

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) charitable trust

OMB No. 1545-0047

1991

Department of the Treasury
Internal Revenue Service

Note: You may have to use a copy of this return to satisfy state reporting requirements.

This Form is
Open to Public
Inspection

A For the calendar year 1991, or fiscal year beginning _____, 1991, and ending _____, 19

Please use IRS label or print or type. See Specific Instructions.	B Name of organization <i>American Canadian Genealogical Society</i>		C Employer identification number <i>51 0185878</i>
	Number and street (or P.O. box no. if mail is not delivered to street address) Room/suite <i>P.O. Box 668</i>		D State registration number <i>3763-03763</i>
	City, town, or post office, state, and ZIP code <i>MANCHESTER, NH 03105</i>		E If application for exemption is pending, check here. <input type="checkbox"/>

F Check type of organization—Exempt under section 501(c)(3) (insert number), OR section 4947(a)(1) charitable trust

G Accounting method: Cash Accrual Other (specify) _____

H Is this a group return filed for affiliates? Yes No
If "Yes," enter the number of affiliates for which this return is filed: _____
Is this a separate return filed by a group affiliate? Yes No

I If either answer in H is "Yes," enter four-digit group exemption number (GEN) _____

J If address changed, check box

K Check here if your gross receipts are normally not more than \$25,000. You do not have to file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data. **Some states require a completed return.**

Note: Form 990EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Section 501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990).

Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	<i>11,718</i>		
	b Indirect public support	1b			
	c Government grants	1c			
	d Total (add lines 1a through 1c) (attach schedule—see instructions)	1d	<i>11,718</i>	<i>7-1/2/3/4</i>	
	2 Program service revenue (from Part VII, line 93)	2	<i>10,135</i>		
	3 Membership dues and assessments (see instructions)	3	<i>25,042</i>	<i>1-1</i>	
	4 Interest on savings and temporary cash investments	4	<i>2,799</i>	<i>7-5/6/7</i>	
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss)	6c			
7 Other investment income (describe _____)	7				
8a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other			
	8a				
	8b				
	8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9 Special fundraising events and activities (attach schedule—see instructions):					
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
b Less: direct expenses	9b				
c Net income	9c				
10a Gross sales less returns and allowances	10a	<i>3814</i>			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) (attach schedule)	10c	<i>3814</i>		
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	<i>53,508</i>			
Expenses	13 Program services (from line 44, column (B)) (see instructions)	13	<i>25,348</i>		
	14 Management and general (from line 44, column (C)) (see instructions)	14	<i>7412</i>		
	15 Fundraising (from line 44, column (D)) (see instructions)	15			
	16 Payments to affiliates (attach schedule—see instructions)	16	<i>667</i>	<i>11-3</i>	
	17 Total expenses (add lines 16 and 44, column (A))	17	<i>33,427</i>		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<i>20,081</i>		
	19 Net assets or fund balances at beginning of year (from line 74, column (A))	19			
	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, 19, and 20)	21			

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—noninterest-bearing	100	45	20
46	Savings and temporary cash investments	40128	46	59708
47a	Accounts receivable		47a	
b	Less: allowance for doubtful accounts		47b	47c
48a	Pledges receivable		48a	
b	Less: allowance for doubtful accounts		48b	48c
49	Grants receivable		49	
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)		51a	
b	Less: allowance for doubtful accounts		51b	51c
52	Inventories for sale or use	12000	52	11000
53	Prepaid expenses and deferred charges		53	
54	Investments—securities (attach schedule)		54	
55a	Investments—land, buildings, and equipment: basis	25000	55a	
b	Less: accumulated depreciation (attach schedule)	—	55b	55c
56	Investments—other (attach schedule)	25000	56	25543
57a	Land, buildings, and equipment: basis		57a	
b	Less: accumulated depreciation (attach schedule)		57b	57c
58	Other assets (describe ► <u>Books + Periodicals</u>)	92000	58	104893
59	Total assets (add lines 45 through 58) (must equal line 75)	169228	59	201164
Liabilities				
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Support and revenue designated for future periods (attach schedule)		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64	Mortgages and other notes payable (attach schedule)		64	
65	Other liabilities (describe ► _____)		65	
66	Total liabilities (add lines 60 through 65)		66	
Fund Balances or Net Assets				
Organizations that use fund accounting, check here ► <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75 (see instructions).				
67a	Current unrestricted fund	40228	67a	59728
b	Current restricted fund		67b	
68	Land, buildings, and equipment fund	25000	68	25543
69	Endowment fund		69	
70	Other funds (describe ► <u>Books + Publications</u>)	104000	70	115893
Organizations that do not use fund accounting, check here ► <input type="checkbox"/> and complete lines 71 through 75 (see instructions).				
71	Capital stock or trust principal		71	
72	Paid-in or capital surplus		72	
73	Retained earnings or accumulated income		73	
74	Total fund balances or net assets (add lines 67a through 70 OR lines 71 through 73: column (A) must equal line 19 and column (B) must equal line 21)		74	
75	Total liabilities and fund balances/net assets (add lines 66 and 74)	169228	75	201164

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 your return is complete and accurate and fully describes your organization's programs and accomplishments.

Part VII Analysis of Income-Producing Activities

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include 93 Program service revenue (Publications, Conferences, Genealogist-Advertising, Library, Research), 94 Membership dues and assessments, 95 Interest on savings, 96 Dividends, 97 Net rental income, 98 Net rental income from personal property, 99 Other investment income, 100 Gain or loss from sales of assets, 101 Net income from special fundraising events, 102 Gross profit or loss from sales of inventory, 103 Other revenue, and 104 Subtotal. Total amount is 41790.

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

Table with 2 columns: Line No. and Explain how each activity for which income is reported in column (e) of Part VII contributed importantly to the accomplishment of your exempt purposes. Rows A-E describe the impact of publications, conferences, advertising, library, and research.

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c.)

Table with 5 columns: Name, address, and employer identification number of corporation or partnership; Percentage of ownership interest; Nature of business activities; Total income; End-of-year assets.

Signature and title section. Includes 'Please Sign Here' and 'Paid Preparer's Use Only' sections. Signature: Gerald Salonda, Date: 1/25/92, Title: Treasurer.

Part V List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position (if not paid, enter zero)	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
PAULINE CASSON MANCHESTER NH	President	0	0	0
ROBERT PHALETTE CANDIA NH	Vice President	0	0	0
GERALD LALONDE W. NOTTINGHAM NH	Treasurer	0	0	0
KADY ARSENAULT KINGSTON NH	Recording Secretary	0	0	0
LARRY ANTOITE MANCHESTER NH	Corresponding Secretary	0	0	0

Part VI Other Information

76	Did you engage in any activity not previously reported to the Internal Revenue Service?		Yes No
77	Were any changes made in the organizing or governing documents, but not reported to IRS?		Yes No
78a	Did your organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		Yes No
78b	If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?		Yes No
78c	At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership?		Yes No
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.)		Yes No
80a	Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.)		Yes No
80b	If "Yes," enter the name of the organization <i>Fr. Leo Baegein Chapter, Lemington, Inc. - American General Hospital Society</i> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		Yes No
81a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	81a	
81b	Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?		Yes No
82a	Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		Yes No
82b	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 for reporting in Part III.	82b	
83a	Did anyone request to see either your annual return or exemption application (or both)?		Yes No
83b	If "Yes," did you comply as described in the instructions? (See General Instruction L.)		Yes No
84a	Did you solicit any contributions or gifts that were not tax deductible?		Yes No
84b	If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction M.)		Yes No
85a	Section 501(c)(5) or (6) organizations.—Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).)		Yes No
85b	If "Yes," enter the total amount spent for this purpose.	85b	
86	Section 501(c)(7) organizations.—Enter:		
a	Initiation fees and capital contributions included on line 12	86a	0
b	Gross receipts, included on line 12, for public use of club facilities (See instructions.)	86b	0
c	Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)	86c	
87	Section 501(c)(12) organizations.—Enter amount of:		
a	Gross income received from members or shareholders.	87a	
b	Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	Public interest law firms.—Attach information described in the instructions.		
89	List the states with which a copy of this return is filed.		
90	During this tax year did you maintain any part of your accounting / tax records on a computerized system?	90	
91	The books are in care of <i>Gerard Lalonde</i>		
92	Section 4947(a)(1) charitable trusts filing Form 990 in lieu of Form 1041, U.S. Fiduciary Income Tax Return, should check here <input type="checkbox"/>		

and enter the amount of tax-exempt interest received or accrued during the tax year. **92**

Located at *39 GERBIG RD W. NOTTINGHAM NH* ZIP code *03291*

Telephone no. *(603) 942-5727*

Form **990EZ**

Short Form

OMB No. 1545-1150

Return of Organization Exempt From Income Tax
 Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) charitable trust

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

You may have to use a copy of this return to satisfy state reporting requirements.

1991

This Form is Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the calendar year 1991, or fiscal year beginning _____, 1991, and ending _____, 19

Please use IRS label or print or type. See Specific Instructions.	B Name of organization		C Employer identification number
	Number and street (or P.O. box no., if mail is not delivered to street address)	Room/suite	D State registration number
	City, town, or post office, state, and ZIP code		E Enter four-digit group exemption number (GEN)

F Check type of organization—Exempt under section ► 501(c) () (insert number), OR ► section 4947(a)(1) trust

G Check ► if exemption application pending.

H Accounting method: Cash Accrual Other (specify) ► **I** Check ► if address changed.

J Check ► if your gross receipts are normally not more than \$25,000. You need not file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data. **Some states require a completed return.**

K Enter your 1991 gross receipts (add back lines 5b, 6b, and 7b, to line 9) ► \$ _____
If \$100,000 or more, you must file Form 990 instead of Form 990EZ.

Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances

		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 (attach schedule—see instructions)															11718																																
	2	Program service revenue															10135																																
	3	Membership dues and assessments (see instructions)															25042																																
	4	Investment income															2799																																
	5a	Gross amount from sale of assets other than inventory																																															
	5b	Less: cost or other basis and sales expenses																																															
	5c	Gain or (loss) (line 5a less line 5b) (attach schedule)																																															
	6	Special events and activities (attach schedule—see instructions):																																															
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																																															
	6b	Less: direct expenses																																															
6c	Net income or (loss) (line 6a less line 6b)																																																
7a	Gross sales less returns and allowances																3814																																
7b	Less: cost of goods sold																																																
7c	Gross profit or (loss) (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 ► _____)																																															
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	Total net assets or fund balances (combine lines 18 through 20) (must agree with line 27, column (B))																																															

We filed form 990 for 1992. File the Short Form here with 1992 figures.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, you must file Form 990 instead of Form 990EZ.

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	40239	22	59728	
23	Land and buildings		23		
24	Other assets (describe ► _____)	129000	24	141436	
25	Total assets	169239	25	201164	
26	Total liabilities (describe ► _____)		26		
27	Net assets or fund balances (column (B) must agree with line 21.)	169239	27	201164	

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Cat. No. 106421

Form **990EZ** (1991)

Part III Statement of Program Service Accomplishments—(See instructions.)		Expenses <small>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)</small>	
Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	Genealogist + Publications (Grants \$)	8,455	
29	Archivist (Grants \$)	11,893	
30	Library + Research - Conference (Grants \$)	5,000	
31	Other program services (attach schedule) (Grants \$)		
32 Total program service expenses (add lines 28 through 31)			

Part IV List of Officers, Directors, and Trustees (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 zero.)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances

Part V Other Information—Section 501(c)(3) organizations and section 4947(a)(1) charitable trusts must also complete and attach Schedule A (Form 990). (See instruction C1.)		Yes	No
33	Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .		<input checked="" type="checkbox"/>
b	If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) . . . If "Yes," attach a statement as described in the instructions.		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		<input checked="" type="checkbox"/>
b	Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?		<input checked="" type="checkbox"/>
38a	Did you 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?		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the instructions and enter the amount involved . . . 38b 0		<input checked="" type="checkbox"/>
39	Section 501(c)(7) organizations.—Enter:		<input checked="" type="checkbox"/>
a	Initiation fees and capital contributions included on line 9 39a 0		<input checked="" type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities (see instructions) 39b 0		<input checked="" type="checkbox"/>
c	Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)		<input checked="" type="checkbox"/>
40	List the states with which a copy of this return is filed. ▶		
41	The books are in care of ▶ Telephone no. ▶ () Located at ▶		
42	Section 4947(a)(1) charitable trusts filing Form 990EZ in lieu of Form 1041, U.S. Fiduciary Income Tax Return.—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 42		

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 _____ Title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed
 Firm's name (or yours if self-employed) and address _____ ZIP code _____