<u>990</u>

Department of the Treasury Internal Revenue Service

For the 2006 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

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

January 1

benefit trust or private foundation)

2006, and ending

December 31

OMB No. 1545-0047

Open to Public Inspection

20 06

D Employer identification number Please C Name of organization B Check if applicable: use IRS **American-Canadian Genealogical Society** 51 0185878 Address change label or print or Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change type. P.O. Box 6478 (603) 622-1554 Initial return Specific City or town, state or country, and ZIP + 4 Final return Instruc tions. Manchester, NH 03108-6478 Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ), H(a) Is this a group return for affiliates? Yes No **H(b)** If "Yes," enter number of affiliates ▶ G Website: ► www.acgs.org H(c) Are all affiliates included? Yes No J Organization type (check only one) ► ☐ 501(c) (3) < (insert no.) ☐ 4947(a)(1) or ☐ 527 (If "No," attach a list, See instructions.) H(d) Is this a separate return filed by an K Check here ▶ if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? Yes No receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Group Exemption Number ▶ Check ► if the organization is not required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received: 9,420.78 1a 1b **b** Direct public support (not included on line 1a) 1c c Indirect public support (not included on line 1a) 1d **d** Government contributions (grants) (not included on line 1a) 9,420.78 1e e Total (add lines 1a through 1d) (cash \$_ 31,984.32 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 52,411.75 Membership dues and assessments 4 92.18 Interest on savings and temporary cash investments 5 0.00 Dividends and interest from securities 11.375.00 6a **6a** Gross rents **b** Less: rental expenses 11,375.00 6с Net rental income or (loss). Subtract line 6b from line 6a. 7 Other investment income (describe (B) Other 8a Gross amount from sales of assets other 8a than inventory 8b **b** Less: cost or other basis and sales expenses. 8c c Gain or (loss) (attach schedule) . . . βd d Net gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ 9a contributions reported on line 1b) 9b Less: direct expenses other than fundraising expenses 90 c Net income or (loss) from special events. Subtract line 9b from line 9a 3,744.60 | 10a 10a Gross sales of inventory, less returns and allowances . . . **b** Less: cost of goods sold 10c 3,744.60 Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 331.88 11 Other revenue (from Part VII, line 103) Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11. 109,360.51 12 12 43,577.84 13 13 Program services (from line 44, column (B)) . . . 43,011.96 14 14 Management and general (from line 44, column (C)) 15 0.00 15 Fundraising (from line 44, column (D)) 0.00 16 16 Payments to affiliates (attach schedule) . . . 17 Total expenses. Add lines 16 and 44, column (A) 17 **86,589.80** 22,878.10 18 Assets 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 730,198.44 Net assets or fund balances at beginning of year (from line 73, column (A)). 19 20 20 Other changes in net assets or fund balances (attach explanation). . . . Net 753,076.54 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21

Form 990 (2006) Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) 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 22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ __ If this amount includes foreign grants, check here ightharpoons22b Other grants and allocations (attach schedule) 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3

	(cash \$)					19.60
	If this amount includes foreign grants, check here	22b				2.2
23	Specific assistance to individuals (attach schedule)	23				41 July 19
24	Benefits paid to or for members (attach schedule)	24				per service de la companya de la com
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a		.,		
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
С	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
2 8	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	175.00		175.00	V
33	Supplies	33	3,446.93	3,446.93		
34	Telephone	34	1,602.77	1,602.77		~
35	Postage and shipping	35	6,533.54	5,883.54	650.00	Land Control of the C
36	Occupancy	36	38,297.48		38,297.48	L-
37	Equipment rental and maintenance	37	2,080.20	2,080.20	-	V
38	Printing and publications	38	25,997.78	25,997.78		L
39	Travel	39	,	,		
40	Conferences, conventions, and meetings.	40	363.75	363.75		V
41	Interest	41	2,101.94	2,101.9 4	·	
42	Depreciation, depletion, etc. (attach schedule)	42	1994.5	5		
43 a	Other expenses not covered above (itemize): Bank Fees	43a	408.70	408.70		L
b	Insurance & Bonds	43b	2,113.00		2,113.00	V.*
С	Subscriptions	43c	470.50	470.50		"ger"
d	Credit Card Fees	43d	332.07		332.07	~
е	Computer & Internet Exp	43e	2,236.14	791.73	1,444.41	<u></u>
f	Membership - Advertising & refunds	43f	430.00	430.00		V.
g		43g			,	
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	86,589.80	43,577.84	43,011.96	
	t Costs. Check ▶ ☐ if you are following SOP					
	ny joint costs from a combined educational campaign			reported in (B) Pro	gram services? . 🕨	Yes No
lf "Ye	s," enter (i) the aggregate amount of these joint costs		; (ii) the	amount allocated t	to Program services	
(iii) th	e amount allocated to Management and general \$; and (iv) the	amount allocated	to Fundraising \$	
	· · · · · · · · · · · · · · · · · · ·					Form 990 (2006)

g		43g								
4	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	86,589.80	43,577.84	43,011.96					
e a	int Costs. Check ▶ ☐ if you are following SOP 98-2. e any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . ▶ ☐ Yes ☐ No Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$;									
i) tł	ne amount allocated to Management and general \$; and (iv) the	amount allocated	to Fundraising \$					
						Form 990 (2006)				

Form 990 (2006) Page **3**

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

_		
WI	nat is the organization's primary exempt purpose? ▶	Program Service
ΑIJ	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	Expenses (Required for 501(c)(3) and
of	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(4) orgs., and 4947(a)(1) trusts; but optional for
orç	ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	others.)
а	PUBLICATIONS - American-Canadian Genealogist [quarterly journal];	
	REPERTOIRES - preservation and dissemination of church vital records;	
	Maps & Charts - to record research & findings and for teaching tools for researchers	
	(Occasion and allocations A	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	39,573.54
b	RESEARCH SERVICES - for members and non-members who wish to have their genealogy research done by ACGS	
	Used mostly by distant members	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	0.050.55
		3,352.55
C	CONFERENCES - workshops for all levels of genealogical research held bi-annually	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	363.75
a	ACQUISITIONS - increase our holdings of genealogical & historical data.	000.70
u		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	282.00
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	43,571.84

Form **990** (2006)

Pa	rt IV	Balance Sheets (See the instructions.)			Page 4	
N	ote:	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		350.00	45	350.00	✓
	46	Savings and temporary cash investments .		2 8,569.09	46	31,628.16	
	47a	Accounts receivable	47a	27/54.0E		2	
		Less: allowance for doubtful accounts .	47b	489.70	47c	641.76	_
		Pledges receivable	48a				
		Less: allowance for doubtful accounts .	48b		48c		
	49	Grants receivable			49		
		Receivables from current and former officers			50a	****	
	b	Receivables from other disqualified persons (a 4958(f)(1)) and persons described in section 4958	as defined under section		50b		
ļ	51a	Other notes and loans receivable (attach	o(c)(o)(b) (attach schedule)		300		
ß	Jia	schedule)	51a				
Assets	b	Less: allowance for doubtful accounts	51b	<u> </u>	51c	5	
₹		Inventories for sale or use		64,908,82	52	64,908.82	
	53	Prepaid expenses and deferred charges		,	53		
	54a	Investments—publicly-traded securities	. DOST FMV		54a		
		Investments—other securities (attach schedu			54b		
		Investments—land, buildings, and	, - = 0000 = 11111			· · · · · · · · · · · · · · · · · · ·	
		equipment: basis	55a				
	b	Less: accumulated depreciation (attach					
		schedule)	55b		55c		
	56	Investments—other (attach schedule)			56		
		Land, buildings, and equipment: basis .	57a				
	b	Less: accumulated depreciation (attach					,
		schedule)	57b	340,288.59	57c	340,798.59	
	58	Other assets, including program-related investigation	stments				
		(describe ►		313,706.62	58	313,988.62	
_	59	Total assets (must equal line 74). Add lines	45 through 58	² 748,312.82	- 59	752,315.98	152 507
	60	Accounts payable and accrued expenses .		744,897.815	60	101	7
	61	Grants payable		,	61		
	62	Deferred revenue			62		
Liabilities	63	Loans from officers, directors, trustees, and schedule)			63		
ap	64a	Tax-exempt bond liabilities (attach schedule)		, 9521	64a		0000
_		Mortgages and other notes payable (attach s		37,247.38	64b	19,963.36	14855.7
	65	Other liabilities (describe ►)	37952,64	65		
	66	Total liabilities. Add lines 60 through 65 .		/37952. -37,247.38	66	19,963.36	+1
T		nizations that follow SFAS 117, check here ▶		V 01,241.30	00	13,303.30	•
	Orga	67 through 69 and lines 73 and 74.	and complete lines				
ĕ	67	Unrestricted			67		
au		Temporarily restricted			68		
Ba		Permanently restricted			69		
힏		nizations that do not follow SFAS 117, check		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Ξ	5-	complete lines 70 through 74.	nere = and	38927.3	4		
ō	70	Capital stock, trust principal, or current funds	3.	√ 3 9,087.99	70	22,776.71	22, 878.1
ţ	71	Paid-in or capital surplus, or land, building, a		798.15 516,504.53	71	517,014.97	
SSe		Retained earnings, endowment, accumulated		153,472.95	72	192,560.94	
Net Assets or Fund Balances		Total net assets or fund balances. Add line		, , , , , , , , , , , , , , , , , , , ,			
Se l		70 through 72. (Column (A) must equal line 1	9 and column (B) must	730198.4	4	454.0	l
-		equal line 21)		709,065.47	73	732, 352.6 2	- 0
\perp	74	Total liabilities and net assets/fund balance	s. Add lines 66 and 73	74 6,312.85		752, 315.98	309.9
				746,897		Form 990 (2006)	

Page 4 Schedule A (Form 990 or 990-EZ) 2006 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. Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2004 (c) 2003 (d) 2002 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 32,061 4,323 7,899 6,316 50,599 16 54,789 56,057 61,242 Membership fees received 61,242 233,330 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 17 36,660 33,667 36,136 22,483 128,946 organization's charitable, etc., purpose 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 100 250 679 117 212 19 income from unrelated 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	123,610	105,747	105,489	90,2	91 413,554
24	Line 23 minus line 17	86,950	72,080	69,353	67,8	08 284,608
25	Enter 1% of line 23	1,236	1,057	1,054	9	03
26	Organizations described on lines 10 or 11:		mount in columr	n (e), line 24	> 20	Ва
b c d e f	Prepare a list for your records to show the nan governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera)	zation) whose total ith your return. Ent ne 24, column (e)12	gifts for 2002 thi er the total of all 	rough 2005 exce these excess am	eeded the hounts ► 20 ► 20 ► 20 ► 20	6d 6e 6f %
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and to	otal amounts reco	eived in each yea		
	(2005) -0- (2004)	-0-	(2003)	-0-	. (2002)	-0-
b	For any amount included in line 17 that was receishow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2005) 0-0 (2004)	ved from each person year, that was more though 11b, as we the larger amount of	on (other than "di than the larger of ell as individuals.) described in (1) of	squalified person of (1) the amount Do not file this li or (2), enter the si	s"), prepare a li on line 25 for th st with your re um of these di	ist for your records to ne year or (2) \$5,000. turn. After computing fferences (the excess
		50 500	222.2	20		
С	Add: Amounts from column (e) for lines: 15 17	-0-	16 	-0-	<u>.</u> 9.	7c 412,875
d		and line 27b total				7d 412,875
ď	Public support (line 27c total minus line 27d to					7e -0-
f	Total support for section 509(a)(2) test: Enter a		3, column (e)	▶ <u> 27f</u>		
g	Public support percentage (line 27e (numera					7g -0- %
<u>ň</u>	Investment income percentage (line 18, colu				ator)). ▶ 2	7h -0- %

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Pa	rt IV-A Reconciliation of Revenue per Au instructions.)	idited Financial Stater	nents With Rev	enue per Return	(See the
a b	Total revenue, gains, and other support per auc Amounts included on line a but not on Part I, lin	lited financial statements	s	а	109,360.51
1	Net unrealized gains on investments		b1		
2	Donated services and use of facilities		b2		
3	Recoveries of prior year grants		b3		
4	Other (specify):				
			b4		
	Add lines b1 through b4			b	
С		· • • • • • • • • •		С	
d	Amounts included on Part I, line 12, but not on				
1	Investment expenses not included on Part I, line		d1		
2	Other (specify):				
	A 1.44		d2		
е	Add lines d1 and d2 Total revenue (Part I, line 12). Add lines c and			d	
	rt IV-B Reconciliation of Expenses per A	udited Financial State	ments With Ex	▶ e nenses ner Retur	109,360.51
а	Total expenses and losses per audited financial				86,583.80
b	Amounts included on line a but not on Part I, lir			• • • = -	00,000.00
1	Donated services and use of facilities		b1		
2	Prior year adjustments reported on Part I, line 2		b2		
3	Losses reported on Part I, line 20		b3		
4	Other (specify):				
			b4		
	Add lines b1 through b4			b	
С	Subtract line b from line a			с	
d	Amounts included on Part I, line 17, but not on				
1	Investment expenses not included on Part I, line		d1		
2	Other (specify):	***************************************			
	Add lines at and an		d2		
е	Total expenses (Part I, line 17). Add lines c and			. ▶ e	86,583.80
Par	T V-A Current Officers, Directors, Trustee or key employee at any time during the year	s, and Key Employees	(List each perso	n who was an officer	, director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position		(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	ard Savard, President	. 25		, and the same of	
	ranklin St., Salem, NH 03079		-0-	-0-	-0-
	ert Paquette, Vice President	15			
	Brown Rd., Candia, NH 03034		-0-	-0-	-0-
	line Cusson, Treasurer	35			
	Pleasant St., Salem, NH 03079 y Jean Chaput, Corresponding Secretary		-0-	-0-	-0-
	Ridge Rd., Manchester, NH 03104	15	-0-		
	iel Normand, Recording Secretary	10	-0*	-0-	-0-
	ren Rd., Windham, NH 03087	10	-0-	-0-	-0-
Jear	nne Boisvert, Dir, 30 Riverview Pk,, Manch., NH 03102	15			
Lorr	aine Huppe, Dir.,85 So Elm St, Manchester, NH 03103	10	-0-	-0-	-0-
	er Lanctot, Dir512 Weare Rd, New Boston, NH 03070	15		, , , , , , , , , , , , , , , , , , ,	
	R. Lambert, Dir 49 Linden Concord, NH 03301	10	-0-	-0-	-0-
	e Gleason, Dir 231 Comeau, Manchester, NH 03102	10			
	e Smith, Dir 721 Brent St., Manchester, NH 03103	10	-0-	-0-	-0-
	stance Hebert, Dir 313 Elgin, Manchester, NH 03104	15			
Jack	cie Watson, Dir 6 Watkins Ln, Merrimack, NH 03054	10	-0-	-0-	-0-

Pai	t V-A Current Officers, Directors, Trustee	es, and Key Employe	es (continued)		Yes No				
75a	Enter the total number of officers, directors, and t meetings	rustees permitted to vo	ote on organizatio	on business at board 15	Name of the second seco				
b	b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).								
	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization.". If "Yes," attach a statement that includes the information described in the instructions.								
Par	t V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of com	I Key Employees That I	Received Compen	nsation or Other Bendescribed below) during	the year list that				
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances				
Non)	_							
		-							
		•							
		•							
		•							
		-							
		-							
		-							
Par	VI Other Information (See the instruction	ns.)			Yes No				
76	Did the organization make a change in its activit detailed statement of each change	ies or methods of con		? If "Yes," attach a	76 ✓				
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the change	verning documents bu		the IRS?	77 🗸				
	Did the organization have unrelated business grothis return?	oss income of \$1,000			78a ✓				
79	If "Yes," has it filed a tax return on Form 990-T was there a liquidation, dissolution, termination,				78b				
80a	a statement	ation with a statewide ees, officers, etc., to	any other exer	mpt or nonexempt	79				
b	If "Yes," enter the name of the organization ▶				OUG Y				
81a b	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this	See line 81 instructions	s) 81a	'	81b ✓				

Pai	t VI Other Information (continued)		Yes	No
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		1
b	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 <i>quid pro quo</i> contributions?	83b	✓	
	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 gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
С	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities		. 1	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	ŀ		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	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 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		✓_
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 a statement explaining each transaction	89b		.18°
	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 ▶			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		√
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		✓_
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		√
90a	List the states with which a copy of this return is filed ▶ New Hampshire			
	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)			-0-
91a	The books are in care of ▶ Pauline Cusson Located at ▶ 4 Elm Street, Manchester, NH Telephone no. ▶ (603) ZIP + 4 ▶ 03108		-155	4
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	_		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b	✓	
	If "Yes," enter the name of the foreign country ► Canada See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part	Other Information (continued)					Y	'es No
c	At any time during the calendar year, did the If "Yes," enter the name of the foreign cour	ne organization m	aintain an offic	e outside of the	United States?	91c	√
92	Section 4947(a)(1) nonexempt charitable tru and enter the amount of tax-exempt interes	sts filing Form 99 st received or acc	rued during the	e tax year	here ▶ 92		►□
Part	VII Analysis of Income-Producing A						
	Enter gross amounts unless otherwise	Unrelated	business income	Excluded by sect	tion 512, 513, or 514		E) ted or
ndicat 93	Program service revenue:	Business cod	e (B) Amount	(C) Exclusion code	(D) Amount	exempt inc	function ome
а	Publications Society Journal			- 1-		1:	<u>9,396.48</u>
b	Society Journal						464.70
c.	Library Research Services						5,238.59
d	Conference & Workshops						6,711.90
е							172.65
f	Medicare/Medicaid payments					<u> </u>	
g	Fees and contracts from government agenc	eies				F.	2 444 75
94	Membership dues and assessments					3,	2,411.75 92.18
95 96	Interest on savings and temporary cash investme Dividends and interest from securities	onts					32.10
90 97	Net rental income or (loss) from real estate						
	debt-financed property						
a b	not debt-financed property						
98	Net rental income or (loss) from personal proper						
99	Office to the second to	ıy					
100	Gain or (loss) from sales of assets other than invent	·					3,744.60
101	Net income or (loss) from special events	•	-			`	7,7-1-1.00
102	Gross profit or (loss) from sales of inventor	1					
103	Other revenue: a Space Rental	у				11	,375.00
ь	Currency Exchange				1.50		(24.64)
C	Cash Over						356.52
d	Donations						9420.78
e							
04	Subtotal (add columns (B), (D), and (E))						
	Total (add line 104, columns (B), (D), and (E	=))			>	109	9,360.51
lote:	Line 105 plus line 1e, Part I, should equal tl						
Part \	III Relationship of Activities to the A	Accomplishment	of Exempt Pu	rposes (See the	e instructions.)		
Line N ▼	No. Explain how each activity for which inco of the organization's exempt purposes (mportantly to the	accompl	ishment
93	Program Services - Collect, preserve, disse		al information.				
94	Membership Dues - Includes receipt of qua						
103	Space Rental - To State of NH for book dep	ository					
Part				, I	nstructions.)	/ F	
	Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C Nature of	activities	(D) Total income	End-o ess	
		%					
		<u>%</u>					
		%					
	V Information Describer Transfers As	%	manal Banadit C	Santuacta (Car 4	a instructions		
Part 2							
(b)	Did the organization, during the year, receive any funds Did the organization, during the year, pay portions to (b), file Form 8870 and Form 4	remiums, directly	or indirectly, or			☐ Yes ☐ Yes	☑ No ☑ No
						_	

Part	Information Regarding is a controlling organization			Entities. Comp	olete only if the or		ation
106	Did the reporting organization mathe Code? If "Yes," complete the				tion 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) ription of ansfer	(D) Amount of		ier
а							
b							
С							
	Totals		100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100				
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desc	(C) ription of ansfer	(D) Amount of		er
а							
ь							
c							
	Totals				146 1		
108	Did the organization have a binding rents, royalties, and annuities des			7, 2006, coverin	g the interest,	Yes	No ✓
Pleas	Under penalties of perjury, I declare that and belief, it is true, correct, and complete.	have examined this return, including the Declaration of preparer (other to the Declaration other to t	ng accompanying s than officer) is base	chedules and statered on all information	nents, and to the best of a of which preparer has a	my knov ny knov	wledge vledge.
Sign Here	Signature of officer Pauline Cusson, Treasurer			Da	te		
	Type or print name and title						
Paid	Preparer's signature		Date	Check if self-employed ▶ □	Preparer's SSN or PTIN (5	See Gen.	Inst. X)
Prepare Use On				EIN Phone r	▶		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

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

or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

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

OMB No. 1545-0047

2006

Employer identification number

American-Canadian Genealogical Society			51	0185878
Compensation of the Five Higher (See page 2 of the instructions. List				s, and 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 plan deferred compensation	is & account and other
None				
Total number of other employees paid over \$50,000 . ▶				
Part II-A Compensation of the Five Highes	st Paid Independent (Contractors for	Professional	Services
(See page 2 of the instructions. List e				
(a) Name and address of each independent contractor p	paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
Total number of others receiving over \$50,000 for professional services				
Part II-B Compensation of the Five Highes (List each contractor who performe firms. If there are none, enter "None	ed services other than I	professional serv		
(a) Name and address of each independent contractor p		T	of service	(c) Compensation
None				
		-		
		•		
	~~~~~	-		
		-		
Total number of other contractors receiving over \$50,000 for other services		4-46		

Pai	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   * (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		<b>√</b>
	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.	1872 d	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?		✓
b	Lending of money or other extension of credit?		✓
С	Furnishing of goods, services, or facilities?		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e	Transfer of any part of its income or assets?		✓
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		✓
b	Did the organization have a section 403(b) annuity plan for its employees?		✓
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		✓
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		<b>√</b>
b	Did the organization make any taxable distributions under section 4966?		<u> </u>
C	Did the organization make a distribution to a donor, donor advisor, or related person?		<u>√</u>
d	Enter the total number of donor advised funds owned at the end of the tax year		-0-
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		-0-
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		-0-
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		-0-

Pai	rt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 7 of	f the instruct	ions.)		
l cer	tify 1	that the organization is not a privat	e foundation bec	ause it is: (Please check	only ONE app	olicable box.)			
5		A church, convention of churches,	, or association o	of churches. Section 170	(b)(1)(A)(i).				
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)							
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).							
8		A federal, state, or local government	ent or governmen	ntal unit. Section 170(b)(1	)(A)(v).				
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶							
10		An organization operated for the be (Also complete the <b>Support Sched</b>	-	or university owned or op	perated by a go	overnmental un	it. Section 170(b)(1)(A)(iv).		
11a		An organization that normally recei 170(b)(1)(A)(vi). (Also complete the		•	ı governmental	unit or from th	e general public. Section		
11b		A community trust. Section 170(b)	)(1)(A)(vi). (Also co	omplete the Support Sci	hedule in Part	IV-A.)			
12	Ø	An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)							
13		An organization that is not control requirements of section 509(a)(3).					and otherwise meets the		
		☐ Type I ☐ Type II	☐Type I	III-Functionally Integrate	ed [	Type III-Othe	er		
		Provide the following infor	rmation about th	ne supported organizati	ions. (See pag	e 7 of the inst	ructions.)		
(a) Name(s) of supported organization(s)		` '	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support		
					Yes	No			
<del></del>									
	-								
Tota	al .	<u> </u>				, , , <b>&gt;</b>			
14		An organization organized and op	erated to test for	public safety. Section 5	09(a)(4). (See	page 7 of the	instructions.)		

# American-Canadian Genealogical Society Balance Sheet

As of December 31, 2006

	Dec 31, 06
ASSETS	
Current Assets	
Checking/Savings	
1000 · BANK ACCOUNTS	44.007.57
1001 · CHECKING ACCOUNT-BNH	14,637.57
1002 · CHEQUING - CANADIAN FUNDS	1,404.25
1003 · BUILDING FUND-BNH 1004 · BOOK FUND-SMB	4,593.92 7,263.51
1004 · BOOK FUND-SMB 1005 · CASH ON HAND-CASH REG	150.00
1006 · PETTY CASH-VOLUNTEERS	200.00
1000 · C.D. SMB 10/18/2002	1,113.06
1009 · LIFE MEMB. ACCT. BNH	2,609.85
Total 1000 · BANK ACCOUNTS	31,972.16
Total Chacking/Savings	
Total Checking/Savings Accounts Receivable	31,972.16
1100 · ACCOUNTS RECEIVABLE	
1101 · Paid Invoices	-216.14
1100 · ACCOUNTS RECEIVABLE - Other	857.90
Total 1100 · ACCOUNTS RECEIVABLE	641.76
Total Accounts Receivable	641.76
Other Current Assets 1300 · INVENTORY-RESALE	64,908.85
Total Other Current Assets	64,908.85
Total Current Assets	97,522.77
Fixed Assets 1500 · Fixed Assets 1501 · LIBRARY BUILDING 1502 · FURNITURE & EQUIPMENT 1503 · ACGS HOLDINGS	230,172.38 110,626.21 313,988.62
Total 1500 · Fixed Assets	654,787.21
Total Fixed Assets	654,787.21
TOTAL ASSETS	752,309.98
LIABILITIES & EQUITY Liabilities	
Long Term Liabilities 2700 · NOTE PAYABLE 2701 · NOTES PAYABLE (DROUIN)	80,000.00
Total 2700 · NOTE PAYABLE	80,000.00
2703 · . DROUIN PRINCIPLE	-60,144.03
Total Long Term Liabilities	19,855.97
Total Liabilities	19,855.97

05/04/07

## **American-Canadian Genealogical Society Balance Sheet**

As of December 31, 2006

	Dec 31, 06
Equity	
3000 · OPENING BALANCE EQUITY	517,014.97
3900 · RETAINED EARNINGS	192,560.94
Net Income	22,878.10
Total Equity	732,454.01
TOTAL LIABILITIES & EQUITY	752,309.98

3:04 PM 05/04/07 **Accrual Basis** 

# American-Canadian Genealogical Society Income/Expense January through December 2006

	Jan - Dec 06
Income	
4100 · MEMBERSHIP	
4101 · Dues	51,727.00
4102 · Lifetime Dues	684.75
Total 4100 · MEMBERSHIP	52,411.75
4200 · PUBLICATIONS	
4201 · Used Book Sales	194.95
4202 · AFGS Income	30.00
4203 · Repertoires	11,614.00
4204 · Index & Holdings	322.75
4205 · Jette & White	3,063.28
4206 · CD Roms	973.45 579.50
4207 · Fr, Croteau Publications 4208 · Orphan Pub. & Index	1,943.55
4209 · Other	675.00
Total 4200 · PUBLICATIONS	19,396.48
4300 · GENEALOGIST 4301 · Back Issues	464.70
Total 4300 - GENEALOGIST	464.70
4400 · LIBRARY	
4401 · All Copies except Drouin copies	2,546.39
4402 · Maps-Charts-Beginners' Course	1,463.65
4403 · Guest Fees	1,228.55
4404 · Drouin Computer Time	2,554.45
4405 · Beverages	267.52
4407 · Logo Mdse (resale items) 4410 · Drouin Copies & CDs	17.00
Total 4400 · LIBRARY	905.63
4500 · RESEARCH	8,983.19
4501 · Reasearch Income	4,558.50
4502 · Drouin Research Income	2,153.40
Total 4500 · RESEARCH	6,711.90
4600 · CONFERENCE	
4602 · Raffle	54.00
4605 · Refreshments	118.65
Total 4600 · CONFERENCE	172.65
4700 · SOCIETY	
4701 · Drouin Fund Donations	8,387.24
4702 · Bldg Fund	469.54
4703 · Book Fund (Border crossings)	564.00
4704 · Currency Exchange	-24.64
4705 · Cash Over & Short	356.52
4706 · Ckg Act Int	12.04
4707 · Bid Fnd int	4.90

3:04 PM 05/04/07 **Accrual Basis** 

# American-Canadian Genealogical Society Income/Expense January through December 2006

	Jan - Dec 06
4708 · Sav Act Int	74.79
4709 · Other	0.45
Total 4700 · SOCIETY	9,844.84
4800 · BUILDING 4801 · Rent	11,375.00
Total 4800 · BUILDING	11,375.00
Total Income	109,360.51
Gross Profit	109,360.51
Expense 6100 · MEMBERSHIP EXP 6101 · Postage 6102 · Supplies	749.81 176.96
6103 · Advertising Expense	400.00
6105 · membership refunds	30.00
Total 6100 · MEMBERSHIP EXP	1,356.77
6200 · PUBLICATIONS EXP 6201 · Postage 6202 · Supplies 6203 · Print Reps 6204 · Index & Holdings 6205 · Jette & White 6206 · CD Roms 6208 · Orphan Publications 6209 · Marketing	823.00 1,816.13 7,207.36 33.00 1,824.64 553.88 600.00 822.00
Total 6200 · PUBLICATIONS EXP	13,680.01
6300 · GENEALOGIST EXP 6301 · Postage 6303 · Printing	4,286.73 14,929.72
Total 6300 · GENEALOGIST EXP	19,216.45
6400 · LIBRARY EXP 6401 · Postage 6402 · Supplies 6403 · Printing Maps & Info Sheets 6404 · Equip. Maint 6407 · Acquisitions - New Books 6410 · Drouin expenses	24.00 930.37 27.18 2,080.20 0.00 88.59
Total 6400 · LIBRARY EXP	3,150.34
6600 · CONFERENCE EXP 6603 · Printing & Supplies 6605 · Caterer & Refreshments 6609 · Other Total 6600 · CONFERENCE EXP	274.45 89.30 0.00 363.75
	555.75

3:04 PM 05/04/07 **Accrual Basis** 

# American-Canadian Genealogical Society Income/Expense January through December 2006

	Jan - Dec 06
6700 · SOCIETY EXP	
6701 ⋅ Postage	650.00
6702 · Supplies	434.88
6703 · Telephone	1,602.77
6704 · Insurance Content/Bond	2,113.00
6705 · Subscriptions	470.50
6707 · Bank Charges	408.70
6709 · Computer Expenses	791.73
6710 · Credit Card Charges	332.07
6712 · Internet Services	1,444.41
6713 · Legal Expenses	175.00
6714 · Drouin-Interest Exp.	1,994.55
Total 6700 · SOCIETY EXP	10,417.61
6800 · BUILDING EXP	
6801 · Heat	14,841.68
6802 · Electricity	3,867.33
6803 · Water-Sewer	571.75
6804 · Insurance - Bldg. & Liab.	2,627.00
6805 · Building Maint.	12,039.72
6806 · Grounds Maint.	3,870.00
6807 · Fire Alarm Fee	480.00
Total 6800 · BUILDING EXP	38,297.48
Total Expense	86,482.41
Net Income	22,878.10

# Form **990**

### **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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For th	he 2006 ca	alendar	year, or tax year beginning	January 1	, 2006, ar	nd ending	December :	31 , 20 <b>0</b> 6
В	Check if	applicable:	Please	C Name of organization				D Employe	er identification number
	Address	ess change use IRS label or American-Canadian Genealogical Society					51	0185878	
	Name o	e change print or type. Number and street (or P.O. box if mail is not delivered to street address) Room/suite E							ne number
	Initial re	eturn	See	P.O. Box 6478				( 603	<b>622-1554</b>
	Final re	turn	Specific Instruc-	City or town, state or country, an	d ZIP + 4			F Accounting	method: 🔽 Cash 🔲 Accrual
	Amende	ed return	tions.	Manchester, NH 03108-6478					er (specify) >
	Applicat	tion pending	• Sec	ction 501(c)(3) organizations and	4947(a)(1) nonexemp	t charitable			to section 527 organizations.
		_		sts must attach a completed Scheo	dule A (Form 990 or 9	90-EZ).			for affiliates? Yes No
G	Websit	te: > www.	.acgs.o	org					er of affiliates >
J	Organi	zation tuno	(check o	only one) ►	ort no.) [] 4047/o\(4)	or 🗆 507	H(c) Are all a		
							H(d) Is this a s		See instructions.)
K				organization is not a 509(a)(3) supp ore than \$25,000. A return is not requi					/ a group ruling?  Yes  No
				e a complete return.	red, but it the organiza	ILION CHOOSES		xemption Nu	
	·							· · · · · · · · · · · · · · · · · · ·	ne organization is not required
				s 6b, 8b, 9b, and 10b to line 12			to attac	h Sch. B (Fo	orm 990, 990-EZ, or 990-PF).
P	art I	Reven	ue, Ex	penses, and Changes in	Net Assets or F	Fund Bala	<b>ances</b> (See ti	he instruc	tions.)
	1	Contribu	itions, (	gifts, grants, and similar amo	ounts received:				
	а	Contribu	itions to	o donor advised funds	. <i>.</i>	1a	9,420	.98	
	b	Direct p	ublic su	upport (not included on line	1a)	1b			
	С	Indirect	public :	support (not included on line	: 1a)	1c			
	d								
	е	Total (ac	d lines	1a through 1d) (cash \$	noncas	sh \$	)	. 1e	9,420.78
	2	- · · · · · · · · · · · · · · · · · · ·							31,984.32
	3	- , , , , , , , , , , , , , , , , , , ,						. 3	52,411.75
	4	Interest	on savi	ings and temporary cash inve	estments			. 4	91.73
	5	5 Dividends and interest from securities						. 5	0.00
	6a							.00	
	b	Less: re	ntal exp	penses , , , , , , , ,		6b			
	С	Net rent	al incor	me or (loss). Subtract line 6b	from line 6a .			. 6c	11,375.00
9	7	Other in	vestme	nt income (describe ►		T		) 7	
Revenue	8a	Gross a	mount '	from sales of assets other _	(A) Securities		(B) Other		
æ		than inv				8a			
	1			er basis and sales expenses		8b		_	
	С			attach schedule) 🕠 , 🗀 🗀		8c			
	d			s). Combine line 8c, columns (				. 8d	
	9	Special e	vents an	nd activities (attach schedule). If a	any amount is from g	gaming, ch	eck here 🕨 🗌	] [ ]	
	а			(not including \$	of				
	l _			eported on line 1b)		9a			
				penses other than fundraising	- '	9b			
				(loss) from special events. Si				. 9c	
				inventory, less returns and a		10a	3,744.		
	b			oods sold		10b			0 744 00
	11	Other re	OIL OL (IC	oss) from sales of inventory (attac	ch schedule). Subtra	ct line 10b	from line 10a	. 10c	3,744.60
	12	Total re	venue.	(from Part VII, line 103) . Add lines 1e, 2, 3, 4, 5, 6c, 7,	8d 9c 10c and 1	 I1		. 11	331.88
	13							13	109,360.51 45,566.89
es es	14			es (from line 44, column (B)) and general (from line 44, col					40,566.89
ens	15								791.73
Expenses	16			con the transfer of the transf				16	791.73 0.00
_	17			s. Add lines 16 and 44, colu	mn (A)			17	86,583.80
70				cit) for the year. Subtract line				40	22,776.71
SSet	19			fund balances at beginning o					731,842.18
Net Assets	20	Other of	Janues Pro Oi II	in net assets or fund balance	es (attach evolon			1 1	/31,042.18
8	21	Net asse	ts or fu	and balances at end of year. C	ombine lines 18. 1	9. and 20			731,842.18
							<u> </u>		101,074.10

Par		ust cor section	nplete column (A). Col 4947(a)(1) nonexempt	lumns (B), (C), and (I charitable trusts but	O) are required for sec t optional for others. (	ction 501(c)(3) and (4) See the instructions.)
	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
22a					- 1 T	
	(cash \$)	00				
	If this amount includes foreign grants, check here	22a				
22b	<b>3</b> ,					
	(cash \$ noncash \$) If this amount includes foreign grants, check here ▶ □	22b				
23	Specific assistance to individuals (attach		***************************************	· · · · · · · · · · · · · · · · · · ·		E Shirt
20	schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a						
	key employees, etc. listed in Part V-A (attach schedule)	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach					
	schedule)	25b				
С	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included					
27	on lines 25a, b, and c	26				
	lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31		•		
32	Legal fees	32	175.00	2 440 02	175.00	
33	Supplies	33	3,446.93 1,602.77	3,446.93 1,602.77		
34 35	Telephone	35	6,533.54	5,883.54	650.00	
36	Postage and shipping	36	38,297.48	3,000.01	38,297,48	
37	Equipment rental and maintenance	37	2,080.20	2,080.20		
38	Printing and publications	38	25,997.78	25,997.78		
39	Travel	39				
40	Conferences, conventions, and meetings	40	363.75	363.75		
41	Interest	41	2,101.94	2,101.94	ir.	
42	Depreciation, depletion, etc. (attach schedule)	42	402.70	402.70		
43 a	Other expenses not covered above (itemize):  Bank Fees	43a	402.70	402.70		
a b	Insurance & Bonds	43b	2,113.00	701.70	2,113.00	
c	Subscriptions	43c	470.50	470.50	<del> </del>	
d	Credit Card Fees	43d	332.07		332.07	
е	Computer & Internet Exp	43e	2,236.14	791.73		
f	Membership - Advertising & refunds	43f	430.00	430.00		7/8
g		43g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines		00 700 00	<b>4</b>		
le!:-	13–15)	44	86,583.80	43,571.84	43,011.96	- Billiothalamaka
Are a	ny joint costs from a combined educational campaignes," enter (i) the aggregate amount of these joint cost	and futs \$	undraising solicitation	amount allocated	to Program service	Yes No

Form 990 (2006) Page **3** 

#### Part III Statement of Program Service Accomplishments (See the instructions.)

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.

		YT*****
۸ŀ	nat is the organization's primary exempt purpose? ▶	Program Service
۱I	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(Required for 501(c)(3) and
of o	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(4) orgs., and 4947(a)(1) trusts; but optional for
	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	others.)
а	PUBLICATIONS - American-Canadian Genealogist [quarterly journal];	
	REPERTOIRES - preservation and dissemination of church vital records;	
	Maps & Charts - to record research & findings and for teaching tools for researchers	]
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	39,573.54
h	RESEARCH SERVICES - for members and non-members who wish to have their genealogy research done by ACGS	
~	Used mostly by distant members	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	3,352.55
С	CONFERENCES - workshops for all levels of genealogical research held bi-annually	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	363.75
d	ACQUISITIONS - increase our holdings of genealogical & historical data.	
	***************************************	
	/Oneste and allegations of	
_	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	282.00
е	Other program services (attach schedule)	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
T	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	43,571.84

Form **990** (2006)

Page 4

Pa	ırt IV	Balance Sheets (See the instructions.,	)				
١	lote:	Where required, attached schedules and amounts v column should be for end-of-year amounts only.	vithin	the description	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	45	Cash—non-interest-bearing		350.00	45	350.00	
	46	Savings and temporary cash investments .			26,569.09	46	31,628.16
	47a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts .	47b		489.70	47c	641.76
	48a	Pledges receivable	48a				
	i .	Less: allowance for doubtful accounts .	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers,					
		key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (a					•
		4958(f)(1)) and persons described in section 4958	(B) (attach schedule)		50b		
	51a	Other notes and loans receivable (attach					
ets		schedule)	51a				
Assets	b	Less. allowance for doubtful accounts ,	51b			51c	
⋖	52	Inventories for sale or use			64,908.82		64,908.82
	53	Prepaid expenses and deferred charges .				53	
		Investments—publicly-traded securities				54a	
	b	Investments—other securities (attach schedu	le) l	► ☐ Cost ☐ FMV L	4	54b	
	55a	Investments—land, buildings, and					
		equipment: basis	55a				
	b	Less: accumulated depreciation (attach					
		schedule)	55b			55c	
	56	Investments—other (attach schedule)		<del> </del>		56	
		Land, buildings, and equipment: basis .	57a				
	b	Less: accumulated depreciation (attach			240 000 50		
		schedule)	57b	***************************************	340,288.59	57c	340,798.59
	58	Other assets, including program-related inves			242 700 02	[	242 000 00
	59	(describe ►	45 th	rough 59	313,706.62 746,312.82	<b>———</b>	313,988.62
					140,312.02	59 60	752,315.98
	60	Accounts payable and accrued expenses .		i		61	
	61 62	Grants payable				62	
s		Deferred revenue				υZ	
bilities	63	Loans from officers, directors, trustees, and				63	
<u></u>	64a	schedule)				64a	
Ë	t .	Mortgages and other notes payable (attach s			37,247.38		19,963.36
	65	Other liabilities (describe			00,201,00	65	10,000,00
		other habilities (accombe >		,	, <del>«=</del>		
	66	Total liabilities. Add lines 60 through 65 .		<u> </u>	37,247.38	66	19,963.36
	Orga	nizations that follow SFAS 117, check here ▶					
ß		67 through 69 and lines 73 and 74.		and complete into			
Ö	67	Unrestricted				67	
ā	68	Temporarily restricted				68	
Ba	69	Permanently restricted				69	
2	Orga	nizations that do not follow SFAS 117, check	here	▶ ☐ and			
Ţ		complete lines 70 through 74.					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds			39,087.99		22,776.71
ets	71	Paid-in or capital surplus, or land, building, a			516,504.53	_	517,014.97
SS	72	Retained earnings, endowment, accumulated			153,472.95	72	192,560.94
) <b>t</b> (	73	Total net assets or fund balances. Add line	s 67	through 69 or lines			
ž		70 through 72. (Column (A) must equal line 1 equal line 21)			MAA AA		
	74	equal line 21)			709,065.47	<del>                                     </del>	732,352.62
	1.7	10101 Habilities affu fiet 499618/10110 DAISUCE	<b>3.</b> A0	u intes oo and 73	746,312.85	74	752,315.98

Form	990 (2006)					Page 5
Pai	rt IV-A Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents With Rev	enue pe	r Return (	See the
а	Total revenue, gains, and other support per audit				а	109,360.51
b	Amounts included on line a but not on Part I, line		1			
1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities		b2			
3	Recoveries of prior year grants		b3			
4	Other (specify):					
			b4		-	
	Add lines <b>b1</b> through <b>b4</b>				b	
C					С	
d	Amounts included on Part I, line 12, but not on Ii		ايسوا			
1	Investment expenses not included on Part I, line		d1			
2	Other (specify):		40			
	And the state and also		d2			
е	Add lines <b>d1</b> and <b>d2</b>				d	100 200 51
	rt IV-B Reconciliation of Expenses per Au				e Potur	109,360.51
						86,583.80
a	Total expenses and losses per audited financial s				а	80,363.60
b.	Amounts included on line a but not on Part I, line		<b>     </b>			
1	Donated services and use of facilities		b1   b2	,		
2	Prior year adjustments reported on Part I, line 20		b3		-	
3	Losses reported on Part I, line 20		03			
4	Other (specify):		b4			
	Add lines he through he	L		b		
_	Add lines <b>b1</b> through <b>b4</b>			C		
ч С						
d 1	Amounts included on Part I, line 17, but not on li Investment expenses not included on Part I, line		d1			
2	Other (specify):				1	
4	Other (specify).		d2			
			<u> </u>		d	
е	Total expenses (Part I, line 17). Add lines c and	d			e	86,583.80
Pa	rt V-A Current Officers, Directors, Trustees					
	or key employee at any time during the ye	ar even if they were not	compensated.) (S	ee the in	structions.)	u. 00.01, 1. u0.00,
	-	(B)	(C) Compensation	(D) Contribut	tions to employee	(E) Expense account
	(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter		ans & deferred isation plans	and other allowances
Ger	ard Savard, President	25				
10 1	Franklin St., Salem, NH 03079	2.5	-0-		-0-	-0-
	ert Paquette, Vice President	15				
483	Brown Rd., Candia, NH 03034	-	-0-		-0-	-0-
Pau	lline Cusson, Treasurer	35				
34 1	Pleasant St., Salem, NH 03079	- 50	-0-		-0-	-0-
Mai	ry Jean Chaput, Corresponding Secretary	15				
25	Ridge Rd., Manchester, NH 03104	<u> </u>	-0-		-0-	-0-
Mu	riel Normand, Recording Secretary	_ 10				
6 K	aren Rd., Windham, NH 03087		-0-		-0-	-0-
Jea	nne Boisvert, Dir,30 Riverview Pk,,Manch., NH 03102	15				
	raine Huppe, Dir.,85 So Elm St, Manchester, NH 03103	10	-0-		-0-	-0-
	er Lanctot, Dir512 Weare Rd, New Boston, NH 03070	15				
	Il R. Lambert, Dir 49 Linden Concord, NH 03301	10	-0-		-0-	-0-
	e Gleason, Dir 231 Comeau, Manchester, NH 03102	_ 10				
	e Smith, Dir 721 Brent St., Manchester, NH 03103	10	-0-		-0-	-0-
	stance Hebert, Dir 313 Elgin, Manchester, NH 03104	_ 15				
Jac	kie Watson, Dir 6 Watkins Ln, Merrimack, NH 03054	10	-0-		-0-	-0-

Par	V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)		Yes No			
	ia Enter the total number of officers, directors, and trustees permitted to vote on organization business at boar meetings							
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)							
	<ul> <li>c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."</li></ul>							
	<b>t V-B</b> Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	Key Employees That F ceived compensation or	Received Comper	sation or Other Bendescribed below) during	the vear, list that			
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances			
None	)							
				4444				
			,	······································				
76	<b>t VI</b> Other Information (See the instruction Did the organization make a change in its activiti		duating activities	2 If "Voo." ottoob o	Yes No			
	detailed statement of each change				76 🗸			
	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the changes	S.	•		77 /			
	Did the organization have unrelated business grothis return?				78a ✓ 78b			
79	Was there a liquidation, dissolution, termination, of a statement	or substantial contract	tion during the ye	ear? If "Yes," attach	79 ✓			
	Is the organization related (other than by associated common membership, governing bodies, trusted organization?	ees, officers, etc., to	any other exe	mpt or nonexempt	80a ✓			
b	If "Yes," enter the name of the organization ▶	**********			1 123			
81a b	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this	see line 81 instructions	s.)   <b>81a</b>		81b			

Page 6

	t VI Other Information (continued)		Yes	No
	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		✓_
b	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.)	000	,	
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a 83b	<b>V</b>	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	84a		
	Did the organization solicit any contributions or gifts that were not tax deductible?	0 74		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	85a		
	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			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	0E~		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tox year?	85h		
06	following tax year?			
86 h	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 87a			
	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)			
88a	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 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		1
h	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			<u> </u>
b	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		✓_
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	906		./
	a statement explaining each transaction	89b		<b>Y</b>
C	Enter: Amount of tax imposed on the organization managers or disqualified			
لم	persons during the year under sections 4912, 4955, and 4958			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
e	transaction?	89e		✓
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		1
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
_	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	89g	<u> </u>	<b>✓</b>
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, 2006 (See instructions.)			-0-
91a	The books are in care of ▶ Pauline Cusson  Telephone no. ▶ (603)		22-15	i4
	Located at ► 4 Elm Street, Manchester, NH ZIP + 4 ► 03108	3-6478		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	<b>64</b>	Yes	No
	account)?	91b	<b>V</b>	
	If "Yes," enter the name of the foreign country   Canada  See the instructions for exceptions and filing requirements for Form TD F 00 001. Benefit of Foreign Book			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
			1	1

Part	VI	Other Information (continued)						Yes	No
С	At a	ny time during the calendar year, did the	organization ma	intain an office	outside of the	United States?	91c		<b>√</b>
00		es," enter the name of the foreign countrion 4947(a)(1) nonexempt charitable trust				horo			▶□
92		enter the amount of tax-exempt interest							. – ப
Part		Analysis of Income-Producing Ac				1 92 1			
		r gross amounts unless otherwise		ousiness income	<del>'</del> 1	ion 512, 513, or 514		(E)	
ndica		gross amounts unless otherwise	(A)	(B)	(C)	(D)		elated	l or nction
93		gram service revenue:	Business code	Amount	Exclusion code	Amount		incom	
а		lications				111 11 111111		19,3	96.48
b	Soc	iety Journal						4	64.70
c	Libi							5,2	38.59
d	Res	earch Services						6,7	11.90
e	Cor	iference & Workshops						1	72.65
f	Med	dicare/Medicaid payments							
g		s and contracts from government agencies	es						
94		mbership dues and assessments						52,4	111.75
95		rest on savings and temporary cash investmen	ts						92.18
96		dends and interest from securities							
97	Net	rental income or (loss) from real estate:							
а		ot-financed property							
b		debt-financed property							
98	Net	rental income or (loss) from personal propert	у				ļ		
99	Oth	er investment income							
100	Gair	or (loss) from sales of assets other than invento	ry					3,7	744.60
101	Net	income or (loss) from special events .							
102	Gro	ess profit or (loss) from sales of inventory	, <u> </u>						
103		er revenue: a Space Rental						<del>-</del>	375.00
b		rency Exchange							24.64)
С		sh Over					ļ		356.52
d	Doi	nations					ļ	94	120.78
е		A A A MARIE STORM							
104		ototal (add columns (B), (D), and (E))				L	l .	400 /	200 56
105		al (add line 104, columns (B), (D), and (E				<b>—</b>		109,3	360.51
		e 105 plus line 1e, Part I, should equal th							
	VIII								
Line	No.	Explain how each activity for which income of the organization's exempt purposes (continuous for the organization).				importantly to the	acco	mplisi	hment
9	3	Program Services - Collect, preserve, disse		al information.					
9	4	Membership Dues - Includes receipt of qual	rterly journal						
10	3a	Space Rental - To State of NH for book depo	ository						
Par	ł IX	Information Regarding Taxable Su	hsidiaries and D	isrenarded Fr	ntities (See the	instructions )			
ı aı		(A)	(B)				1	(E)	
		ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of	C) f activities	( <b>D</b> ) Total income	Er	(E) nd-of-y asset	
			%				<b>_</b>		
	·····		%						
			%				<u> </u>		
-		Information Doggarding Transfers As-	%	roonal Panatit	Contracts /Cs-	the instructions	1		
Par		Information Regarding Transfers Ass				<del></del>			
(a) (b) <b>N</b> o	Dic	the organization, during the year, receive any funds, I the organization, during the year, pay par "Yes" to (b), file Form 8870 and Form 4	remiums, directly	or indirectly, o					☑ No ☑ No

Form 990 (2006)

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Form 99	0 (2006)				***		age 3
Part	XI Information Regarding is a controlling organization			itities. Comp	lete only if the o	rganiz	ation
	is a controlling organization	as as med sostion.	0 / 2 (2)( / 0).			Yes	No
106	Did the reporting organization ma the Code? If "Yes," complete the			lefined in secti	on 512(b)(13) of	103	<b>√</b>
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	C) ption of esfer	(D Amount of		er
а							
b							
С							
	Totals		e de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela companya de la companya de la companya de la companya dela comp				
						Yes	No
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section		1
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	C) otion of esfer	(D Amount o		fer
а							
b							
С		-					
	Totals		Part of the second	100 mg			
-						Yes	No
108	Did the organization have a bindi rents, royalties, and annuities des			2006, covering	g the interest,		1
·	Under penalties of perjury, I declare that	I have examined this return, including	ng accompanying sc				
Pleas	and belief, it is true, correct, and complete	ete. Declaration of preparer (other t	than officer) is based	on all information	of which preparer has	any kno	wledge
Sign	Signature of officer			Dat	е		
Here	Pauline Cusson, Treasurer Type or print name and title						····
			Date	Check if	Preparer's SSN or PTIN	(See Ger	Inst Y
Paid Prepare	Preparer's signature		Juio	self- employed ▶ □	Freparer a GON OF PTIN	hoee del	ı, mət. A
Use On				EIN	<b>&gt;</b> ;		
	address, and ZiP + 4			Phone n	0. ▶ ( )		

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

OMB No. 1545-0047

2006

Name of the or	ganization			Employer identificat	5879
Part I	Compensation of the Five High (See page 2 of the instructions.	nest Paid Employees O List each one. If there ar	ther Than Offic e none, enter "l	ers, Directors, a None.")	nd Trústees
(a) Name a	nd 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
	NONE				
		-			
Total number	of other employees paid over \$50,000 .	-			200
	Compensation of the Five High (See page 2 of the instructions. List	nest Paid Independent ( st each one (whether indiv	Contractors for iduals or firms).	Professional Set	ervices enter "None.")
(a) N	ame and address of each independent contractor			of service	(c) Compensation
			-		
			-		
Total number professional	er of others receiving over \$50,000 for services				
Part II-B	Compensation of the Five High (List each contractor who perfor firms. If there are none, enter "N	med services other than	professional ser	Other Services vices, whether in	dividuals or
(a) N	ame and address of each independent contract	or paid more than \$50,000	(b) Type	of service	(c) Compensation
			-		
			-		
			-		
			-		
			_		
	er of other contractors receiving over	•		4.4	

Par	Statements About Activities (See page 2 of the instructions.)	)	res	No
2	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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)  Organizations that made an election under section 501(h) by filling 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.  During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)	1	10 G	
а	Sale, exchange, or leasing of property?	2a		$\frac{\times}{}$
b	Lending of money or other extension of credit?	2b		$\frac{\times}{}$
С	Furnishing of goods, services, or facilities?	2c		<u> </u>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	, <b></b>	X
е	Transfer of any part of its income or assets?	2e		X
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		<u>X</u>
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		X.
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a 4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d	Enter the total number of donor advised funds owned at the end of the tax year		0	
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0	

	t IV									
cer		hat the organization is not a private				olicable box.)				
5		A church, convention of churches,	or association of	f churches. Section 170(	(b)(1)(A)(i).					
6		☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)								
7		A hospital or a cooperative hospital	al service organiz	ation. Section 170(b)(1)(	A)(iii).					
8		A federal, state, or local governme	ent or governmen	tal unit. Section 170(b)(1	)(A)(v).					
9		A medical research organization or and state ▶	perated in conjund	ction with a hospital. Sec	ction 170(b)(1)	(A)(iii). Enter the	e hospital's name, city,			
10		An organization operated for the be (Also complete the <b>Support Sched</b>		or university owned or op	erated by a go	overnmental un	it. Section 170(b)(1)(A)(iv)			
11a		An organization that normally receit 170(b)(1)(A)(vi). (Also complete the			governmental	l unit or from th	e general public. Section			
11b		A community trust. Section 170(b)	(1)(A)(vi). (Also co	omplete the Support Scl	<b>hedule</b> in Part	t IV-A.)				
12	×	An organization that normally receifrom activities related to its charita from gross investment income an organization after June 30, 1975.	able, etc., function d unrelated busin	ns—subject to certain ex ness taxable income (les	ceptions, and ss section 511	( <b>2) no more th</b> 1 tax) from bus	nan 33%% of its support sinesses acquired by the			
13		An organization that is not control requirements of section 509(a)(3).  Type I Type II	Check the box th	ualified persons (other that describes the type of type of the type of type of type of the type of typ	f supporting o	on managers) a organization: ]Type III-Othe				
Provide the following informal (a)  Name(s) of supported organization(s)		(a)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the some organization organization organi	d) upported ion listed in pporting ization's documents?	(e) Amount of support			
					Yes	No				
Tot	al .					· <b>&gt;</b>				
14		An organization organized and op-	perated to test for	r public safety. Section 5	509(a)(4). (See	page 7 of the	instructions.)			

Par	t IV-A Support Schedule (Complete on You may use the worksheet in the instruction	ly if you checked s for converting from	a box on line 10, om the accrual to	11, or 12.) <b>Use o</b> the cash method	ash method of dof accounting.	
	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	32 361	U 323	7299	6.316	50,599
16	Membership fees received	64.780 -	56.057	61242	61 242	23 <u>3</u> 33
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	36,00	33,667	36 (36	22,483	128,946
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), (ents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	100		212	250	679
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					İ
	include gain or (loss) from sale of capital assets			( 7 / (2)		Mr. O. E. M /
23	Total of lines 15 through 22		105,747	105,489	2 24 (	413.554
24	Line 23 minus line 17		12,080	69 353	67 708	782. POB
25	Enter 1% of line 23	1.236	1057	1 2 - 4	97.3	
26 b	Organizations described on lines 10 or 11: Prepare a list for your records to show the n governmental unit or publicly supported orga- amount shown in line 26a. Do not file this list	ame of and amour	nt contributed by all gifts for 2002 t	each person (oth through 2005 exce	eeded the	1 m
С	Total support for section 509(a)(1) test: Enter					
d	Add: Amounts from column (e) for lines: 18		19			
e f	Public support (line 26c minus line 26d total)  Public support percentage (line 26e (nume	erator) divided by	line 26c (denom	ninator))	<b>&gt;</b> 26e	
27	Organizations described on line 12: a person," prepare a list for your records to sho Do not file this list with your return. Enter	w the name of, and the sum of such a	d total amounts re mounts for each	eceived in each ye year:	ar from, each "di	squalified person.
	(2005) (2004)	<i>9</i>	(2003)		(2002)	_ <i>_</i>
b	For any amount included in line 17 that was rec show the name of, and amount received for each (Include in the list organizations described in line the difference between the amount received an amounts) for each year.	ceived from each pe ch year, that was mo es 5 through 11b, as nd the larger amou	erson (other than " ore than the <b>large</b> well as individuals nt described in <b>(1</b> )	disqualified persor r of (1) the amount s.) Do not file this I or (2), enter the s	ns"), prepare a list on line 25 for the ist with your retusum of these differ	t for your records to year or <b>(2)</b> \$5,000. I <b>rn.</b> After computing grences (the excess
	(2005)		(2003)		(2002)	. ,
С	Add: Amounts from column (e) for lines: 15	)	21	<del></del>	> 270	
d	Add: Line 27a total	and line 27b tot	al		• 270	
е	Public support (line 27c total minus line 27d	total)			• 276	A THE PROPERTY AND ADDRESS OF THE PARTY OF T
f	Total support for section 509(a)(2) test: Enter					
g _ h	Public support percentage (line 27e (nume Investment income percentage (line 18, co	erator) divided by olumn (e) (numera	line 27f (denomator) divided by	iinator)) line 27f (denomii	▶ 27g nator)). ▶ 27l	
28	Unusual Grants: For an organization descriprepare a list for your records to show, for description of the nature of the grant. Do no	each year, the nar	me of the contrib	outor, the date an	d amount of the	grant, and a brie

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		iv	'es	No
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	63	
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		
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	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	32c		
	with student admissions, programs, and scholarships?	32d		
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	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		
е	Educational policies?	33e		
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		
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		

	VI-A Lobbying Expenditures by Ele (To be completed ONLY by an	eligible organiz	zation that filed	1 Form 5/68)		
Check			k <b>▶ b</b> ☐ if y	ou checked <b>"a"</b> an	d "limited control"	provisions apply.
<u> </u>	Limits on Lobbyin	g Expenditure			(a) Affiliated group totals	(b) To be completed for all electing
	(The term "expenditures" mean					organizations
36	Total lobbying expenditures to influence public	opinion (grassroo	ts lobbying) .	36		
37	Total lobbying expenditures to influence a legis	lative body (direc	t lobbying)	37 38		
	Total lobbying expenditures (add lines 36 and 3					
39	Other exempt purpose expenditures					
40	Total exempt purpose expenditures (add lines 3	38 and 39)				
41	Lobbying nontaxable amount. Enter the amount	t from the following	ng table—			
		bbying nontaxal of the amount on		۱ ا		-
		000 plus 15% of th				
	Over \$1,000,000 but not over \$1,500,000 . \$175,0					
	Over \$1,500,000 but not over \$17,000,000. \$225,0	000 plus 5% of the	excess over \$1,5	00,000		
	Over \$17,000,000 \$1,000	,000				
42	Grassroots nontaxable amount (enter 25% of li	ne 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	1 is more than lin	e 38	44_		
	W. W. and in an arrange on aithor line 43	or line 44 year	oust file Form 47	20	100	
	Caution: If there is an amount on either line 43					
	(Some organizations that made a section See the instructions for	eraging Period in 501(h) election or lines 45 throug	do not have to c	omplete all of th	e five columns b ns.)	elow.
		Lob	bying Expenditu	res During 4-Ye	ar Averaging Po	eriod
	Calendar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2005	<b>(c)</b> 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))	1		p s		
47	Total lobbying expenditures					
48	Grassroots nontaxable amount				ļ	
49	Grassroots ceiling amount (150% of line 48(e))	1980		1		
50	Grassroots lobbying expenditures					
Pa	rt VI-B Lobbying Activity by Nonelection (For reporting only by organization)	cting Public C ations that did	<b>harities</b> not complete	Part VI-A) (See	page 13 of the	ne instructions.)
Duri	ng the year, did the organization attempt to influ	uence national, st	ate or local legis	lation, including	any Yes No	Amount
atte	mpt to influence public opinion on a legislative r	matter or reference	lum, through the	use of:		
а	Volunteers					
b	Paid staff or management (Include compensat			c through h.).	• •	
С	Media advertisements				• -	<del></del>
d	Mailings to members, legislators, or the public				• •	
e	Publications, or published or broadcast staten					
f	Grants to other organizations for lobbying pur					
g	Direct contact with legislators, their staffs, gov				· ·	
h	Pallies demonstrations comingre conventions	e enpechae lacti	ires or any other	means	1 1	
i	Rallies, demonstrations, seminars, conventions Total lobbying expenditures (Add lines <b>c</b> throu					

Par	t VII	Information Exempt Org	Regarding Tra janizations (See	ansfers To and Transa page 13 of the instructio	ctions and Relationships W ns.)	ith Noncharitable
51	Did :	the reporting organ	ization directly or i	ndirectly engage in any of the	following with any other organization on 527, relating to political organization	ions?
а	Tran	sfers from the repo	orting organization t	o a noncharitable exempt orga	anization of:	Yes No
_						51a(i)
	• • •	Other assets				a(ii)
h		er transactions:				
_			es of assets with a	noncharitable exempt organiza	ation	b(i)
				able exempt organization .		b(ii)
	(iii)			er assets		b(iii)
	(iv)					b(iv)
						b(v)
	(vi)	Performance of se	rvices or members	hip or fundraising solicitations		b(vi)
				ts, other assets, or paid emple		_ c
d	If th	e answer to any of t	the above is "Yes,"	complete the following schedule the reporting organization. If	e. Column (b) should always show the the organization received less than f ds, other assets, or services received:	fair market value of the air market value in any
(	a)	(b)		(c)	(d)	. d abarina amangamanta
Lin	e no.	Amount involved	Name of nonc	naritable exempt organization	Description of transfers, transactions, a	no snaring arrangements
	des	scribed in section 5	rectly or indirectly 01(c) of the Code (color) following schedule	other than section 501(c)(3)) or	one or more tax-exempt organization in section 527?	ns ▶
		(a) Name of organiz	zation	(b) Type of organization	(c) Description of relati	onship
	<b></b>					
_						<u> </u>

Schedule A (Form 990 or 990-EZ) 2006