

Form **990-EZ**

Short Form 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)

▶ 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.

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2004 calendar year, or tax year beginning 2004, and ending 2004, and ending 20

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>EAST BRIDGEWATER HISTORICAL SOCIETY, INC.</u>		D Employer identification number <u>04 75011889</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>P.O. Box 126</u>		E Telephone number <u>(508) 378-2674</u>
		City or town, state or country, and ZIP + 4 <u>ELMWOOD, MA 02337</u>		F Group Exemption Number ▶

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check 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 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 ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, grants, and similar amounts received																														
	2	Program service revenue including government fees and contracts																														
	3	Membership dues and assessments																														
	4	Investment income																														
	5a	Gross amount from sale of assets other than inventory																														
	b	Less: cost or other basis and sales expenses																														
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																														
	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)																														
b	Less: direct expenses other than fundraising expenses																															
c	Net income or (loss) from special events and activities (line 6a less line 6b)																															
7a	Gross sales of inventory, less returns and allowances																															
b	Less: cost of goods sold																															
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																															
8	Other revenue (describe ▶ _____)																															
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																															
Expenses	10	Grants and similar amounts paid (attach schedule)																														
	11	Benefits paid to or for members																														
	12	Salaries, other compensation, and employee benefits																														
	13	Professional fees and other payments to independent contractors																														
	14	Occupancy, rent, utilities, and maintenance																														
	15	Printing, publications, postage, and shipping																														
	16	Other expenses (describe ▶ <u>OFFICE & MISC. SUPPLIES</u>)																														
17	Total expenses (add lines 10 through 16)																															
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																														
	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)																														
	20	Other changes in net assets or fund balances (attach explanation)																														
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																														

Part II Balance Sheets—If total assets at the end of the year (line 21) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	34,590.32	34,318.73
23	Land and buildings	—	—
24	Other assets (describe ▶ _____)	—	—
25	Total assets	34,590.32	34,318.73
26	Total liabilities (describe ▶ _____)	—	—
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,590.32	34,318.73

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Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)
What is the organization's primary exempt purpose? _____		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28 (Grants \$)	28a
29 (Grants \$)	29a
30 (Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
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 page 41 of the 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 & deferred compensation	(E) Expense account and other allowances
SEE ATTACHED SCHEDULE	← →	0	0	0
.....				
.....				
.....				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		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		✓
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		✓
35	If the organization had income from business activities, such as those reported on lines 3 and 4, and 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?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	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?		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	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.		✓
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ 0		
41	List the states with which a copy of this return is filed ▶ MASSACHUSETTS		
42	The books are in care of ▶ RICHARD W. ALEXANDER Telephone no. ▶ (508) 378-2674 Located at ▶ 17 STURGEON AVE., E. DUNDEN, MA ZIP + 4 ▶ 02333		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/>		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including attachments, and believe it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all the information provided to the preparer after reasonable inquiry.
	Signature of officer ▶ Richard W. Alexander
Paid Preparer's Use Only	Type or print name and title ▶ RICHARD W. ALEXANDER
	Preparer's signature ▶ Dall E Hatfield
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DALL E HATFIELD 125 BOLWOOD LN, BRIDGE

EAST BRIDGEWATER HISTORICAL SOCIETY, INC.

SCHEDULE OF OFFICERS AND DIRECTORS

<u>Name</u>	<u>Address</u>	<u>Title</u>	<u>Compensation</u>
Patricia Perry	64 Cheryl Drive East Bridgewater, MA 02333	President	-0-
Theresa A. Farnham	30 Cedar Street East Bridgewater, MA 02333	Vice President	-0-
Barbara W. Rubin	24 Pearl Street East Bridgewater, MA 02333	Secretary	-0-
Richard W. Alexander	17 Strong Avenue East Bridgewater, MA 02333	Treasurer	-0-
Jane A. Haines	33 Plymouth Street East Bridgewater, Ma 02333	Curator	-0-
Margaret O. Alexander	17 Strong Avenue East Bridgewater, MA 02333	Director	-0-
Randy A. Julius	487 Central Street East Bridgewater, MA 02333	Director	-0-
Joseph Dupras	211 Union Street East Bridgewater, MA.02333	Director	-0-