990

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) nonexempt charitable trust

OMB No. 1545-0047

noartment of the Treasury arnal Revenue Service

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

This Form is Open to Public Inspection

Cheek it of Charge of object of Name of organization. Descriptor disable for Name of organization. Descriptor disable for Name of page 16 Poly. Descriptor disable for Name of Name of Poly. Descriptor disable for Name of N		For 1	the 1998 calen	ndar	year, OR tax year peri	od beginn	ing		, 1998, and e	nding	, 19
Charge of address Sealed or Control Co		Chec								D Emp	loyer identification number
Interference Number and street (or P.O. box if mails not delivered to street address) Rom/subset Exemption support]	Change			AMERICAN - CAN	ADIAN (GENEALOGIC	AL :	SOCIETY	57	0185878
Final niturn Seminor]	Initial r	etarri .		Number and street (or P	O. box if m	ail is not delivered to	street a	address) Room/suit	e E Tele	
Contributions, girts, grants, and similar amounts received:	٦	Final re	eturn si	•• [P.O. BOX 64	78				603) 622-1554
state reporting) tests reported separation— \(\begin{align*}{cccc} \text{ permit of the section 501(c)} \(3 \) \(\text{ (insert number)} \) \(\text{ OR} \) \(\text{ section 4047(c)(1)} \) nonexempt contrabile trusts \(\text{ (insert number)} \) \((insert number)	ز		sea return inst							<u> </u>	
one: Section 50(e)G seempt organizations and 4947(e)(1) nonaxempt charitable trusts MUST attach a completed Schedule A (Form 990). If "Yes," which we have a group return fleet for affiliates for which this return is fleed: If either box in H is checked "Yes," enter founding group examption number flows in the section of the seempt and the properties of the section of the sect				ns.	MANCHESTER	, NH	03108-6	47F		P Chec	
one: Section 50(e)G seempt organizations and 4947(e)(1) nonaxempt charitable trusts MUST attach a completed Schedule A (Form 990). If "Yes," which we have a group return fleet for affiliates for which this return is fleed: If either box in H is checked "Yes," enter founding group examption number flows in the section of the seempt and the properties of the section of the sect		Type	of organization		X Exempt under secti	on 501(c)(3) ◀ (insert	numbe	r) OR ▶ □ sec	tion 4947(a	V(1) nonexempt charitable trust
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b) if "Yes," enter the number of affiliates for which this return is filed:									1		
b) If Yes,* enter the number of affiliates for which this return is fleat: ▶						• • •					
co) is this a separate nature field by an organization covered by a group rating? This Mol Check here be 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 it received a Form 990 Package in the meli. It should file a return without financial data. Some states require a complete treturn. Size: Form 990-EZ may be used by organizations with gross receipts less: than \$100,000 and total assets less than \$250,000 at end of year. The versure, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 13.) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support b Indirect public support c Government contributions (grants) d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ noncash \$ 1 to defect the properties of the pro	b) If "Ye	es," enter the nur	mber	of affiliates for which this r	eturn is filed	: ▶				
Check here ▶								No X			Casil La Accidal
a Permi 900 Package in the mail. It should file a return without financial data. Some states require a complete return. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 13.) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support b Indirect public support c Government contributions (grants) t Total (add lines 1s at through 1c) (attach schedule) of contributions (cash \$										• • • • • • • • • • • • • • • • • • • •	turn with the IDS: but if it required
The properties of the propert	_	a For	m 990 Package i	in the	mail, it should file a return	without fin	ancial data. Some s	tates re	quire a complete :	etum.	num with the INS, but it it received
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a Direct public support b Indirect public support c Government contributions (grants) d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$		1						und L	didnoco (occ	Specific	Note decions on page 15.7
b Indirect public support c Government contributions (grants) d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ noncash \$ 11d 6656 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6a Gross rents b Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe) 8a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses. C Gain or (loss) (cattach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a) b Less: cifrect expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances 10a Gross sales of inventory, less returns and allowances 10b Less: cost of goods sold C Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 (l.f. 70 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 16, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 (3), 4/12 13 Program services (from line 44, column (B)) 15 (17) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 20 3 6/2		İ						12	1150		
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b Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule)	ž							8a			
c Gain or (loss) (attach schedule)		ь		•				8b			
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b Less: cost of goods sold			Cross sales	or (r	oss) from special eve	nts (subt	ract line 9b from		³a)	. 20	
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18 Excess or (deficit) for the year (subtract line 17 from line 12)	3		Payments to	affi	liates (attach schedu	le)				. 16	1,868
18 Excess or (deficit) for the year (subtract line 17 from line 12)	4	17	Total expens	ses	(add lines 16 and 44	, column	(A))		<u></u>	. 17	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	3	18	Excess or (de	efici	t) for the year (subtra	ct line 17	from line 12)			18	
20 Other changes in net assets or fund balances (attach explanation).	3	19	Net assets o	r fur	nd balances at begin	nina of v	ear (from line 73	s colu	nn (A))		
Net assets or fund balances at end of year (combine lines 18, 19, and 20)	3	20	Other change	es ir	n net assets or fund	balances	(attach explana	tion) .			
	=	21	Net assets or	fun	d balances at end of	ear (com	oine lines 18, 19	and 2	<u>o) .</u>	·	440,828

11,125

58,771

Form 990 (1998) Part II Statement of 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. (See Specific Instructions on page 17.) **Functional Expenses** Do not include amounts reported on line (C) Management (B) Program (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22 Grants and allocations (attach schedule) . 22 _____ noncash \$ _ 23 23 Specific assistance to individuals (attach schedule) 24 24 Benefits paid to or for members (attach schedule). 25 25 Compensation of officers, directors, etc. . . . 26 26 Other salaries and wages . . 27 27 Pension plan contributions 28 28 Other employee benefits . . 29 29 Payroll taxes 30 30 Professional fundraising fees . 31 Accounting fees . . . 31 32 32 Legal fees 6.000 33 9771 3634 33 Supplies 786 34 34 Telephone 571 7.793 35 Postage and shipping . 37.668 36 36 Occupancy 907 37 37 Equipment rental and maintenance. 38 38 Printing and publications . 39 39 16,192 16, 192 40 40 Conferences, conventions, and meetings. 4,242 41 41 42 42 Depreciation, depletion, etc. (attach schedule) 2444 444 Other expenses (itemize): a Insurance 43a 43b 163 Bank Charges Subscriptions 43c 43d 43e Total functional expenses (add lines 22 through 43) Organizations 53,047 58,771 143 111,961 completing columns (B)-(D), carry these totals to lines 13-15 Reporting of Joint Costs.—Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes If "Yes," enter (i) the aggregate amount of these joint costs \$. ___; (ii) the amount allocated to Program services \$_ (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments (See Specific Instructions on page 20.) What is the organization's primary exempt purpose? > Gather, disseminate & preserve binealogical data Program Service Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) 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.) a PUBLICATIONS! The A-C Genezlogist is our Augsterly Journal which Keeps members Informed; Repertoires preserve and disseminate generological data, Charts, Maps and Guiles are the Tools To record research findings

(Grants and allocations \$ -0-) 30,816 b Research Services! Are for our distant members and hon-members. The funds are used to increase our restard capabilities - we now provide Services 638 On-line by computer on the internet (Grants and allocations CONFERENCES: Held twice a year, educate and inform members
on generiogy and family history as well a period history during the
life and times of our ancestors 16,192 (Grants and allocations \$

a ARCHIVIST! This fund increases our holdings of genezingleal and historical data, repertoires, microfilm, microfiche and CO-Rom's.

Total of Program Service Expenses (should equal line 44, column (B), Program services).

Other program services (attach schedule)

(Grants and allocations

(Grants and allocations

Part IV	Balance	Sheets	(See	Specific	Instructions	on	page	20.	•
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1	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		50	45	400
	46	Savings and temporary cash investments.	50.547	46	10,030	
						, , , , , , , , , , , , , , , , , , , ,
	47a	Accounts receivable	47a			
		Less: allowance for doubtful accounts	47b		47c	244
		Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, truste (attach schedule)	es, and key employees		50	
	51a	Other notes and loans receivable (attach				
3		schedule)	51a			
3		Less: allowance for doubtful accounts	51b		51c	
		Inventories for sale or use		21,000	52	24,686 -0-
-		Prepaid expenses and deferred charges .		575	53	<u>-'0-</u>
Ì		Investments—securities (attach schedule)			54	
Ì		Investments—land, buildings, and	1 1			
		equipment: basis	55a			
		Less: accumulated depreciation (attach				
1	56	schedule)	55b		55c	
		Investments—other (attach schedule) Land, buildings, and equipment: basis		****	56	
		Less: accumulated depreciation (attach	Jia			
		schedule)	57b	237, 632	57c	282.630
	58	Other assets (describe ► Library Hold)		150,360	58	2 f 2,630 162,563
		,				
+		Total assets (add lines 45 through 58) (must		460, 164	59	480,553
Ì	60	Accounts payable and accrued expenses.		 	60	
		Grants payable			61	
3		Deferred revenue			62	
	63	Loans from officers, directors, trustees, and schedule).	key employees (attach			
		Tax-exempt bond liabilities (attach schedule)			63	
1		Mortgages and other notes payable (attach s		39.981	64a 64b	39.725
	65	Other liabilities (describe >	chedule)	31,181	65	37,723
-			· · · · · · · · · · · · · · · · · · ·			
1	66	Total liabilities (add lines 60 through 65) .		39,981	66	39,725
	Organ	izations that follow SFAS 117, check here ▶	and complete lines			
	(37 through 69 and lines 73 and 74.				•
	67 l	Unrestricted			67	•
1	68	Temporarily restricted			68	
		Permanently restricted	· · · <u>·</u> · · · · -		69	•
	C	izations that do not follow SFAS 117, check complete lines 70 through 74.				
1	70 (Capital stock, trust principal, or current funds		5/172	70	10,674
	71 F	Paid-in or capital surplus, or land, building, a	nd equipment fund	237,632	71	4/2,570
Ĺ		Retained earnings, endowment, accumulated		131,379	72	17,584
1	73 T	Total net assets or fund balances (add lines	•		•	
	/	0 through 72; column (A) must equal line 1		420,183		440,828
1		qual line 21) otal liabilities and net assets / fund balance	es (add lines 66 and 73)	460, 164	73 74	480,553
_			, TO WITE 101	100/107	_ / - 	1001777

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a rticular organization. How the public perceives an organization in such cases may be determined by the information presented its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's ograms and accomplishments.

Par	Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 22.)				per	Part	Fi	econciliation of inancial Stater eturn		
а			and other support statements >	a /3/	4/2	а	•	enses and lo ancial statemen		a 1/3, 829
b	•	included or	n line a but not on	THIRDING TO SEE		b	Amounts in	ncluded on line Form 990:		5 7:37
(1)	Net unreal		\$			(1)	Donated and use of	_		
		of facilities				(2)	Prior year ad reported on	line 20,		
(3)	(3) Recoveries of prior year grants \$				(3)	Form 990 . Losses rep				
(4)	Other (spe					(0)	line 20, For	m 990 . \$		
			\$			(4)	Other (spe	cify):		
	Add amou	nts on lines	s (1) through (4) ▶	b				\$		
•	Lina a mir	nus line b .	_	c /3/	4/2	С		nts on lines (1) th ous line b	-	c 1/3,829
c d		included o				d		ncluded on line		
		but not or	n line a:					but not on line	a:	
(1)	Investment not include	ed on line				(1)	not include	•		
(0)	-	90	\$				6b, Form 99			
(2)	Other (spe	ecity):				(2)	Other (spe	:сіту):		
•			\$					\$		d
е			es (1) and (2) > ne 12, Form 990	d		e		nts on lines (1) nses per line 17,	ì	
Car	(line c plu	s line d) .	<u></u>	e /3/	412	Empl	(line c plus	s line d)	<u> ▶ </u>	e //3, 829 nsated; see Specific
Fal			page 22.)	irustees, a	nu key	Emple	byees (List	each one even	ii not compei	saled, see opeomo
		(A) Name	e and address		(B) Title a week o	ind avera	ige hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contributions t employee benefit plan deferred compensat	ns & account and other
	BERT H HESTER	Z, NH			PRES	IDEN	UT 20	-0-	-0-	-0-
	OLAND	MARCH	AND		VICE-	PRES	TOENTIO	-0-	-0-	-0-
G	ERALD	LALO. NGHAN			TREI			-6-	-0-	-0-
<i>Ç</i>		BELM			RECOR	-		-0-	-0-	-0-
	ARY-AL	NA PA	A QUE TTE NH			ESPO	NDING	-0-	- 0-	-0-
<i>!</i>	BEDFOR	LABA	3.E		DIRE		7	-0-	-0-	-0-
		DONAIS			DIRE	CTO	e 5	-0-	-0-	-0-
	AM HA	IT, NH			DIRE	ECTOR	2 5	-0-	-0-	-0-
A G	NNK-MI OFFSTOW	ORIE PL	ERRAULT Y		DIRE	CTOR	30	-0-	-0-	-0-
<i>K</i>	OBERT	MAUR ESTER	IER		DIRE	CTOR	5	-0-	-0-	-0-
75	Did any off organization	ficer, directon n and all rel	or, trustee, or key el lated organizations,	mployee rece of which mor	ive aggre e than \$1	gate co 0,000 w	mpensation vas provided	of more than \$10 by the related org	0,000 from you ganizations? ▶	Yes 🖾 No

If "Yes," attach schedule—see Specific Instructions on page 22.

P	Other Information (See Specific Instructions on page 23.)	Yes No
³ 6	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76 ×
7	Were any changes made in the organizing or governing documents but not reported to the IRS?	77 ×
	If "Yes," attach a conformed copy of the changes.	
78	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a X
Į	3 IT "VOC " had it filed a feet referme to F 600 F. C. U.)	
79	Was there a liquidation, dissolution, termination, or substantial contraction to the second s	78b
30:	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79
	association with a statewide or nationwide organization) through common	
1	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a ×
•	If "Yes," enter the name of the organization ▶ Fr. Leo Begin Chapter A Cos of	
24.	Lewis Ton, mE. and check whether it is ⊠ exempt OR □ nonexempt.	
316	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81. 81a	
	Did the organization file Form 1120-POL for this year?.	81b X
328	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	N X
	or at substantially less than fair rental value?	82a
	of "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	
12-	Part III.) [82b]	
ъза L	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a 🗙
34-	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b ×
34a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a 🗡
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	
	or girts were not tax deductible?	84b
35 L	501(c)(4), (5), or (6) organizations.—a Were substantially all dues nondeductible by members?	85a
D	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b
	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.	
Ç	Dues, assessments, and similar amounts from members	
	Section 162(e) lobbying and political expenditures	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	
1	Taxable amount of lobbying and political expenditures (line 85d less 85e)	
g	and the part to pay the economy coccle) tax on the amount in coli.	85g
n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable	
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h
36	501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on	
	line 12	
	Gross receipts, included on line 12, for public use of club facilities	
37	501(c)(12) organizations.—Enter:	
	Gross income from members or shareholders	
D	Gross income from other sources. (Do not net amounts due or paid to other	
30	sources against amounts due or received from them.)	
38	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	
20	partnership? If "Yes," complete Part IX	88 X
598	501(c)(3) organizations.—Enter: Amount of tax imposed on the organization during the year under:	
_	section 4911 ▶	
Đ	501(c)(3) and 501(c)(4) organizations.—Did the organization engage in any section 4958 excess benefit	ggh X
_	transaction during the year? If "Yes," attach a statement explaining each transaction	89b /
Ç	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	
~	sections 4912, 4955, and 4958.	
	Enter: Amount of tax on line 89c, above, reimbursed by the organization.	
- - -	List the states with which a copy of this return is filed ► NEW HPMP SHIRE	
91		906
J 1	The books are in care of ► GERALD LALONDE, TREASURER Telephone no. ► (603) &	12-1554
92	Located at ► '4 ELM ST. MANCHESTER, N/4 ZIP + 4 ► 03/08 - 64	.7.£ <u></u>
	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	▶ ∐
	■ 1 00 I	

Part VII		ctivities (See S	Specif	ic Instruc	tions or	page	€ 27.)	
·	ss amounts unless otherwise	Unrelated					on 512, 513, or 514	(E)
indicated.		(A)		(B)	(C)		(D)	Related or exempt function
	gram service revenue:	Business code		Amount	Exclusion		Amount	income
	ABLICATIONS							14,486
b <u>А</u> -	CGENEALOGIST							F/3
c	IBRARY	_	_		_			8,684
d _R	ESEARCH	_						4,168
e <u>_C</u>	ONFERENCE							16,392
f Med	dicare/Medicaid payments		-					<u> </u>
g Fee:	s and contracts from government agencie	s						11 103
	nbership dues and assessments		+-					270
	est on savings and temporary cash investment							270
	dends and interest from securities		iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			ullilli.		
	rental income or (loss) from real estate:							
	t-financed property	1			 			
	debt-financed property	l l	+					
	rental income or (loss) from personal property		+					
	er investment income		+					
	or (loss) from sales of assets other than inventor		+			-		
	income or (loss) from special events .	1	+					350
	ss profit or (loss) from sales of inventory		+-					16,625
103 Oth	er revenue: a Space Rental	_						1,870
		-			<u> </u>		* *	
		_						
d		_						
104 Subto	otal (add columns (B), (D), and (E))							124,756
	(add line 104, columns (B), (D), and (E))						>	124,756
Note: (Line	e 105 plus line 1d, Part I, should equal th	e amount on lin	e 12, i	Part I.)				
Part VIII	Relationship of Activities to the Ac	complishment	of Ex	empt Pur	poses (S	ee Sp	ecific Instruction	ons on page 28.)
Line No.	Explain how each activity for which incom of the organization's exempt purposes (other)	e is reported in coner than by provid	olumn (ling fur	(E) of Part V nds for such	/II contribu	uted im s).	portantly to the	accomplishment
93 a	Publications preserve and dis	IchinzTe 9	<i>رنع 11ج</i>	logical	in fu	rmo	tion	
936	The Het have an lacist Westing	· /	' IH	מ שא נחל מיילוויים	i	<i>t 4</i>	ENEZIUYIL	21 MOTTEN
	and about publications a	nd tools a	VZi	126/0	for r	950	arch	
93 c	and about publications a. The Library is the Center	- of gene	2/04	ical ST	4dy é	nd	provides	research
	Tools and instruction for	- beginne	rs b	, PXDE	MENC	کے جو	Voluntee	<u>ers</u>
93d	Research Dent-Traces and	estry by h	nzil'					me to The
	Library - Thenominal fre	is used to	pure	4212 M	nore	<u> 12 T </u>	2.	
93e	Conferences serve To educ	zte 2nd in	for	mong	<u>enez./</u>	ogica	el/historic	21 matten
1028	Sele of inventory - We provide	Le low cost	- Czi	ndy + Sin	BCHS	in o	ur lunch	ruch
1033	Space Rental-State of NH b	ouk deposi	rung	<u> </u>	,		· · · · · · · · · · · · · · · · · · ·	· ·
1036	Exchange on funds mainto	Zines in C	o Ur	Canad	ien ch	"VOS"	box on line	88 is checked.)
Part IX	Information Regarding Taxable Su		mple			169		
	e, address, and employer identification imber of corporation or partnership	Percentage of ownership interest		Natur business			Total income	End-of-year assets
	inibe of corporation of partnership		+					
							,	+
		. %						
		%						
	Under penalties of perjury, I declare that I have exa		d. diec.	accompanying	g schedules	and sta	tements, and to the	best of my knowledge
Please	under penalties of perjury, I declare that I have example and belief, it is true, correct, and complete. Declar (See General Instruction U, on page 12.)	ration of preparer (ot	her than	n officer) is ba	ased on all i	nformati	on of which prepar	er nas any knowledge.
Sign		1 4	-10	-99	GERA	LA	ALONDE,	TREASURER
Here	Merald Zalande Signature of officer	Date		— >	Type or pr			
				Date	,	Check if		SSN
Paid	Preparer's signature					self- employe	d ▶ □	
Preparer's	Firm's name (or					EIN	>	
Use Only	yours if self-employed) and address					ZIP + 4	>	
	, — · · · · · · · · · · · · · · · · · ·							

AMERICAN-CANADIAN GENEALOGICAL SOCIETY

SUPLEMENT TO FORM 990 for the year 1998

PART 1 LINE 20 Other changes in net assets or fund balances.

Increase in Merchandise for Resale as a result of the physical inventory taken during the year.

\$3062

SCHEDULE A (Form 990)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

Department of the Treasury Internal Revenue Service Name of the organization

See separate instructions.

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

OMB No. 1545-0047

Employer identification number

AMERICAN - CANADIAN GENER	LOGICAL SOCIET	y, Inc	Employer identifica	171
Part I Compensation of the Five High (See instructions on page 1. List	est Paid Employees O	ther Than Office	ers, Directors, a	nd Trustees
(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
<u> N</u> ONE				
	·			
				Α
`				
Total number of other employees paid over \$50,000				
Compensation of the Five Higher (See instructions on page 1. List ea	est Paid Independent C ch one (whether individua	Contractors for last or firms). If the	Professional Sec	rvices
(a) Name and address of each independent contractor		(b) Type o		(c) Compensation
NONE				
				:
				1
				:
otal number of others receiving over \$50,000 for professional services				

	_
Page	2

a	rt III Statements About Activities	Yes	No
	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?		X
	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.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
а	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?)	X
С	Furnishing of goods, services, or facilities?	:	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	3	X
9	Transfer of any part of its income or assets?	•	X
	Attach a statement to explain how the organization determines that individuals or organizations receiving grants		X
ह	or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.) THE IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)		
Ξ	organization is not a private foundation because it is: (Please check only ONE applicable box.)		
•	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).		
,	A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)		
	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).		
	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital and state ▶		
	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the Support Schedule in Part IV-A.)		•
а	An organization that normally receives a substantial part of its support from a governmental unit or from the section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	eneral	public
Þ	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		
	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fe receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more to	es, and han 33	gros: 1/3% o
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from busines by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A	sses a	quirec
	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section section 509(a)(3).)	organi 509(a)(2	zations). (See
	Provide the following information about the supported organizations. (See instructions on page 4.)		
	(a) Name(s) of supported organization(s) (b) Line nu from ab		

An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on 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.

Ca	lendar year (or fiscal year beginning in)					of accounting.
15	Gifts, grants, and contributions received. (Do	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
	not include unusual grants. See line 28.).	5 6211	121/1	20 7/1/	112 -10	014.0
16	Membership fees received	5,824	17,061	27,744	43,565	94,194
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	40 965	55, 5ft 48, 452	26 (4)	40,652	198,57
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	260	195	1,180	25, 9+3 791	151,086
19	Net income from unrelated business activities not included in line 18				, , ,	2426
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.		٠.			
22	Other income. Attach a schedule. Do not					
23	include gain or (loss) from sale of capital assets					
24	Total of lines 15 through 22 Line 23 minus line 17	108,234	121,296	105,762	110,991	446283
25	Entor 10/ of line 00	67,269	72, 844	70,076	£5,00f	295 197
 26	Organizations described on lines 10 or 11:	1,082	1,213	1,058	1,110	
a	person (other than a governmental unit or publicing 1997 exceeded the amount shown in line 26a. If Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18	e 24, column (e)	ali these excess	amounts	> 26b	
f	Public support percentage (line 26e (numerat	or) divided by lin	 ne 26c (denomin	atori)	> 26e	<u> </u>
7	Organizations described on line 12: a For person," attach a list to show the name of, and of such amounts for each year:	amounts include total amounts rec	ed in lines 15, 16 eived in each ye	6, and 17 that we ar from, each "dis	squalified person	." Enter the sum
b	(1997) — (1996) — (1996) — (1997) — (1996) — (19	eived from a none larger of (1) the s well as individu	disqualified personal amount on line	on, attach a list to 25 for the year	show the name or (2) \$5,000. (In	of, and amount clude in the list
•	(1997) -0 - (1996) -0		(1995)	_	(1994)	~
C /	Add: Amounts from column (e) for lines: 15 _ 17 \(\frac{51, 086}{20} \) 20 _	94,194	16 <u>/94, 57</u>	7_	. 07.	// · /2 F/2
d /		nd line 27b total			> 27c	743,837
	Public support (line 27c total minus line 27d total	is into 270 total . I)	· 			443, 857
r g l	otal support for section 509(a)(2) test: Enter am Public support percentage (line 27e (numerate	ount on line 23, (or) divided by lin	column (e)	► 27f 446	283	99.46 %
B (Investment income percentage (line 18, column Jnusual Grants: For an organization described attach a list (which is not open to public inspection and a brief description of the nature of the	in line 10, 11, or	12 that receive	d any unusual gr	ants during 1994	

Schedule A (Form 990) 1998

Does the organization have a racially nondisoriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondisoriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholariships and scholariships and scholariships and scholariships and scholariships and scholariships and situations program, and scholariships and scholariships and scholariships and scholariships and other financial assistance are awarded on a racially nondisoriminatory be necoral dealing and scholariships and other financial assistance are awarded on a racially nondisoriminatory be necoral documenting that scholarships and other financial assistance are awarded on a racially nondisoriminatory be necoral documenting that scholarships and other financial assistance are awarded on a racially nondisoriminatory be necoral documenting that scholarships and other financial assistance are awarded on a racially nondisoriminatory be necoral documenting that scholarships and other financial assistance are awarded on a racially nondisoriminatory be necoral documenting that scholarships and other financial assistance are awarded on a racially nondisoriminatory be necoral documenting that scholarships? Copies of all naterial used by the organization, on on separation scholarships and other written communications to the public dealing with student admissions, programs, and scholarships? By unanswered "No" to any of the above, please explain, (if you need more space, attach a separate statement.) Sala Students' rights or privileges? Copies the organization discriminate by race in any way with respect to: Sala Students' rights or privileges? Copies the organization discriminate by race in any way with respect to: Sala Students' rights or privileges? Admissions policies? Copies the organization discriminate	t V	(Form 990) 1998 Private School Questionnaire (See instructions on page 4.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	Yes	No
other governing instrument, of in account of its racially nondiscriminatory policy toward students in all its broohures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships? 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.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization community of the above, please explain, (if you need more space, attach a separate statement.) Saparate of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? If you answered "Yes" to any of the above, please explain, (if you need more space, attach a separate statement.) Hyou answered "Yes" to any of the above, please explain, (if you need more space, attach a separate statement.)		is the shorter hylaws		+-
other governing instrument, of in account of its racially nondiscriminatory policy toward students in all its broohures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships? 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.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization community of the above, please explain, (if you need more space, attach a separate statement.) Saparate of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? If you answered "Yes" to any of the above, please explain, (if you need more space, attach a separate statement.) Hyou answered "Yes" to any of the above, please explain, (if you need more space, attach a separate statement.)	_	the experization have a racially nondiscriminatory policy toward students by statement in its charter, bytame,	29	1
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f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 33h 43h 43h 43h 53h 6 Other extracurricular activities? 34a 34b 44b 5 Has the organization receive any financial aid or assistance from a governmental agency? 34b 5 Has the organization's right to such aid ever been revoked or suspended? 15 you answered "Yes" to either 34a or b, please explain using an attached statement.	_	Educational policies?	1 1	
g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 4b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	e	Eddicational political	33f	
g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 4b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	_			
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h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 4b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.				٠,
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If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 45b Has the organization's right to such aid ever been revoked or suspended? 46c If you answered "Yes" to either 34a or b, please explain using an attached statement.				
34a Does the organization receive any financial aid or assistance from a governmental agency?	h	Other extracurricular activities?		
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34a Does the organization receive any financial aid or assistance from a governmental agency?		If you answered "Yes" to any of the above, please explain (in your answered "Yes" to any of the above, please explain (in your answered "Yes" to any of the above, please explain (in your answered "Yes" to any of the above, please explain (in your answered "Yes") to any of the above, please explain (in your answered "Yes") to any of the above, please explain (in your answered "Yes") to any of the above, please explain (in your answered "Yes") to any of the above, please explain (in your answered "Yes") to any of the above, please explain (in your answered "Yes") to any of the above, please explain (in your answered "Yes") to any of the above, please explain (in your answered "Yes") to any of the above, please explain (in your answered "Yes") to any of the above, please explain (in your answered "Yes") to any of the above		
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Does the organization receive any financial aid or assistance from a governmental agency?				
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		from a governmental agency?	. 34a	+-
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	21-	Does the organization receive any financial aid or assistance from a governmental agono,		
If you answered "Yes" to either 34a of 0, please on plant and sections 4.01 through 4.05	J45	F DOGG THE ALBERTANCE	34b	dun
If you answered "Yes" to either 34a of 0, please on plant and sections 4.01 through 4.05		Has the organization's right to such aid ever been revoked or suspended?		
us the anguiroments of sections 4.01 through 4.05	t	πας της στομοτικό "Yes" to either 34a or b, please explain using an attached statement.		
the that it has complied with the applicable requirements of sections 4.51 through		If you answered 165 to outlie 5 to 1875.	5	
35 Does the organization certify that it has complete wait populiscrimination? If "No," attach an explanation 35	_	Does the organization certify that it has complied with the applicable requirements of sections 4.07 through the of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	. 35	1

Ouri tter	ng the year, did the organization attempt to influence national, state or local legislation, including any npt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	Volunteers			
þ	Paid staff or management (Include compensation in expenses reported on lines c through h.)			
C	Media advertisements			
đ	Mailings to members, legislators, or the public			
e	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (add lines c through h).			

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

Pa	t VI		n Regarding Tra	nsfers To and Transaction	s and Relationships With Nonch	aritable	•
51	Did the reporting organization directly or in 501(c) of the Code (other than section 501			indirectly engage in any of the I(c)(3) organizations) or in section	following with any other organization des on 527, relating to political organizations?		
а	Transfers from the reporting organization to a noncharitable exempt organ				nization of:	Yes	
	(f) Cash				51a(i)	X	
	(ii)	Other assets				a(ii)	X_
ь	Oth	er transactions:			` \		-
	(i) Sales of assets to a noncharitable exempt organization				b(i)	X	
	(ii)	Purchases of asse	ets from a nonchari	table exempt organization		b(ii)	X
	(iii) Rental of facilities or equipment			_ ,	b(iii)	x	
	(iv)		rrangements		b(iv)	X	
	(v)					b(vi)	X
				hip or fundraising solicitations		C	Ŷ
C	Sha	ring of facilities, eq	luipment, mailing lis	ts, other assets, or paid emplo			
d	COO	ds other assets or	services given by the	e reporting organization. If the org	Column (b) should always show the fair mar panization received less than fair market values, other assets, or services received:	ue in any	uie
- (a)	(p)		(c)	(d)		
Line	no.	Amount involved	Name of nonc	haritable exempt organization	Description of transfers, transactions, and share	ring arrangem	ents
						· · · · · · · · · · · · · · · · · · ·	
							
		-					
	des	cribed in section 5	rectly or indirectly a 01(c) of the Code (a following schedule	other than section 501(c)(3)) or	ar section of the sec	Yes 🛭	₫ No
		(a) Name of organiz	zation	(b) Type of organization	(c) Description of relationship		
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AMERICAN-CANADIAN GENEALOGICAL SOCIETY INCOME & EXPENSE

January through December 1998

	Jan - Dec '98	
Income 1.0 MEMBERSHIP 1.1 Dues	61,098.00	
Total 1.0 MEMBERSHIP	61,098.00	3 94
2.0 PUBLICATIONS 2.2 AFGS Income 2.3 Repertoires 2.4 Index & Holdings 2.5 Jette	20.00 7,763.20 343.00 6,360.00	
Total 2.0 PUBLICATIONS	14,486.20	2 93a
3.0 GENEALOGIST 3.1 Back Issues 3.2 Advertising	712.80 100.00	
Total 3.0 GENEALOGIST	812.80	2 936
4.0 LIBRARY 4.1 All Copies 4.2 Maps-Charts-Guides 4.3 Guest Fees 4.5 Beverages 4.6 Candy/Snacks 4.7 Hats	2,230.00 931.95 778.20 76.00	2 93 e 102
4.8 Gift Certificates ✓ 4.9 Other	25.00 J 773.50 / &	(Part of 7.2)
Total 4.0 LIBRARY	11,268.50	5
5.0 RESEARCH 5.1 RS Income 5.2 Parchemin	4,038.60 525.00	4144
Total 5.0 RESEARCH	4,563.60	2 93d
6.0 CONFERENCE 6.1 Attend Fees 6.2 Advertising 6.4 Vendor Booth	14,282.00 1,610.00 500.00	2.
Total 6.0 CONFERENCE	16,392.00	2 93 E
7.0 SOCIETY ✓ 7.2 Bldg Fund ✓ 7.3 Book Fund 7.6 Ckg Act Int 7.7 Bld Fnd Int 7.8 Sav Act Int 7.9 Other	1,323.50 131.29 120.42 17.90 1,871.67	
Total 7.0 SOCIETY	8,023.55	
8.0 BUILDING 8.1 Rental Inc	16,625.00	
Total 8.0 BUILDING	16,625.00	2 /03 a
Total Income	133,269.65	

AMERICAN-CANADIAN GENEALOGICAL SOCIETY INCOME & EXPENSE

January through December 1998

_	Jan - Dec '98	
Gross Profit	133,2	69.65
Expense 11.0 MEMBERSHIP 11.1 Postage	·	
11.2 Supplies	1,400.00 129.41	
11.3 Maine	1,868.20	
Total 11.0 MEMBERSHIP		97.61
12.0 PUBLICATIONS	3,3	97.01
12.1 Postage	414.79	2-1
12.2 Supplies	423.53	2)D
12.3 Print Reps	5,675.03	38 h
12.4 Index & Holdings	465.50	386
12.5 Jette	3,559.00	
Total 12.0 PUBLICATIONS	10,53	37.85
13.0 GENEALOGIST		
13.1 Postage	4,151.15	35b
13.2 Supplies	598.14	
13.3 Printing	19,469.00	386
Total 13.0 GENEALOGIST	24,21	8.29
14.0 LIBRARY		
14.1 Postage	50.21	35b
14.2 Supplies	893.35	
14.3 Equip Maint	907.51	
14.4 Print Maps & Info	302.50	
14.5 Beverages 14.6 Candy/Snacks	441.00	
14.9 Other	1,020.43 54.07	
Total 14.0 LIBRARY		
15.0 RESEARCH	3,00	9.07
15.1 Postage	207.24	7 Ch -
15.2 Supplies	207.24 35.38	336 1-2 -031
15.3 Returns	395 50 ~	336 (-2 -93d) 395:50 = 0 (Ded From income
15.4 Parchemin	1,500.00	
Total 15.0 RESEARCH		8.12 - 396 = 1743
16.0 CONFERENCE	-	
16.1 Postage	2.343.56	998.56 356 (1345.w -386)
16.3 Raffle Prizes	100.00	406
16.4 Speakers	2,748.18	106
16.5 Caterer & Refreshments	11,686.62 4	rub
16.9 Other	1,656.88	10 b
Total 16.0 CONFERENCE	18,53	5.24
17.0 SOCIETY		
17.1 Postage	571.19	3 <i>s</i> c
17.2 Supplies	3,940.16	
17.3 Telephone	785.78	
17.4 Work Comp Ins	-58.00 4	13 C
17.5 Liab Ins	1,222.00	43C

03/28/99

AMERICAN-CANADIAN GENEALOGICAL SOCIETY INCOME & EXPENSE

January through December 1998

		Jan - Dec '98	
17.6 Bad Checks 17.7 Bank Charge		60.00 102.88	43 C
17.8 Fund Expense		143.30	330
17.9 Other		3,232.77	<u> </u>
Total 17.0 SOCIETY		10,0	80.00
18.0 BUILDING 18.1 Heat 18.2 Electricity 18.3 Water-Sewer		6,664.29 2,910.15 514.32	36C
18.4 Fire Ins.		1,280.00	
18.5 Maint-Repair	1	24,819.33	
18.6 Fire Protect		480.00	2 L C
18.7 Snow-Grass		2,280.00	36C 41C
18.8 Loan Interest		4,241.63	410
Total 18.0 BUILDING		43,1	89.72
Uncategorized Expenses	1		0.00
Total Expense	1	115,6	85.98
Net Income		17,5	83.67
			٠
Repair Equipment Misc.	1173. 37		
Misc.	2010 330	-	