

COPY

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2005Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
► For organizations with gross receipts less than \$100,000 and total assets less
than \$250,000 at the end of the year
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning <u>7/01</u> , 2005, and ending <u>6/30</u> , 2006	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C ROBERTSON COUNTY HISTORICAL SOCIETY P O BOX 1022 SPRINGFIELD, TN 37172-1022
D Employer identification number <u>62-1124119</u>	E Telephone number <u>615-382-7173</u>
F Group Exemption Number	
G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Web site: ► <u>N/A</u>	
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ <u>33,105.</u>	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)			
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	11,719.
	2 Program service revenue including government fees and contracts	2	14,550.
	3 Membership dues and assessments	3	410.
	4 Investment income	4	2,988.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6 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 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a Gross sales of inventory, less returns and allowances	7a	3,438.	
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	3,438.	
8 Other revenue (describe ► _____)	8		
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	33,105.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	9,056.
	13 Professional fees and other payments to independent contractors	13	265.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See Statement 1)	16	27,330.
	17 Total expenses (add lines 10 through 16)	17	36,651.
18 Excess or (deficit) for the year (line 9 less line 17)	18	-3,546.	
NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	232,947.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	229,401.

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See Instructions)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		76,240.	77,833.
23 Land and buildings		148,301.	144,455.
24 Other assets (describe ► See Statement 2)		8,406.	7,113.
25 Total assets		232,947.	229,401.
26 Total liabilities (describe ► _____)		0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		232,947.	229,401.

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Part III Statement of Program Service Accomplishments (See Instructions)		Expenses
What is the organization's primary exempt purpose? HISTORICAL SOCIETY		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See attached				

Part V Other Information (Note the attachment requirement in the instructions)		See Statement 3	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.)	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.	
b	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
b	If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved	38 b	N/A	
39	501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9	39 a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A	
40 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 (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 an explanation	40 b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter amount of tax on line 40c reimbursed by the organization			0.

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Part V Other Information (Note the attachment requirement in the instructions) (Continued)41 List the states with which a copy of this return is filed ▶ None42 a The books are in care of ▶ PATRICIA F ALLENTelephone no ▶ 615-382-0513Located at ▶ 300 NORTH MAIN STREET, SPRINGFIELD, TN,ZIP + 4 ▶ 37172

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)?

	Yes	No
42b		X

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for Form TD F 90 22 1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c		X
-----	--	---

If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here

▶ ☐ N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

▶ 43 | N/APlease
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.

Patricia F. Allen

Signature of officer

Date

10-27-06PATRICIA F ALLEN
Treasurer

Type or print name and title

Paid
Pre-
parer's
Use
OnlyPreparer's
signature ▶ Ervin D Brown

Date

10-24-06Check if
self-
employed ▶ ☐Preparer's SSN or PTIN (See
General instruction W)
N/AFirm's name (or
yours if self-
employed) ▶ Brown, Brown and Associates PCaddress and
ZIP + 4 ▶ 728 South Main StreetSpringfield, TN 37172EIN ▶ N/APhone no ▶ (615) 384-8431

BAA

TEEA0812L 02/06/06

Form 990-EZ (2005)

SCHEDULE A
(Form 990 or 990-EZ)**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.)

OMB No 1545-0047

2005Department of the Treasury
Internal Revenue Service

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

Name of the organization:

ROBERTSON COUNTY HISTORICAL SOCIETY

Employer identification number:

62-1124119

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

(See 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 and 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 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 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	

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

Schedule A (Form 990 or 990-EZ) 2005

Schedule A (Form 990 or 990-EZ) 2005 **ROBERTSON COUNTY HISTORICAL SOCIETY** 62-1124119 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	31,318.	35,234.	15,029.		81,581.
16 Membership fees received	3,125.	7,186.	1,930.		12,241.
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	5,682.				5,682.
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					0.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt 4.	1,432.	1,099.	4,269.		6,800.
23 Total of lines 15 through 22	41,557.	43,519.	21,228.		106,304.
24 Line 23 minus line 17	35,875.	43,519.	21,228.		100,622.
25 Enter 1% of line 23	416.	435.	212.		

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	N/A	26a
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____		26d
22 _____ 26b _____		26e
e Public support (line 26c minus line 26d total)		26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f %

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:		
(2004) _____ 0. (2003) _____ 0. (2002) _____ 0. (2001) _____ 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:		
(2004) _____ 0. (2003) _____ 0. (2002) _____ 0. (2001) _____ 0.		
c Add: Amounts from column (e) for lines: 15 _____ 81,581. 16 _____ 12,241.		
17 _____ 5,682. 20 _____		
d Add: Line 27a total _____ 0. and line 27b total _____ 0.		27c 99,504.
e Public support (line 27c total minus line 27d total)		27d 0.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f 106,304.	27e 99,504.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g 93.60 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h 0. %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

Schedule A (Form 990 or 990-EZ) 2005 ROBERTSON COUNTY HISTORICAL SOCIETY

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Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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?

31

If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)

32 Does the organization maintain the following:

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32 a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32 b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32 c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32 d

If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:

a Students' rights or privileges?

33 a

b Admissions policies?

33 b

c Employment of faculty or administrative staff?

33 c

d Scholarships or other financial assistance?

33 d

e Educational policies?

33 e

f Use of facilities?

33 f

g Athletic programs?

33 g

h Other extracurricular activities?

33 h

If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34 a

b Has the organization's right to such aid ever been revoked or suspended?

34 b

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

6/30/06

2005 Federal Book Depreciation Schedule

Page 1

Client RCHS4119

ROBERTSON COUNTY HISTORICAL SOCIETY

62-1124119

10/24/06

10:42AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ So. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductio	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Buildings																
2	BUILDING	11/24/02		150,000							150,000	7,853	S/L	39		3,846
	Total Buildings			150,000		0	0	0	0	0	150,000	7,853				3,846
Machinery and Equipment																
1	EQUIPMENT	1/01/01		12,932							12,932	3,233	S/L	10		1,293
	Total Machinery and Equipment			12,932		0	0	0	0	0	12,932	3,233				1,293
	Total Depreciation			162,932		0	0	0	0	0	162,932	11,086				5,139
	Grand Total Depreciation			162,932		0	0	0	0	0	162,932	11,086				5,139