Form **990**

Department of the Treasury Internal Revenue Service

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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)

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

OMB No. 1545-0047

Open to Public Inspection

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Α	For t	he 2001 c	alendar	year, or tax year beginning		2001, and	d ending		, 20
В	Check it	applicable:	Please	C Name of organization	· · · · · · · · · · · · · · · · · · ·				er identification number
	Addres	s change	use IRS label or	AMERICAN-CANA				51:	0185878
	Name (change	print or type.	Number and street (or P.O. box if n	nail is not delivered to s	treet addres	s) Room/suite		one number
_	Initial re		See	POBOX 6478				(603	1,622 1554
	Final re	eturn	Specific Instruc-	City or town, state or country, and	ZIP + 4	4 -		F Accountin	g method:
_		ed return	tions.	MANCHESTER	NH O	3108-	6478		ner (specify) ►
	Applica	tion pending	• Sec	ction 501(c)(3) organizations and 4	947(a)(1) nonexempt	charitable	H and I are no		to section 527 organizations.
	••		tru	sts must attach a completed Schedu					for affiliates? Yes 🔀 No
G	Web s	ite: ►					H(b) If "Yes,"	enter numb	er of affiliates ▶
_	0		(-bb-	W 50411 3 1 5			H(c) Are all at		
				only one) ► 🛛 501(c) (3) ∢ (inse			•		. See instructions.)
K	Check	here ▶ 📙	if the c	organization's gross receipts are norm	ally not more than \$25	,000. The	H(d) Is this a s	eparate return	n filed by an y a group ruling? ☐ Yes ⊠ No
	in the r	ation need i nail, it shoul	nottile a kd file are	return with the IRS; but if the organizate turn without financial data. Some state	ion received a Form 990 s require a complete re) Package			
				The state of the state				digit GEN ▶	
L	Gross	receipts:	Add line	s 6b, 8b, 9b, and 10b to line 12	•				he organization is not required orm 990, 990-EZ, or 990-PF).
	art I			penses, and Changes in N		nd Balar	ices (See S	pecific Ir	estructions on page 16.)
_	1			gifts, grants, and similar amou			.000 (000 0	VIIII	iorradions on page 10.j
	a			gins, grants, and similar amou apport		ta /	4945		
	h			support		1b	·, / · ·	 //////	
			•	ontributions (grants)	–	1c			
	d			1a through 1c) (cash \$				1d	14,945
	2							2	30 948
	3			revenue including government		•	t vii, line 93)	3	66 780 -
	4						• • • •	4	138
	5			ings and temporary cash inves interest from securities			• • • •	5	
	6a	Gross re				 6a ∠∂			
					· · · ·	3b	7,300		
	b			Denses		JU			11500 -
	7 C	Other in	vestme	ne or (loss) (subtract line 6b fint income (describe	om line ba)			6c 7	10,500 -
Revenue	8a			from sales of assets other	(A) Securities	(E) Other		
æ		than inv	entory			3a			
	b	Less: cos	st or oth	er basis and sales expenses.		3b			
	C	Gain or	(loss) (a	attach schedule) L		3c			
	d	Net gain	or (loss	s) (combine line 8c, columns (A)	and (B))			8d	
	9	Special	events	and activities (attach schedule	e)				
	a	Gross re	evenue	(not including \$	of				
				eported on line 1a)		e			
				penses other than fundraising		9b			
				(loss) from special events (sub		line 9a)		9c	
	10a	Gross sa	ales of	inventory, less returns and allo	wances 1	0a -	1458		
	b			oods sold		0b -	1029		
	С	Gross pro	ofit or (lo	oss) from sales of inventory (attacl	n schedule) (subtract	line 10b f	rom line 10a).	10c	429
	11	Other re	venue ((from Part VII, line 103)			•	11	3,158
	12			add lines 1d, 2, 3, 4, 5, 6c, 7, 8d	d, 9c, 10c, and 11)	<u> </u>	· · · · ·	12	126894
•	13			es (from line 44, column (B))				13	55169
Expenses	14	Manage	ment a	nd general (from line 44, colun	nn (C))			14	35655
<u> </u>	15			m line 44, column (D))				15	449
Щ	16	Payment	ts to af	filiates (attach schedule)				16	- 0 -
	17			(add lines 16 and 44, column		<u> </u>	<u></u> .	17	91273
Net Assets	18			cit) for the year (subtract line 1				18	35621
Ass	19	Net asse	ets or fu	and balances at beginning of y	ear (from line 73,	column (/	A))	19	506 397
Ę	20	Other ch	nanges	in net assets or fund balances	s (attach explanation	on)		20	- 846
_	21	net asse	ts or fu	nd balances at end of year (con	bine lines 18, 19, a	and 20)	<u> </u>	21	505551

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Part II Statement of Functional Expenses

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 21.)

	Tationorial Expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		out opinonal tot outload.	(-	o on page 21.
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	00				
	(cash \$)	22				
23	Specific assistance to individuals (attach schedule)	23		<u> </u>		
24	Benefits paid to or for members (attach schedule).	24				
25	Compensation of officers, directors, etc	25		<u> </u>		•
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	4663 -	2749	1465 0	449,
34	Telephone	34	1316	1153	158	
35	Postage and shipping	35	7638 -	7036 -	602 -	
36	Occupancy	36	27991 .		27991	
37	Equipment rental and maintenance	37	15-19 .	1518-		
38	Printing and publications	38	40 490 -	40490		
39	Travel	39				
40	Conferences, conventions, and meetings	40	2777 -	2222		
41	Interest	41	1482.		1483. ~	
42	Depreciation, depletion, etc. (attach schedule)	42	•		, , ,	
43	Other expenses not covered above (itemize): a	43a				
⊸ b	Insurance + Opna	43b	1928		2928 -	
C	Bank Charge a Bad chucks	43c	266		266 -	<u> </u>
d	Subscriptions & Ducs	43d	345		345 -	
	Crick Cond Charge + Bad Dest	43e	413			
44	-	44	91,273.	<i>45169</i>	35.656	449
loir	t Costs. Check ▶ ☐ if you are following SOP		77,570	30 167	<u> </u>	
	any joint costs from a combined educational campaign		ndroisina polioitotion	roported in (B) Dro		
If "Y	es," enter (i) the aggregate amount of these joint cost	aliu lu e ¢	nuraising solicitation	seponed in (b) Pio	gram services? ,	P Li Yes Lind
ain t	he amount allocated to Management and general \$.ο ψ	, (II) the	amount allocated	to Program service:	s \$;
Pa	Statement of Program Service Acc	omoli	shments (See S	pocific Instruction	to rundraising \$	<u> </u>
\A/ba	t in the association is a first that associated as the same in the	5111 5 11	sthema (see s	pecine instruction	ons on page 24.	Drogues Samina
	t is the organization's primary exempt purpose?					
All O	rganizations must describe their exempt purpose actients served, publications issued, etc. Discuss ach	chiever	nents in a clear and	d concise manner.	State the number	(Required for 501(c)(3) and
orga	nizations and 4947(a)(1) nonexempt charitable trusts	must a	ins that are not m lso enter the amour	reasurable. (Section of grants and allo	cations to others	(4) orgs., and 4947(a)(1) trusts; but optional for
						others.)
	· · · · · · · · · · · · · · · · · · ·	<u></u>	T- WUGHTE	rly.Jaurn	.«/±2	
	mambers - Repertoires of	Ch	bren reco	ras topr	S S S T VC	46,212
			and allocations	record p	CSGGVCK	,
	RESERVICE C	i anto	arid anocations	9 2 0 -		
D.	RESEARCH SERVICE for dist	ant.	m.Lm.bers	hen m	1.m.b.cz.5	
						~ ^ 7
					• • • • • • • • • • • • • • • • • • • •	207
	16	ronto	and allocations			201
-	Contractive and the contraction	rants	and allocations	\$ -0-)	201
c	CONFERENCES - WORK Shops	irants	and allocations	\$ -0-)	201
c .	CONFERENCES - WORK Shops	irants	and allocations あらん ナルバ	\$ -0-)	2257
с .	CONFERENCES - WORK Shops		held twi	\$ -0-)	
	CONFERENCES - WORK Shops	irants	あらん ナルジ and allocations	\$ -0 -)	
- d .	CONFERENCES - WORK Shops (G ARCHIVIST TO INGREASE	irants :	and allocations	\$ -0 -)	
- d .	CONFERENCES - WORK Shops (G ARCHIVIST TO INGREASE	irants :	and allocations	\$ -0 -)	2257
- d .	CONFERENCES - WORK Shops (G AR CHIVIST TO INCREASE Geneale sical and history	irants :	and allocations helding data	\$ -0 -)	
d .	CONFERENCES - WORK Shops (G ARCHIVIST TO INCREASE genealo sical and history (G)	irants :	and allocations Lielding Lielding and allocations	\$ -0 - s . f \$ -0 -)	2257
d .	CONFERENCES - WORK Shops (G AR CHIVIST TO INCREASE GEAGA! SICAL ARE his form (G Other program services (attach schedule) (G	eur cel	and allocations Leta Arta and allocations and allocations	\$ -0 - 5 . f \$ -0 - \$ -0 -)	2257
d .	CONFERENCES - WORK Shops (G AR CHIVIST TO INCREASE genealo sical and history (G)	eur cel	and allocations Leta Arta and allocations and allocations	\$ -0 - 5 . f \$ -0 - \$ -0 -)	2257

Part IV	Balance Sheets	(See Specific	· Instructions on	nage 24 \
	Dalation Officers	tocc opcoint		page 24.

-	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	Cook non interest bearing		450	45	,450,
	46	Savings and temporary cash investments.		22392	46	25981
	10	Davings and temporary cash investments.			<i>viiiii</i>	23/2/
	47a	Accounts receivable	47a			
•	1	Less: allowance for doubtful accounts	47b	230 -992	47c	785, -
•	-	Loco. unovarior for doubtral accounts		· · · · · · · · · · · · · · · · · · ·		700,
	482	Pledges receivable	48a			
••		Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, truste	ves and key employees			
	••	(attach schedule)			50	
	51a	Other notes and loans receivable (attach				
ţ	• • •	schedule).	51a			
Assets	Ь	Less: allowance for doubtful accounts	51b		51c	
ĕ	52	Inventories for sale or use		24909	52	24909
•	53	Prepaid expenses and deferred charges .			53	
	54	Investments—securities (attach schedule).	▶ ☐ Cost ☐ FMV		54	
	55a	Investments—land, buildings, and	500			
		equipment: basis	55a			
	ь	Less: accumulated depreciation (attach				
		schedule)	55b		55c	•
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis	57a			
	b	Less: accumulated depreciation (attach				
		schedule)	57b	290905	57c	295 805
	58	Other assets (describe ► Research	Library Books)	186749	58	193 242
	59	Total agents (add lines 45 through 50) (month		525635		<i></i>
		Total assets (add lines 45 through 58) (must		3 4 3 6 3 3	59	541,172
	60	Accounts payable and accrued expenses .			60	
	61	Grants payable			61	
8	62	Deferred revenue	:. · · · · · · : · · · · · · · · · · · ·		62	
Liabilities	63	Loans from officers, directors, trustees, and				
<u>ā</u>	640	schedule)	• • • • • • • • •		63 64a	
Ë		Mortgages and other notes payable (attach s		20000	64b	
		Other liabilities (describe		4 • • • • • • • • • • • • • • • • • • •	65	,
			/	*****	~	
	66	Total liabilities (add lines 60 through 65) .	<u></u>	20000	66	
		nizations that follow SFAS 117, check here ▶				
ő	•	67 through 69 and lines 73 and 74.				
2	67	Unrestricted			67	
ā	68	Temporarily restricted		·	68	
ĕ	69	Permanently restricted			69	
ב		nizations that do not follow SFAS 117, check	here ▶ ☐ and			
۳		complete lines 70 through 74.		- 021/		
٥		Capital stock, trust principal, or current fund	s	23834	70	35550
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, a	and equipment fund	450328	71	474 162
8		Retained earnings, endowment, accumulated		31473	72	31460
7	73	Total net assets or fund balances (add lines	67 through 69 OR lines			
z		70 through 72; column (A) must equal line 19; column (B) m	uset aqual line (21)	506397	72	F111173
		Total liabilities and net assets / fund balance			73	541/72
	/ 7	rotal natimites and net assets / jung balanc	es (add lines 66 and 73)	525635	74	541172

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 the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	Reconciliation of Reven Financial Statements wi Return (See Specific Inst	th Revenu	e per	Pari		Reconciliation Financial State Return	of Expenses ements with E	per Audited xpenses per
а	Total revenue, gains, and other support per audited financial statements.		//////////////////////////////////////	а	Total ex	penses and I	osses per	a 92 302
b	Amounts included on line a but not on line 12, Form 990:	**********		ь	Amounts	inancial stateme included on line		a
(1)	Net unrealized gains			(1)	Donated	7, Form 990:		
• •	on investments \$			"		of facilities \$	-0-	
(2)	Donated services and use of facilities \$			(2)	•	adjustments on line 20,		
(3)	Recoveries of prior					<u>\$</u>		
(4)	year grants , \$ Other (specify):			(3)	Losses re			
\ ·,				(4)	Other (sp	,	 [
	<u>\$</u>			``				
	Add amounts on lines (1) through (4) ▶	b				<u>\$</u>		
;	Line a minus line b.	c /2	1853	c		ints on lines (1) th		b c 92302
i	Amounts included on line 12,			d		included on line	2	
	Form 990 but not on line a:					but not on line		
	Investment expenses not included on line			(1)	Investment	•		
	6b, Form 990 \$				not include 6b, Form 9			
(2)	Other (specify):			(2)	Other (spe			
	•							
	Add amounts on lines (1) and (2)	d			Add amo	unts on lines (1)		
	Total revenue per line 12, Form 990			е		enses per line 17,		*
	(line c plus line d)	e /a	7581	F1	(line c plus	s line d)	▶ a	92302
		rusices, c	HILL VEA					
	Instructions on page 26.)		~	Linbid	oyees (List	t each one even	if not compens	sated; see Speci
	(A) Name and address		(B) Title a	nd avera	ge hours per o position	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans	(E) Expense
	(A) Name and address (RA) (DONA) S		(B) Title a week d	nd avera evoted t	ge hours per	(C) Compensation	(D) Contributions to	(E) Expense
_	(A) Name and address (RA) (DONAIS MANCHESTER NH		(B) Title a	nd avera evoted t	ge hours per	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans	(E) Expense
M	(A) Name and address (RA) (DONA) S		(B) Title a week d	nd avera evoted t	ge hours per o position	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
M	(A) Name and address RAIG DONAIS MANCHESTER NH ARCEL JUISAUME MASS VL R LAMBERT		(B) Title as week of	nd avera evoted t	ge hours per o position	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
MA PA Co.	(A) Name and address (A) Name and address (A) (A) Name and address (B) (A) (A) (A) (A) (A) (B) (A) (A) (A) (A) (C) (A) (A) (A) (A) (A) (A) (A) (A)		(B) Title as week of	nd avera evoted t	ge hours per o position	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
PA Co.	(A) Name and address RA) (A) DONALS MANCHESTER NH ARCEL JUSSAUME MASS VL R LAMBERT NCORD NH ANE THIBAULT		(B) Title as week of Pres	and average evoted to	ge hours per o position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans deferred compensation	(E) Expense account and other allowances
PA Co.	(A) Name and address (A) Name and address (A) (A) Name and address (B) (A) (A) (A) (A) (A) (B) (A) (A) (A) (A) (C) (A) (A) (A) (A) (A) (A) (A) (A)		(B) Title as week of Pres	and average evoted to	ge hours per o position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans deferred compensation	(E) Expense account and other allowances
PA Co. DI	(A) Name and address RA) (DONALS MANCHESTER NH ARCEL JUISAUME MASS VL R LAMBERT NCORD NH AME THIBAULT USULA NH MASK BELAND		(B) Title as week of Pres	and average evoted to	ge hours per o position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans deferred compensation	account and other allowances
PA. Co. DI. A.	(A) Name and address RA) G. DONAIS MANCHESTER NH ARCEL JUISAUME MASS VL R LAMBERT NOORD NH ANE THIBOULT USULA NH MASK BELAND ONALD CHAPUT		(B) Title as week of Pres V, Pr Trea Corr. Dirc	c s	ge hours per o position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans deferred compensation	(E) Expense account and other allowances
PA Co. DI	(A) Name and address RA) G. DONAIS MANCHESTER NH ARCEL JUISAUME MASS VL R LAMBERT NCORD NH ANE THIBOULT USULA NH MASER BELAND ONALD CHAPUT MANCHESTER NH		(B) Title as week of Pres	c s	ge hours per o position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans deferred compensation	(E) Expense account and other allowances
PA COLDINA A	(A) Name and address RA) G DONALS MANCHESTER NH ARCEL JUISAUME MASS VL R LAMBERT NCORD NH RUE THIBOULT USULA NH PMRER BELAND ONALD CHAPUT MANCHESTER NH CIE CONSENTINO 1ASS		(B) Title as week of Pres V, Pr Trea Corr. Dirc	c s	ge hours per o position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans deferred compensation	(E) Expense account and other allowances
PACO.	(A) Name and address RA) (A) DONALS WANCHESTER NH ARCEL JUISAUME MASS VL R LAMBERT WOORD NH AME THIBOULT WOOLD NH PMBER BELAND ONALD CHAPUT MANCHESTER NH CIE CONSENTINO 11355		(B) Title as week of Press V, PP Trea Corr. Dirc	c s	ge hours per o position 10 10 10 15 10 8 13	(C) Compensation (If not paid, enter -0) -0 -0 -0 -0 -0 -0 -0 -0 -0 -	(D) Contributions to employee benefit plans deferred compensation	(E) Expense account and other allowances
PA Co. DI A LU.	(A) Name and address RA) (A) DONALS MANCHESTER NH ARCEL JUSSAUME MASS VL R LAMBERT NOORD NH ANE THIBAULT USULA NH PMBER BELAND ONALD CHAPUT MANCHESTER NH CIE CONSENTINO MASS BERT FOURNIER		(B) Title as week of Press V, Pr Trea Corr. Dirc	c s	ge hours per o position 10 10 30 15 15	(C) Compensation (If not paid, enter -0) -0 -0 -0 -0 -0 -0 -0 -0 -0 -	(D) Contributions to employee benefit plans deferred compensation	(E) Expense account and other allowances
PA CO DI A LU R.V.	(A) Name and address RA) (DONALS MANCHESTER NH ARCEL JUSSAUME MASS VL R LAMBERT NCORD NH ANE THIBAULT USULA NH MAKE THIBAULT USULA NH MAKE BELAND ONALD CHAPUT MANCHESTER NH CIE COMSENTINO MASS DERT FOURNIER MANCHESTER NH RRY LALONDE		(B) Title as week of Press V, PP Trea Corr. Dirc	c s	ge hours per o position 10 10 30 15 10 8 12	(C) Compensation (If not paid, enter -0) -0 -0 -0 -0 -0 -0 -0 -0 -0 -	(D) Contributions to employee benefit plans deferred compensation	(E) Expense account and other allowances
PACOLULIA RUE RUE WIN	(A) Name and address RA) (A) DONALS MANCHESTER NH ARCEL JUSSAUME MASS VL R LAMBERT NOORD NH ANE THIBAULT USULA NH PMBER BELAND ONALD CHAPUT MANCHESTER NH CIE CONSENTINO MASS BERT FOURNIER		(B) Title as week of Press V, Pr Trea Corr.	c s	ge hours per o position 10 10 10 15 10 8 13	(C) Compensation (If not paid, enter -0) -0 - -0 - -0 - -0 - -0 - -0 -	(D) Contributions to employee benefit plans deferred compensation	(E) Expense account and other allowances

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Pa	rt VI Other Information (See Specific Instructions on page 27.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .	76		X
77	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.			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a				
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	·····	X
b	If "Yes," enter the name of the organization ▶			
	and check whether it is exempt OR nonexempt.			
	Enter direct or indirect political expenditures. See line 81 instructions			<i>//////.</i>
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a	m	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
þ	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 in Part III.)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	m	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			//////.
05	or gifts were not tax deductible?	84b	-`	
85	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.			
_	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures			
_	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		<i>'''''</i>
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	009		
••	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	year?,	85h	İ	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . 86a	THINK!		
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections	İ		
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		<u>X</u>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ ;			
b	501(c)(3) and 501(c)(4) orgs. 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			
		89b	1	_X_
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.			
90a	List the states with which a copy of this return is filed ► NEW HAMPSHIRE			
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions.) 90b	• • • • • •	· · · · · ·	
91	The books are in care of ► PAUL R LAMBERT TREAS Telephone no. ► (603)	(2)	-/5	54
	Located at \ \(\frac{1}{2} \) \(\frac{1}	47	8	
92	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 92	• •	- "	_

Part		vities (See Sr	ecific Instruc	tions on nac	A 32)	Page (
Note:	Enter gross amounts unless otherwise		siness income		ion 512, 513, or 514	(5)
indica	ited.	(A)	(B)	(C)	(D)	(E) Related or
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	exempt function income
a .	<u>Publications</u>	ļ				17.920,
Ь.	A-C Genealogist - Quarterly Journal Library					527
c ₋	Research Services					6689
	Conference + Workshops.			 	<u> </u>	3136,
					· · · · · · · · · · · · · · · · · · ·	2676.
g F	Medicare/Medicaid payments			 		
94 1	Fees and contracts from government agencies Membership dues and assessments					(1.000
95	nterest on savings and temporary cash investments			 		66,780
96 [Dividends and interest from securities					139.
	Net rental income or (loss) from real estate:					
a	debt-financed property					
b n	not debt-financed property .			 		
98 N	let rental income or (loss) from personal property			1		
99 C	Other investment income					
	ain or (loss) from sales of assets other than inventory					
	let income or (loss) from special events			 		
	Gross profit or (loss) from sales of inventory					429 -
103 C	Other revenue: a _Space Rental					10500
b	Canadian Currency Exchange					3 158
c _	/ J					3 /20
d _						
е _						
1 04 S	ubtotal (add columns (B), (D), and (E))					
105 Ta	otal (add line 104, columns (B), (D), and (F))				•	111954
Note: Li	ne 105 plus line 1d, Part I, should equal the am	ount on line 12	. Part I.			
Part V	The state of the s	plishment of t	xempt Purpo	ses (See Spe	cific Instruction	s on page 32.)
Line No	 Explain now each activity for which income is re- 	enorted in colum	n (F) of Part VIII.	contributed imp	ortantly to the ac	complishment
93	The transmitter oxombt purposes (other th	an by providing	iunas for such p	urposes).		
94	PROGRAM SERVICES Pres	erus ad	153 & MINA	te gen	calogical	data
102	THE DES INCIDES	Paymen	امرا سخه ۲	القيدماه		
105	- Snac	1< 5012	in lunch			
Part IX		DISITORY	- Help Df	fact oc	cupancy	cost
	(A)	nes and Disre	garded Entitie	s (See Specific	c Instructions o	n page 33.)
N	ame, address, and EIN of corporation, Perc	(B) entage of	(C) Nature of act	tivities	(D) Total income	(E) End-of-year
	parties stip, or disregarded entity owner	ship interest			- Cital Indonie	assets
		%				
		%				
		%			<u></u>	
Part X	Information Regarding Transfers Associate	%	I Donoft O	1 10		
	<u> </u>	u will reisona	i benefit Conti	racts (See Spe	cific Instructions	on page 33.)
(b) Di	If the organization, during the year, receive any funds, directly	or indirectly, to pa	y premiums on a p	ersonal benefit co	ntract? 🗌	Yes 🗌 No
Note:	d the organization, during the year, pay premium	ns, directly or in	idirectly, on a p	personal benef	it contract?	Yes 🗌 No
11010.7	If "Yes" to (b), file Form 8870 and Form 4720 (see instructions	s)			
	Under penalties of perjury, I declare that I have examined the and belief, it is true, correct, and complete. Declaration of	its return, including preparer (other that	accompanying sch	edules and statem	ents, and to the bes	t of my knowledge
Please	Gard R Part 1			si un mormation i	or willow preparer na	as any knowledge.
ign	Signature of officer	·				
lere	PAUL R LAMBERT	72	EASU RE	Date	•	
	Type or print name and title.		FASURE	- 15		
			To			
aid	Preparer's signature			Check if self-	Preparer's SSN or PT	IN (See Gen. Inst. W)
reparer's	Firm's name (or yours)			employed ▶		
se Only	if self-employed), address, and ZIP + 4			EIN	> :	
	1 =001,000, allu ZIF + 4 F			Phone no	. ▶ ()	

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Part I Compensation of the Five High	est Paid Employees C	ther Than Office	cers. Directors. a	and Trustees
(See page 1 of the instructions.)	List each one. If there a	re 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 & deferred compensation 	(e) Expense account and oth allowances
			deletted compensation	allowarices
None				
		•		
				•
· · · · · · · · · · · · · · · · · · ·			·	

				·
•				
			1 1	
		1		
otal number of other employees paid over				
50,000	Dill 1			
50,000	est Paid Independent (Contractors for	Professional Se	rvices
Part II Compensation of the Five Higher (See page 2 of the instructions. Lis	t each one (whether indi-	viduals or firms).	If there are none,	enter "None."
50,000	t each one (whether indi-	viduals or firms).	Professional Se If there are none, of service	enter "None."
Compensation of the Five Higher (See page 2 of the instructions. Lis	t each one (whether indi-	viduals or firms).	If there are none,	enter "None."
Compensation of the Five Higher (See page 2 of the instructions. Lis	t each one (whether indi-	viduals or firms).	If there are none,	enter "None."
Compensation of the Five Higher (See page 2 of the instructions. Lis	t each one (whether indi-	viduals or firms).	If there are none,	enter "None."
Compensation of the Five Higher (See page 2 of the instructions. Lis	t each one (whether indi-	viduals or firms).	If there are none,	enter "None."
Compensation of the Five Higher (See page 2 of the instructions. Lis	t each one (whether indi-	viduals or firms).	If there are none,	enter "None."
Compensation of the Five Higher (See page 2 of the instructions. Lis	t each one (whether indi-	viduals or firms).	If there are none,	enter "None."
Part II Compensation of the Five Higher (See page 2 of the instructions. Lis	t each one (whether indi-	viduals or firms).	If there are none,	enter "None."
Compensation of the Five Higher (See page 2 of the instructions. Lis	t each one (whether indi-	viduals or firms).	If there are none,	enter "None."
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Part II Compensation of the Five Higher (See page 2 of the instructions. Lis	t each one (whether indi-	viduals or firms).	If there are none,	enter "None.'
Compensation of the Five Higher (See page 2 of the instructions. Lis	t each one (whether indi-	viduals or firms).	If there are none,	enter "None."
Part II Compensation of the Five Higher (See page 2 of the instructions. Lis	t each one (whether indi-	viduals or firms).	If there are none,	enter "None."
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Compensation of the Five Higher (See page 2 of the instructions. Lis	t each one (whether indi-	viduals or firms).	If there are none,	enter "None."
Part II Compensation of the Five Higher (See page 2 of the instructions. Lis	t each one (whether indi-	viduals or firms).	If there are none,	rvices enter "None." (c) Compensation

Schedule	Δ	/Form	aan	~	OOA.	ニン	2001

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Page 2

1	ח	uring the year, has the organization attempted to influence national, state, or local legislation, including any	1	ļ	1
•	at or	tempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities > \$ (Must equal amounts on line 38,			
		art VI-A, or line i of Part VI-B.) rganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other	1		
	or	ganizations that made an election trible section 501(ii) by him grown 5766 must complete Part VI-A. Other ganizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of e lobbying activities.			
2	su wi ov	uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any obstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or ith any taxable organization with which any such person is affiliated as an officer, director, trustee, majority wher, or principal beneficiary? (If the answer to any question is "Yes;" attach a detailed statement explaining the ansactions.)			
а	Sa	ale, exchange, or leasing of property?	2a		2
b	Le	ending of money or other extension of credit?	2b		,
С	Fu	rmishing of goods, services, or facilities?	2c		_
d	Pa	syment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		
е	Tra	ansfer of any part of its income or assets?	2e		7
)te	Do : At	ttach a statement to explain how the organization determines that individuals or organizations receiving grants			
lo a	e: At ans	from it in furtherance of its charitable programs "qualify" to receive payments. Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
lo e e	e: At ans	from it in furtherance of its charitable programs "qualify" to receive payments. Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) anization is not a private foundation because it is: (Please check only ONE applicable box.)			
lo e e	e: At ans	from it in furtherance of its charitable programs "qualify" to receive payments. Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) anization 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).			
lo ne	e: At ans	From it in furtherance of its charitable programs "qualify" to receive payments. Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) anization 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.)			
a e	e: At ans	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) anization 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.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
a e	e: At ans	From it in furtherance of its charitable programs "qualify" to receive payments. Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) anization 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.)	ital's n	name,	, c
lo alle	organs	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) anization 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.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(ii). 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 hosp 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.)	on 170	(b)(1)(A)(
a	or At ans	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) anization 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.) 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 hosp 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.) 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.)	on 170	(b)(1)(A)(
lo a b	organs rt II	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) 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.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(ii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hosp and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from th Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	on 170	(b)(1)(eral p	 A)(ub
Pale ne	or At ans	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) 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.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(ii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hosp and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi). 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.) 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 33½% of its support from contributions, membership	on 170	(b)(1)(eral p	A)(ub
lo a b	organs rt II	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) 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.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(ii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hosp and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from th Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	on 1700 e gene fees, re than	(b)(1)(eral p and (A)(ub
lo a b	orga	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(ii). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) 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)(iii). Enter the hosp and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi). 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.) 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 33%% of its support from contributions, membership receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no mor its support from gross investment income and unrelated business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less section 511 tax) from business taxable income (less	e gene fees, fee than sinesse /-A.)	(b)(1)(eral p and q a 33% s acq	A)(ub
lo a b	orga	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) 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.) 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)(iv). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hosp and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi). 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.) 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 33½% of its support from contributions, membership receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no mor its support from gross investment income and unrelated business taxable income (less section 511 tax) from bus by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and support 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 between the support section sec	on 1700 e gene fees, re than sinesse /-A.) orts org on 5090	(b)(1)(eral p and q a 33% s acq	A)(ub
e a b	orga	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) 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.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A rederal, state, or local government or governmental unit. Section 170(b)(1)(A)(iii). Enter the hosp and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v). An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 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.) 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 33½% of its support from contributions, membership receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more its support from gross investment income and unrelated business taxable income (less section 511 tax) from bus by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and support 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).) Provide the following information about the supported organizations. (See page 5 of the instructions.)	e gene fees, re than sinesse /-A.) orts org	and of a 33 % acquarized (a)(2).	ub gro
lo a b	orga	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) 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.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A rederal, state, or local government or governmental unit. Section 170(b)(1)(A)(iii). Enter the hosp and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v). An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 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.) 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 33½% of its support from contributions, membership receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more its support from gross investment income and unrelated business taxable income (less section 511 tax) from bus by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and support 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).) Provide the following information about the supported organizations. (See page 5 of the instructions.)	on 170(e general fees, re than sinesse /-A.) orts orgon 509(and of a 33 % acquarized (a)(2).	ub gro
lo a b	orga	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) 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.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A rederal, state, or local government or governmental unit. Section 170(b)(1)(A)(iii). Enter the hosp and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v). An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 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.) 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 33½% of its support from contributions, membership receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more its support from gross investment income and unrelated business taxable income (less section 511 tax) from bus by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and support 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).) Provide the following information about the supported organizations. (See page 5 of the instructions.)	on 170(e general fees, re than sinesse /-A.) orts orgon 509(and of a 33 % acquarized (a)(2).	atic

Not	se: You may use the worksheet in the instructions	y if you checked : <i>for converting f</i>	a box on line 10 from the accrual t), 11, or 12.) Use to the cash metho	cash method o od of accounting	f accounting.
Cal	endar year (or fiscal year beginning in) . >	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15	Gifts, grants, and contributions received. (Do				† 	(0) (0.00)
	not include unusual grants. See line 28.)	7244	7648	6656	5824	27372
16	Membership fees received	7244	64507	61098	61185	250586
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	35551	34941	44543	40 965	
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	811	143	270	260	1484
19	Net income from unrelated business activities not included in line 18					
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.					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	107402	107239	112567	108234	42511112
24	Line 23 minus line 17	71851	72 278	18024	67269	249 442
<u>25</u>	Enter 1% of line 23	1074	1072	1126	1082	
	Organizations described on lines 10 or 11:				▶ 26a	
b c d	Prepare a list for your records to show the name governmental unit or publicly supported organizamount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter line	ne of and amoun ation) whose tota th your return. E	t contributed by al gifts for 1997 th inter the total of al	each person (other rough 2000 exce I these excess am	eded the counts ▶ 26b	
e	22 - Public support (line 26c minus line 26d total)		26b		. ▶ <u>26d</u>	
f	Public support percentage (line 26e (numera	tor) divided by I	ine 26c (denomi	nator))	> 26f	%
27	Organizations described on line 12: a For person," prepare a list for your records to show to not file this list with your return. Enter the	he name of and	total amounte rec	eived in each vec	ere received fro r from, each "dis	m a "disqualified
	(2000)	-0 -	. (1998)	-	(1997)	-
b	For any amount included in line 17 that was received show the name of, and amount received for each y (Include in the list organizations described in lines 5 the difference between the amount received and tamounts) for each year:	rear, that was mon through 11, as with the larger amount	re than the larger rell as individuals.) described in (1) o	isqualified persons of (1) the amount of Do not file this lis or (2), enter the su	"), prepare a list to on line 25 for the t with your return of these differ	for your records to year or (2) \$5,000. n. After computing ences (the excess
	(2000)	-6-	. (1998)	-0 -	(1997)	0 -
С	Add: Amounts from column (e) for lines: 15 _ 17 _ / 56 0 00 _ 20 _	27372	16 <u>25</u> 25	5.86	▶ 27c	443958
d	Add: Line 27a total	and line 27h tota	· · · · ·		27d	-0-
e	Public support (line 27c total minus line 27d total					443.958
f	Total support for section 509(a)(2) test: Enter an		3 column (e)	► 27f #3.5		
g h	Public support percentage (line 27e (numerat Investment income percentage (line 18, colur	or) divided by li	ne 27f (denomin	ator))	▶ 27g	1019 %
28	Unusual Grants: For an organization described prepare a list for your records to show, for eac description of the nature of the grant. Do not fill	f in line 10, 11,	or 12 that receive	ed any unusual g	rants during 199	ront and a brief

Part V	Private School Questionnaire (See page 7 of the instructions.)	
	(To be completed ONLY by schools that checked the box on line	6 in Part IV)

	(10 be completed citel by solicols dist checked the box off line o in fact (4)			
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	Yes	No
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?	32a	 	
р	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	ļ 	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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:			
а	Students' rights or privileges?	33a		-
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		ļ
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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		

_							
Schedule	Α	(Form	990	OF	990	F7	2001

Page 5

Pa	Lobbying Expenditures by E (To be completed ONLY by an	n eligible organi	ization that file	ed Form 5768	3)		•		
Che	eck > a if the organization belongs to an affill	iated group. Che	eck. ▶ b 🔲 i	you checked "a"	and "I	imited c	ontrol'	provisions apply.	
	Limits on Lobby	ing Expenditur	es			(a) filiated g totals	roup	(b) To be completed for ALL electing organizations	
36	Total lobbying expenditures to influence public	c opinion (grassro	ots Johnying)	3	3				
37	Total lobbying expenditures to influence a legi			3	-				
38	Total lobbying expenditures (add lines 36 and			34	3				
39	=				•				
40	Total exempt purpose expenditures (add lines)				
41	Lobbying nontaxable amount. Enter the amount								
		bbying nontaxab							
	Not over \$500,000)					
	Over \$500,000 but not over \$1,000,000 \$100,0	00 plus 15% of the	e excess over \$50	00,000	MM)				
	Over \$1,000,000 but not over \$1,500,000 . \$175,0					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Over \$1,500,000 but not over \$17,000,000 _p . \$225,0	00 plus 5% of the	excess over \$1,5	00,000					
	Over \$17,000,000	,000			MANN.				
42	Grassroots nontaxable amount (enter 25% of	line 41)		42					
43	Subtract line 42 from line 36. Enter -0- if line 4								
44	Subtract line 41 from line 38. Enter -0- if line 4	I1 is more than lin	ne 38	44					
	Caution: If there is an amount on either line 43	3 or line 44 vou n	nust file Form 47	20					
				VIIII					
	(Some organizations that made a section	eraging Period on 501(h) election	do not have to	on o u (n) complete all of t	he five	colum	ns be	elow	
	See the instructions f	or lines 45 throug	h 50 on page 1°	of the instruct	ons.)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Lobi	bying Expenditu	res During 4-Y	ear A	veragir	ıg Pe	riod	
	Calendar year (or	(a)	(b)	(c)	Τ	(d)		(e)	
	fiscal year beginning in) ▶	2001	2000	1999		1998		Total	
45	Lobbying nontaxable amount		4						
46	Lobbying ceiling amount (150% of line 45(e)).							***	
47	Total lobbying expenditures								
48	Grassroots nontaxable amount								
49	Grassroots ceiling amount (150% of line 48(e))								
50	Grassroots lobbying expenditures								
Pa	rt VI-B Lobbying Activity by Nonelect (For reporting only by organization)	ting Public Ch tions that did n	arities ot complete f	Part VI-A) (See	e pag	e 12 c	of the	instructions.)	
Duri	ng the year, did the organization attempt to influ	ence national, sta	ate or local legis	ation, including					
atter	npt to influence public opinion on a legislative m	natter or referendu	ım, through the	use of:	 .,	Yes	No	Amount	
а	Volunteers								
b	Paid staff or management (Include compensation	on in expenses re	ported on lines	c through h.)					
C	Media advertisements]		
ď	Mailings to members, legislators, or the public								
е	Publications, or published or broadcast statement					\sqcup			
f	Grants to other organizations for lobbying purp								
g	Direct contact with legislators, their staffs, gove	emment officials,	or a legislativé b	ody , , , ,		\sqcup		··	
h	Rallies, demonstrations, seminars, conventions					,,,,,,,,			
i	Total lobbying expenditures (Add lines c throug If "Yes" to any of the above, also attach a state	jh h.) ement giving a de	tailed description	n of the lobbyin		ities			
	in 165 to any of the above, also attach a statement giving a detailed description of the lobbying activities.								

Pa	rt \		n Regarding T rganizations (S	ransfers To and Transacti See page 12 of the instructi	ons and Relationships With Non	charita	ble	Page
51	50	d the reporting orga 1(c) of the Code (ot	anization directly of the than section 5	or indirectly engage in any of the 501(c)(3) organizations) or in sec	e following with any other organization tion 527, relating to political organization	describe		
a	ıra			on to a noncharitable exempt org			Yes	
	(1)	Cash		· · · · · · · · · · · · · · · · · · ·		51a(i)	↓	ĽX
	(ii)					a(ii)		X
D		her transactions:		•		1		
	(1)	Sales or exchang	es of assets with	a noncharitable exempt organiz	ation	b(i)	<u> </u>	X
	(ii)	Purchases of ass	ets from a noncha	aritable exempt organization .		b(ii)		X
	(iii)	Rental of facilities	s, equipment, or o	ther assets		b(iii)		X
	(iv)	Reimbursement a	rrangements .			b(iv)		X
	(v)	Loans or loan gua	arantees			b(v)		X
	(vi)	Performance of s	ervices or membe	rship or fundraising solicitations		b(vi)		X
C	Sha	aring of facilities, ec	quipment, mailing	lists, other assets, or paid empl	oyees	c		X
d 	If the good train	ne answer to any of tods, other assets, or assettion or sharing a	the above is "Yes," services given by t	complete the following schedule.	Column (b) should always show the fair marganization received less than fair market vids, other assets, or services received:	narket val value in a	lue of	the
Line	a) no.	(b) Amount involved	Name of nor	(c) ncharitable exempt organization	(d) Description of transfers, transactions, and s	haring arra	angeme	ents
							-	
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				_ 				
	aes	crided in section 50	(1(c) of the Code (affiliated with, or related to, or (other than section 501(c)(3)) or e:	ne or more tax-exempt organizations in section 527?	☐ Yes		No
		(a)	· · · · · · · · · · · · · · · · · · ·	(b)	(c)			
		Name of organiza	ition	Type of organization	Description of relationship	,		
								
		····						
								
					· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·					

Supplement to Form 990 TAX YR 2001

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AMERICAN-CANADIAN GENEALOGICAL SOCIETY, INC.

FEI 51-0185878

Supplement to Form 990 for year 2001

Page 3, Part IV, Line 47b for year 2000

The amount of \$ 992. was overstated by \$762. It should have read \$230.

Adjusted on this years return.

American-Canadian Genealogical Society Balance Sheet

As of December 31, 2001

	Dec 31, 01	
ASSETS Current Assets Checking/Savings		<i>115</i> -
1001 · CHECKING ACCOUNT-BNH 1002 · CHEQUING - CANADIAN FUNDS 1003 · BUILDING FUND-BNH 1004 · BOOK FUND-SMB 1005 · CASH ON HAND-CASH REG 1006 · PETTY CASH-VOLUNTEERS 1007 · C.D. SMB 10/18/2002 1009 · LIFE MEMB. ACCT. BNH	7,965.65 ? 3,294.65 8,255.70 2,808.74 150.00 300.00 1,046.10 2,609.85	Part 11/260
Total Checking/Savings	26,430.69	
Accounts Receivable 1100 - ACCOUNTS RECEIVABLE	785.00	
Total Accounts Receivable	785.00	
Other Current Assets 1300 · INVENTORY-RESALE 1350 · ACGS HOLDINGS	24,908.85 193,241.93	
Total Other Current Assets	218,150.78	
Total Current Assets	245,366.47	
Fixed Assets 1501 · LIBRARY BUILDING 1502 · FURNITURE & EQUIPMENT	221,756.66 74,048.82	
Total Fixed Assets	295,805.48	
TOTAL ASSETS	541,171.95	
LIABILITIES & EQUITY Equity		
3000 · OPENING BALANCE EQUITY 3900 · RETAINED EARNINGS Net Income	474,161.60 31,459.55 35,550.80	
Total Equity	541,171.95	
TOTAL LIABILITIES & EQUITY	541,171.95	

Line 21 / 2001 Res 542018

Overstated ly 84600

10:20 AM	
04/27/02	

Accrual Basis

American-Canadian Genealogical Society Income/Expense
January through December 2001

(
	Jan - Dec 01		
Income 4100 · MEMBERSHIP 4101 · Dues 4102 · Lifetime Dues	63,984.53 2,795.00		
Total 4100 · MEMBERSHIP	66,779.53	× 3	94 ×
4200 · PUBLICATIONS 4203 · Repertoires 4204 · Index & Holdings 4205 · Jette & White 4206 · CD Roms 4207 · Fr, Croteau Publications 4208 · Orphan /Quintin Publications	9,043.24 242.00 6,249.25 19.62 1.365.87	,\	77
Total 4200 · PUBLICATIONS	17,920.33	12	93a ×
4300 · GENEALOGIST 4301 · Back Issues 4302 · Advertising Total 4300 · GENEALOGIST	472.30 55.00	¹ 2	
	527.30		936 x
4400 · LIBRARY 4401 · All Copies 4402 · Maps-Charts-Guides 4403 · Guest Fees 4405 · Beverages	2,962.38 2,295.46 1,431.00 342.25	[*] 2	930 H
4406 · Candy & Snacks 4407 · Hats 4408 · Gift Certificates	1,073.19 18.00 25.00	MIB a	102 ×429×
Total 4400 · LIBRARY	8,147.28		
4500 · RESEARCH 4501 · Reasearch Income	3,135.80	×	
Total 4500 · RESEARCH	3,135.80	2	930 X
4600 · CONFERENCE 4601 · Attend Fees 4602 · Raffle 4605 · Refreshments	1,372.00 437.60 866.00	3	4 3.e ≠
Total 4600 · CONFERENCE	2,675.60		• **
4700 · SOCIETY 4701 · Elevator Fund 4702 · Bidg Fund 4703 · Book Fund 4704 · Currency Exchange	_เ ป ⁷³⁴	*1a	
4705 · Cash Over & Short	3,157.70 -74.67	\	198 b ×
4706 · Ckg Act Int 4707 · Bid Fnd Int 4708 · Sav Act Int 4709 · Other Int	138,97 37,99 20,42 65,71 14,85	~ 4	436 95 ×
4710 · Grants & Bequests	210.00	* la	
Total 4700 · SOCIETY	18,166.82	The second second	the first of the second of the
4800 · BUILDING 4801 · Rent	10,500.00	×60	103 2- 4
Total 4800 · BUILDING	10,500.00		
Total Income	127,852.66		
Gross Profit	127,852.66		

2= 3410557

43. 3.

.74.67 16 13.00 10:20 AM 04/27/02

Accrual Basis

33B

193.06 92245 4950

American-Canadian Genealogical Society Income/Expense January through December 2001

	Jan - Dec 01		
Expense			
6100 MEMBERSHIP EXP		/	
6101 · Postage	1,001.23	356 4	
6102 · Supplies 6103 · Advertyising Expense	193.06 < 50.00 <	1310	
Total 6100 · MEMBERSHIP EXP	1,244.29		
6200 · PUBLICATIONS EXP			
6201` · Postage	1,211.12 ~	356 4	
6202 · Supplies	922.42	336 2	
6203 · Print Reps	7,310.81		
6204 · Index & Holdings	195.27	386 -	
6205 · Jette & White 6207 · Quintin Publications	6,059.88 ~ 194.04 ~	300	
6208 · Orphan Publications	1,401.75		
•			
Total 6200 · PUBLICATIONS EXP	17,295.29		
6300 · GENEALOGIST EXP	4 40E 40 V	356	
6301 · Postage 6302 · Supplies	4,495.13 × 49.50 ×	336 -	
6303 · Printing	24.371.72 -	386	
•		1 785	
Total 6300 · GENEALOGIST EXP	28,916.35		
6400 · LIBRARY EXP		35°6 -	
6401 · Postage	179.08 r	73/	
6402 · Supplies 6403 · Printing Maps & Info Sheets	1,525.47 <i></i>	386 -	
6404 · Equip. Maint	1.305.30	376	
• •			
6405 · Beverages	98.43 مسم کھ	1 10 /	
6405 · Beverages 6406 · Candy/Snack	930.92	106 ~	102
		106 ~	/02
6406 · Candy/Snack Total 6400 · LIBRARY EXP	1329 930.92	106 ~	/02
6406 ⋅ Candy/Snack	1329 930.92		/61
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP	930.92 4,910.48		/61
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage	930.92 4,910.48 148.96 ✓	35b ×	/62
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP	930.92 4,910.48 148.96 × 58.43 ×	35b ×	/62
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies	930.92 4,910.48 148.96 × 58.43 ×	35b ×	/62
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10	356 × 336 -	/82
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91	356 -	/82
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments 6609 · Other Hall Rental (Loll(4))	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91 255.00	356 × 336 -	/82
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91	356 × 336 -	/82
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments 6609 · Other Hall Rental (Lollege) Total 6600 · CONFERENCE EXP 6700 · SOCIETY EXP	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91 255.00 2,257.01	356 × 336 ÷	/62
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments 6609 · Other Hall & ental (tall ()) Total 6600 · CONFERENCE EXP 6700 · SOCIETY EXP 6701 · Postage	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91 255.00 2,257.01	356 - 336 - 406 -	/82
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments 6609 · Other Hall & ental (Loll()) Total 6600 · CONFERENCE EXP 6700 · SOCIETY EXP 6701 · Postage 6702 · Supplies	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91 255.00 2,257.01 602.44 1,464.95	356 - 336 - 406 - 35c - 33c -	/82
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments 6609 · Other Hall & ental (Lall()) Total 6600 · CONFERENCE EXP 6700 · SOCIETY EXP 6701 · Postage 6702 · Supplies 6703 · Telephone	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91 255.00 2,257.01 602.44 1,464.95 1,315.60	356 - 336 - 406 - 35c - 33c - 34c -	/82
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments 6609 · Other Hall Rental (Lall()) Total 6600 · CONFERENCE EXP 6700 · SOCIETY EXP 6701 · Postage 6702 · Supplies 6703 · Telephone 6704 · Insurance Content/Bond	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91 255.00 2,257.01 602.44 1,464.95 1,315.60 1,613.00	356 - 336 - 406 - 35c - 33c - 34c - 37c - 45 B -	/82
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments 6609 · Other Hall & ental (Lall()) Total 6600 · CONFERENCE EXP 6700 · SOCIETY EXP 6701 · Postage 6702 · Supplies 6703 · Telephone	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91 255.00 2,257.01 602.44 1,464.95 1,315.60	356 - 336 - 406 - 350 - 340 - 340 - 430 -	/82
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments 6609 · Other Hall & ental (toll () e) Total 6600 · CONFERENCE EXP 6700 · SOCIETY EXP 6701 · Postage 6702 · Supplies 6703 · Telephone 6704 · Insurance Content/Bond 6705 · Subscriptions 6706 · Bad Checks 6707 · Bank Charges	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91 255.00 2,257.01 602.44 1,464.95 1,315.60 1,613.00 345.00 40.00 226.27	356 - 336 - 406 - 35c - 33c - 33c - 43c - 43c - 43c - 43c - 43c -	/82
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments 6609 · Other Hall & ental (toll () e) Total 6600 · CONFERENCE EXP 6700 · SOCIETY EXP 6701 · Postage 6702 · Supplies 6703 · Telephone 6704 · Insurance Content/Bond 6705 · Subscriptions 6706 · Bad Checks 6707 · Bank Charges 6708 · Fund Raising Exp	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91 255.00 2,257.01 602.44 1,464.95 1,315.60 1,613.00 345.00 40.00 226.27 449.05	356 - 336 - 406 - 35c - 33c - 33c - 43c - 43c - 43c - 43c - 43c - 43c - 43c - 43c -	/82
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments 6609 · Other Hall & ental (Loll (5)) Total 6600 · CONFERENCE EXP 6700 · SOCIETY EXP 6701 · Postage 6702 · Supplies 6703 · Telephone 6704 · Insurance Content/Bond 6705 · Subscriptions 6706 · Bad Checks 6707 · Bank Charges 6708 · Fund Raising Exp 6709 · Other	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91 255.00 2,257.01 602.44 1,464.95 1,315.60 1,613.00 345.00 40.00 226.27 449.05 214.18	356 - 336 - 406 - 35c - 33c - 33c - 43c - 43c - 43c - 43c - 43c -	/82
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments 6609 · Other Hall & ental (toll(5)) Total 6600 · CONFERENCE EXP 6700 · SOCIETY EXP 6701 · Postage 6702 · Supplies 6703 · Telephone 6704 · Insurance Content/Bond 6705 · Subscriptions 6706 · Bad Checks 6707 · Bank Charges 6708 · Fund Raising Exp 6709 · Other 6710 · Credit Card Charges	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91 255.00 2,257.01 602.44 1,464.95 1,315.60 1,613.00 345.00 40.00 226.27 449.05 214.18 257.20	356 - 336 - 336 - 406 - 336 - 337 - 347 /82	
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments 6609 · Other Hall Rental (Lallege) Total 6600 · CONFERENCE EXP 6700 · SOCIETY EXP 6701 · Postage 6702 · Supplies 6703 · Telephone 6704 · Insurance Content/Bond 6705 · Subscriptions 6706 · Bad Checks 6707 · Bank Charges 6708 · Fund Raising Exp 6709 · Other 6710 · Credit Card Charges 6711 · Bad Debts	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91 255.00 2,257.01 602.44 1,464.95 1,315.60 1,613.00 345.00 40.00 226.27 449.05 214.18 257.20 156.00	356 - 336 - 406 - 35c - 33c - 33c - 43c - 43c - 43c - 43c - 43c - 43c - 43c - 43c - 43c -	/82
6406 · Candy/Snack Total 6400 · LIBRARY EXP 6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies Total 6500 · RESEARCH EXP 6600 · CONFERENCE EXP 6603 · Printing & Supplies 6604 · Speakers 6605 · Caterer & Refreshments 6609 · Other Hall & ental (toll(5)) Total 6600 · CONFERENCE EXP 6700 · SOCIETY EXP 6701 · Postage 6702 · Supplies 6703 · Telephone 6704 · Insurance Content/Bond 6705 · Subscriptions 6706 · Bad Checks 6707 · Bank Charges 6708 · Fund Raising Exp 6709 · Other 6710 · Credit Card Charges	930.92 4,910.48 148.96 58.43 207.39 35.00 873.10 1,093.91 255.00 2,257.01 602.44 1,464.95 1,315.60 1,613.00 345.00 40.00 226.27 449.05 214.18 257.20	356 - 336 - 336 - 406 - 336 - 337 - 347 /82	

10:20 AM 04/27/02 Accrual Basis

American-Canadian Genealogical Society Income/Expense

January through December 2001

	Jan - Dec 01		
6800 · BUILDING EXP			
6801 · Heat	10,291.36	360	
6802 · Electricity	3,000.87	36 C	1
6803 · Water-Sewer	395.32	360	1
6804 · Bldg & Liab Ins.	1,315.00 -	43 B	1
6805 ⋅ Building Maint.	9,660.58	36 €	
6806 · Grounds Maint.	4,162.50	36 <	
6807 · Fire Alarn Fee	480.00	360	
6808 · Loan Interest	1,481.73 🗸	41 C	
Total 6800 · BUILDING EXP	30,787.36		
6999 · Uncategorized Expenses	0.00		
Total Expense	92,301.86		
Net Income	35,550.80		
		•	

flowing Sphater 2001 3622 Grounds (Mowing) 340 4162