisburg, PA 17120-0024  
Phone: (717) 783-9880  
Email: bfranco@state.pa.us  
Class of: 30-SEP-08

***David Donath***

***Vice Chair:***

President  
Woodstock Foundation  
Billings Farm & Museum  
53-02 River Road  
Woodstock, VT 05091  
Phone: (802) 457-2355  
Email: dlooon@sover.net  
Class of: 30-SEP-08

***David Crosson***

***Immediate Past Chair:***

Executive Director  
California Historical Society  
678 Mission St.  
San Francisco, CA 94105  
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Email: dcrosson@calhist.org  
Class of: 30-SEP-08

***Dennis Fiori***

***Secretary:***

Director  
Massachusetts Historical Society  
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***Katherine Kane***

***Treasurer:***

Executive Director  
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American Association  
for State and Local History

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membership@aaslh.org  
www.aaslh.org

***Executive Committee and Council  
2006-2007***

As of 12/04/06

***Barbara Franco***

***Chair:***

Executive Director  
PA Historical & Museum Commission  
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Class of: 30-SEP-09

AMERICAN ASSOCIATION FOR STATE AND LOCAL HISTORY  
DEPRECIATION SCHEDULE  
June 30, 2007

<u>DATE</u>	<u>DESCRIPTION</u>	<u>MTD/LIFE</u>	<u>AMOUNT</u>	<u>ACC DEPR</u> <u>6/30/2003</u>	<u>FY 2004</u>	<u>FY 2005</u>	<u>FY 2006</u>	<u>FY 2007</u>	<u>ACC DEPR BOOK VALUE</u> <u>6/30/2007</u>	<u>6/30/2007</u>
<b>ACCOUNT 1410 - EQUIPMENT</b>										
May-99	Cons Media-Projecter	SL - 5	4,187 50	3,490 00	697 50	0 00	0 00	0 00	4,187 50	0 00
May-00	Conf Room Furn	SL - 5	6,188 00	4,125 33	1,237 60	825 07	0 00	0 00	6,188 00	0 00
Jul-01	Phones-Cable-Link	SL - 5	7,285 00	2,914 00	1,457 00	1,457 00	1,457 00	0 00	7,285 00	0 00
Jun-02	Desk & Comp Hutch	SL - 5	1,999 00	433 12	399 80	399 80	399 80	366 48	1,999 00	0 00
Feb-03	Security System	SL - 5	1,757 00	146 42	351 40	351 40	351 40	351 40	1,552 02	204 98
Mar-07	Security System	SL - 5	1,624 51	0 00	0 00	0 00	0 00	108 32	108 32	1,516 19
<b>Subtotal</b>			<b>23,041.01</b>	<b>11,108.87</b>	<b>4,143.30</b>	<b>3,033.27</b>	<b>2,208.20</b>	<b>826.20</b>	<b>21,319.84</b>	<b>1,721.17</b>

**ACCOUNT 1460 - COMPUTER EQUIPMENT**

Jun-97	JK Comp-New Comp	SL - 5	1,066 00	1,066 00	0 00	0 00	0 00	0 00	1,066 00	0 00
Sep-97	JK Comp-New Comp	SL - 5	1,431.75	1,431 75	0 00	0 00	0 00	0 00	1,431 75	0 00
Nov-98	JK Comp-New Comp	SL - 5	1,465 00	1,367 52	97 48	0 00	0 00	0 00	1,465 00	0 00
Jun-99	JK Comp-New Comp	SL - 5	1,966 00	1,605 57	360 43	0 00	0 00	0 00	1,966 00	0 00
Dec-99	PSI-Mfg Software	SL - 5	2,695 00	1,931 44	539 00	224 56	0 00	0 00	2,695 00	0 00
Jun-00	JK Comp-New Comp	SL - 5	1,059 14	653 42	211 92	193 80	0 00	0 00	1,059 14	0 00
Sep-00	Circuit City-Laptop	SL - 5	1,517 60	860 04	303 52	303 52	50 52	0 00	1,517 60	0 00
Jun-01	JK Comp-2 New Con	SL - 5	2,014 64	839 44	402 93	402 93	369 34	0 00	2,014 64	0 00
Aug-01	JK Comp-Printer	SL - 5	2,289 00	877 45	457 80	457 80	457 80	38 15	2,289 00	0 00
Oct-04	Sam's Club-Computer	SL - 5	1,111 16	0 00	0 00	166 67	222 23	222 23	611 13	500 03
Jun-05	JK Comp-New Server	SL - 5	2,676 00	0 00	0 00	0 00	535 20	535 20	1,070 40	1,605 60
Jul-06	JK Comp-Computer	SL - 5	1,280 00	0 00	0 00	0 00	0 00	256 00	256 00	1,024 00
Aug-06	PC Rush - Printer	SL - 5	1,355 41	0 00	0 00	0 00	0 00	248 49	248 49	1,106 92
May-07	Best Buy - Laptop	SL - 5	1,109 93	0 00	0 00	0 00	0 00	37 00	37 00	1,072 93
<b>Subtotal</b>			<b>23,036.63</b>	<b>10,632.63</b>	<b>2,373.08</b>	<b>1,749.28</b>	<b>1,635.09</b>	<b>1,337.07</b>	<b>17,727.15</b>	<b>5,309.48</b>

**ACCOUNT 1430 - VEHICLES**

Jun-06	New Van	SL - 7	20,576 50	0 00	0 00	0 00	0 00	2,939 50	2,939 50	17,637 00
<b>TOTAL</b>			<b>66,654.14</b>	<b>21,741.50</b>	<b>6,516.38</b>	<b>4,782.55</b>	<b>3,843.29</b>	<b>5,102.77</b>	<b>41,986.49</b>	<b>24,667.65</b>
<b>Per Return</b>					<b>4,741</b>	<b>3,203</b>	<b>5,417</b>			
<b>Difference</b>					<b>42</b>	<b>640</b>	<b>(314)</b>			
							<b>368</b>			

# 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 ☒ **X**
- 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)

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

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

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 section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, 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, 2006**, and ending **JUN 30, 2007**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> 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>3a</b>	\$
<b>b</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	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> 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	<b>3c</b>	\$ <b>N/A</b>

**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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 4-2007)