

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 private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
Rockingham County Historical Society Museum and Archives

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO Box 84

City or town, state or province, country, and ZIP or foreign postal code
Wentworth, NC 273750084

D Employer identification number
23-7057021

E Telephone number
(336) 394-4965

G Gross receipts \$ 157,263

F Name and address of principal officer
Jeffrey Bullins
206 N 8th Avenue
Mayodan, NC 27027

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ THEMARCONLINE.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1970

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The Preservation of the Heritage and History of Rockingham County, North Carolina

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	16
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	3
6 Total number of volunteers (estimate if necessary)	68
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	49,325	50,428
9 Program service revenue (Part VIII, line 2g)	115,156	40,951
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,555	10,998
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	179,036	102,377
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	74,896	77,497
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	68,723	53,466
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	143,619	130,963
19 Revenue less expenses Subtract line 18 from line 12	35,417	-28,586
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	512,360	483,312
21 Total liabilities (Part X, line 26)	7,276	2,445
22 Net assets or fund balances Subtract line 21 from line 20	505,084	480,867

Part II Signature Block

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

Sign Here

Signature of officer: [Signature] Date: 2019-05-13

Jeffrey Bullins President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MALCOLM N CLARK CPA PLLC
Preparer's signature: [Signature] Date: 2019-07-19
Check if self-employed PTIN: P00233394
Firm's EIN: [EIN]
Firm's address: PO BOX 1147 EDEN, NC 272891147
Phone no: (336) 627-5111