Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2007 calendar year, or tax year beginning January 1 , 2007, and ending 20 07 December 31 D Employer identification number C Name of organization B Check if applicable: 51 **American-Canadian Genealogical Society** 0185878 Address change label or print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change type. P.O. Box 6478 (603) 622-1554 Initial return Specific City or town, state or country, and ZIP + 4 Termination Manchester, NH 03108-6478 tions. ☐ 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 H(a) Is this a group return for affiliates? Yes No trusts must attach a completed Schedule A (Form 990 or 990-EZ). 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 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: 1a 9016.62 a Contributions to donor advised funds 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) 9016.62 1e e Total (add lines 1a through 1d) (cash \$_____ noncash \$_ 2 36811.15 2 Program service revenue including government fees and contracts (from Part VII, line 93) 49443.00 3 3 Membership dues and assessments 4 263.32 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 10500.00 6a 6b c Net rental income or (loss). Subtract line 6b from line 6a . 6c 10500.00 Other investment income (describe ▶ 7 (A) Securities (B) Other 8a Gross amount from sales of assets other 8а than inventory b Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B) 8d Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ contributions reported on line 1b) 9a **b** Less: direct expenses other than fundraising expenses . 9c c Net income or (loss) from special events. Subtract line 9b from line 9a . . 10a Gross sales of inventory, less returns and allowances . . Less: cost of goods sold. 10c 3435.05 Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a . C 11 11 155.63 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 109624.77 12 40607.05 13 Program services (from line 44, column (B)) . . . 13 14 48136.07 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) . 15 Payments to affiliates (attach schedule) . . . 16 16 17 Total expenses. Add lines 16 and 44, column (A) 17 88743.12 18 18 20881.65 Excess or (deficit) for the year. Subtract line 17 from line 12 19 732352.62 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 1068.98 20 Other changes in net assets or fund balances (attach explanation). 20 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 753234.27

	Do not include amounts reported on 6b, 8b, 9b, 10b, or 16 of Part I.			(A) Total	(B) Program services	(C) Management and general	(D) Fundrais
22a	Grants paid from donor advised funds (attach s	Ý	1				
20h	If this amount includes foreign grants, check he	ere 🕨 🏻] 22a				
220	Other grants and allocations (attach so cash \$ noncash \$	ì	- [
-00	If this amount includes foreign grants, check he	re 🕨 🗆] 22b				
23	Specific assistance to individuals schedule)	(attach	23				
24	Benefits paid to or for members schedule)	(attach	24				
25a	Compensation of current officers, dirkey employees, etc. listed in Part V-A	ectors	25a				
b	Compensation of former officers, direkey employees, etc. listed in Part V-B	ectors	25b				
c	Compensation and other distributions		200				
	included above, to disqualified person defined under section 4958(f)(1)) and per described in section 4958(c)(3)(B)	ns (as	25c				
26	Salaries and wages of employees not incontines 25a, b, and c	habul	26				
27 .	Pension plan contributions not include lines 25a, b, and c	ed on	27				
28 (Employee benefits not included on	lines					
2	25a - 27		28				
29 F	Payroll taxes		29				·····
80 F 81 A	Professional fundraising fees		30				
	Accounting fees		31				
3 9	Supplies	• •	33	2146 20			
4 T	elephone	• •	34	3146.20 1221.27	3146.20		
5 P	ostage and shipping	٠.,	35	4477.10	1221.27 3733.26	740.04	
6 C	Occupancy		36	43996.71	3/33.20	746.84 43996.71	
7 E	quipment rental and maintenance.		37	950.20	950.20	43330.71	···
3 P	rinting and publications		38	28746.00	28746.00		
3 Ti	ravel	1	39				
) C	onferences, conventions, and meetings		40	1075.70	1075.70		
l In	terest	[41	786.23	786.23		
: De	epreciation, depletion, etc. (attach sched	lule)	42				
	ther expenses not covered above (item		1				
a <u>Di</u>	ank Fees		43a	378.19	378.19		
b iii	surance & Bonds ubscriptions	· -	43b	2203.00		2203.00	
·	odit Cord Eggs	· L	43c	570.00	570.00		
u . <u>9:</u>	emnister & Internet Eve	·	43d	603.67		603.67	
f	mputer & Internet Exp		43e	588.85		588.85	
			43f				
	A-1 6		43g				
thro	tal functional expenses. Add lines a ough 43g. (Organizations complet umns (B)-(D), carry these totals to lin	ing					
13-	-15)		44	88743.12	40607.05	48136.07	
nt Co	ests. Check ► ☐ if you are following int costs from a combined educational camenter (1) the aggregate amount of these joints.	SOP OF	8-2.				

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.

Αĭ	organization's primary exempt purpose? organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (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.)	trusts; but optional for others.)
	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 ▶ □	28746.00
b		
	Used mostly by distant members	

	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	3064.61
C	CONFERENCES - workshops for all levels of genealogical research held semi-annually	

	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1075.70
d	ACQUISITIONS - increase our holdings of genealogical and historical data.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	7720.74
	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) ▶	40607.05

Form **990** (2007)

Part				Pag
Note	column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
44	The state of the s	350.00	45	350
46	Savings and temporary cash investments	31,628.16	46	24,052.
47	a Accounts receivable		AMES Gales	
	b Less: allowance for doubtful accounts 47b	641.76	47c	-59.
				-30.
	a Pledges receivable			
49	b Less: allowance for doubtful accounts . 48b		48c	
50			49	
	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		FOO	
	b Receivables from other disqualified persons (as defined under section		50a	
ļ	4958(I)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
518	Other notes and loans receivable (attach			· · · · · · · · · · · · · · · · · · ·
1000 E	schedule)	i		
52	Less: allowance for doubtful accounts . 51b		51c	
53	Inventories for sale or use	64,908.82	52	65,314.8
1	Prepaid expenses and deferred charges		53	
b	Investments—publicly-traded securities		54a	
55a	Investments—land, buildings, and		54b	
	equipment: basis			
b	Less: accumulated depreciation (attach			
	schedule)		55c	
56	Investments—other (attach schedule)		56	
	Land, buildings, and equipment: basis . 57a			
b	Less: accumulated depreciation (attach			
58	Schedule)	340,798.59	57c	340,798.5
	Other assets, including program-related investments (describe	212 000 62		***
59	Total assets (must equal line 74). Add lines 45 through 58	313,988.62 752,315.98	58 59	321,709.3
60	Accounts payable and accrued expenses		60	752,165.2
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach			
	schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule) .		34a	
65 65	Mortgages and other notes payable (attach schedule) . Other liabilities (describe ▶	19,963.36		2,694.84
	outer industries (describe P		65	
66	Total liabilities. Add lines 60 through 65	19,963.36	66	2,694.84
	nizations that follow SFAS 117, check here ▶ ☐ and complete lines	10,000.00		2,094.04
4	67 through 69 and lines 73 and 74.			
67	Unrestricted		67	
68	emporarily restricted.		38	
	Permanently restricted		39	
Organ	izations that do not follow SFAS 117, check here ▶ ☐ and			
	complete lines 70 through 74.	22 774 74		AA #== <=
71 F	Capital stock, trust principal, or current funds		'0 '1	20,881.65
'2 F	Retained earnings, endowment, accumulated income, or other funds	444	2	515,412.91 213,175.89
73 T	otal net assets or fund balances. Add lines 67 through 69 or lines		5	£13,173.09
/	0 through 72. (Column (A) must equal line 19 and column (B) must			
е	qual line 21)	732,352.62	3	749,470.45
74 T	otal liabilities and net assets/fund balances. Add lines 66 and 73	752,315,98 7	4	752 165 20

Pa	Reconciliation of Revenue per A instructions.)	udited Financial State	ments With Re	evenue per Retu	ım (See the
a b	Total revenue, gains, and other support per au Amounts included on line a but not on Part I, I		ts	a	109624.7
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):				
•			1 4 4		
	Add lines b1 through b4			b	
С	- · · · · · · · · · · · · · · · · · · ·			С	
d	Amounts included on Part I, line 12, but not on	line a:			
1	Investment expenses not included on Part I, lin	e 6b	d1		
2	Other (specify):				
			d2	Res (Y	
_	Add lines d1 and d2	· · · · · · · · · · · · · · · · · · ·	. 	d	
e	Total revenue (Part I, line 12). Add lines c and rt IV-B Reconciliation of Expenses per A	d	monto With E	► e	109624.77
			ments with E	xpenses per Re	turn 88743.12
a b	Total expenses and losses per audited financia Amounts included on line a but not on Part I, Iii			· · · a	00/43.12
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	Ordena at the state of the state			С	
d	Amounts included on Part I, line 17, but not on				
1	Investment expenses not included on Part I, line	e 6b	d1		
2	Other (specify):				
			d2		
e	Add lines d1 and d2		· · · · ·	d ▶ e	88743.12
Par	Current Officers, Directors, Trustee or key employee at any time during the y	es, and Key Employees ear even if they were not	s (List each person compensated.) (on who was an offi See the instruction	icer, director, trustee ns.)
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to empl benefit plans & deferre compensation plans	d and other allowances
	rd Savard, President	25			
	ranklin St., Salem, NH 03079	<u> </u>	-0	-	-00-
	ert Paquette, Vice President	15	_		
	Brown Rd., Candia, NH 03034 ine Cusson, Treasurer		-0	- [-00-
	leasant St., Salem, NH 03079	35	-0		-0-
	el Normand, Recording Secretary	46	1		-0-
	ren Rd., Windham, NH 03087	15	-0.	-	-0-
	tte Leaf, Corresponding Secretary	10			
	arkview St., Manchester, NH 03103	-	-0-	.	-0-
Anne	Gleason, Dir - 231 Comeau St., Manch. NH 03102	10			
Cons	tance Hebert, Dir - 313 Elgin, Manch. NH 03104	10	-0-		-0-
	Smith, Dir - 721 Brent St., Manch. NH 03103	10			
	e Watson, Dir - 6 Watkins Ln, Merrimack, NH 03054	10	-0-		-0-
	Cooke, Dir - 228 Main St New Ipswich, NH 03071	_ 10			
	es Gaudet, Dir - 153 Roysan St Manchester, NH 03103		-0-	•	-00-
	s Joyal, Dir - 29 Baron Dr, #2 Belmont, NH 03220	. 10	_		
raul	Lambert, Dir - 49 Lyndon St Concord, NH 03301	5	-0-		-00-
. 		-			

_	Part V-A Current Officers, Directors, Trustee	es, and Key Employ	rees (continued)		Yes N
	75a Enter the total number of officers, directors, and t meetings	trustees permitted to v	ote on organizati	on business at board 15	
	b Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or his contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that id	pyees listed in Form 99 ghest compensated	professional and	ighest compensated other independent	
	c Do any officers, directors, trustees, or key compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the definition of "related organization.". If "Yes," attach a statement that includes the infect of Does the organization have a written conflict of interest of the property of the p	employees listed in Part I, or highest c Part II-A or II-B, reat are related to the commation described in hierest policy?	Form 990, Parompensated proceive compensation? See the instructions.	art V-A, or highest fessional and other tion from any other the instructions for	75c ✓
-	officer, director, trustee, or key employee re person below and enter the amount of comp				
	(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
					uno wan oos
			-		
Ра 76	Other Information (See the instructions				Yes No
77	Did the organization make a change in its activities detailed statement of each change Were any changes made in the organizing or gover If "Yes," attach a conformed copy of the changes.			[76
78a h	this return?			17	78a ✓
79	If "Yes," has it filed a tax return on Form 990-T for Was there a liquidation, dissolution, termination, or a statement	tnis year? substantial contractio	n during the year	r? If "Yes," attach	78b
	Is the organization related (other than by association common membership, governing bodies, trustees organization?	s, officers, etc., to a	any other exemp	anization) through	79
	If "Yes," enter the name of the organization ▶	d check whether it is	exempt or	nonexempt	
i1a b	Enter direct and indirect political expenditures. (See Did the organization file Form 1120-POL for this year	line 81 instructions	810	· 56	1b

Page	į
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Part	VI Other Information (continued)						Yes	No
	At any time during the calendar year, did If "Yes," enter the name of the foreign cou	untry ▶				91c		√
92	Section 4947(a)(1) nonexempt charitable trand enter the amount of tax-exempt interest	rusts filing Form 9 est received or ac	<i>190 in lieu of Fo</i> ccrued during th	o <i>rm 1041</i> —Checl he tax vear	chere ▶ 92			▶ L
Part	VII Analysis of Income-Producing				<u> </u>			
	Enter gross amounts unless otherwise		d business incom		tion 512, 513, or 514		(E)	
indica		(A)	(B)	(C)	(D)	Re	elatéd pt fun	or
93	Program service revenue:	Business co					ncome	
а	Publications						2507	19.67
b	Society Journal						57	73.80
C	Library						312	22.53
ď	Research Services						672	26.35
е	Conferences & Workshops						130	08.80
f	Medicare/Medicaid payments							
g	Fees and contracts from government agen	•			,			
94	Membership dues and assessments	ì					4944	3.00
95	Interest on savings and temporary cash investm						26	33.32
96	Dividends and interest from securities .	I						
97	Net rental income or (loss) from real estat	CONT. A CONT. CONT						
а	debt-financed property							
b	not debt-financed property				-			
98	Net rental income or (loss) from personal prope							
99	Other investment income							
100	Gain or (loss) from sales of assets other than inven	itory					343	5.05
101	Net income or (loss) from special events							
102	Gross profit or (loss) from sales of invento	ory						
103	Other revenue: a Space Rental						1050	0.00
b	Cash Over						15	5.63
C	Donations						901	6.62
d								
е		817 / X-100 La Li						
	Subtotal (add columns (B), (D), and (E))							
	Total (add line 104, columns (B), (D), and (10962	4.77
	Line 105 plus line 1e, Part I, should equal							
Part \								
Line N ▼	Explain how each activity for which incof the organization's exempt purposes				mportantly to the	accom	iplishn	nent
Part l	X Information Regarding Taxable S	ubsidiaries and l	Diography of E	ntition (Coo the i	nota intigna l			
							(F)	
	(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest		(C) of activities	(D) Total income	End a	(E) -of-yea ssets	ar
		%	·					
		%						
		%						
Dort \	Information Regarding Transfers As	%		Contracts (See 4	no instructions			
Part >								
(b) (Did the organization, during the year, receive any funds Did the organization, during the year, pay p If "Yes" to (b), file Form 8870 and Form	remiums, directly	or indirectly, o			☐ Yes ☐ Yes	_	No No

İ	Part V. Other Information (continued)		Yes	ay.
1	82a Did the organization receive donated services or the use of materials, equipment, or facilities at no c or at substantially less than fair rental value?	harge	103	
	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.)			
٤	(See instructions in Part III.) 83a Did the organization comply with the public inspection required.			
	B3a Did the organization comply with the public inspection requirements for returns and exemption application b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		1	
8	34a Did the organization solicit any contributions or gifts that were not tax deductible?	83b 84a	V	_
	b If "Yes," did the organization include with every solicitation an express statement that such contribution	04a		Ý
_	and not not tax deductible?	84b		
8	35a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was appropried to either 955 or 955	85b		-
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organize received a waiver for proxy tax owed for the prior year.	ıtion		
	c Dues, assessments, and similar amounts from members			
	d Section 162(e) lobbying and political expenditures			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
	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 to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for following tax year?	85f the 85h		
86	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		1 2 9 7 3 4 4 8 1 1 2 1 2 1 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	b Gross receipts, included on line 12, for public use of club facilities 86b			
87	ora			
	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 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	n or 88a		
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," complete Part XI	the 88b		_
89	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4955 ▶			
. 1	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transact during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," atta a statement explaining each transaction	ion ach	→	
•	c Enter: Amount of tax imposed on the organization managers or disqualified			
_	persons during the year under sections 4912, 4955, and 4958	_ 200		
Ą	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 shell transaction?	ter 89e		,
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contra	at? 89f	1	_
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did t supporting organization, or a fund maintained by a sponsoring organization, have excess business holding.	he gs		
90a	at any time during the year? List the states with which a copy of this return is filed New Hampshire	89g		_
b	Number of employees employed in the pay period that includes March 12 2007 (See		-0	 \-
91a	The books are in care of ► Pauline Cusson, Treasurer Telephone no. ► (603)) 622-1 108-6478		-
b	At any time during the calendar year, did the organization have an interest in or a signature or other authoriover a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	ity ial Y e	es No	
	If "Yes," enter the name of the foreign country ► Canada See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bar and Financial Accounts.	ık		

Form	990 (2007)					F	age 9
Pai		Transfers To and From ion as defined in section :		Entities. Com	plete only if the or	ganiz	ation
106	Did the reporting organization methodology if "Yes," complete the	ake any transfers to a contr	olled entity as		ction 512(b)(13) of	Yes	No ✓
	(A) Name, address, of each controlled entity	(B) Employer identification Number		(C) cription of ansfer	(D) Amount of	transf	ier
a 							
b							
С							
	Totals						
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"	ceive any transfers from a c	ontrolled entit w for each co	y as defined in ntrolled entity.	n section	Yes	No V
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of nsfer	(D) Amount of t	ransf	ər
а							
b							
С							
	Totals						
08	Did the organization have a bindin rents, royalties, and annuities desc			2006, covering	L	Yes	No ✓
Pleas Sign	Under penalties of perjury, I declare that I and belief, it is true, correct, and complet Signature of officer	nave examined this return, including e. Declaration of preparer (other tha	accompanying sc	hedules and staten d on all information Dat	of which preparer has any $\frac{5/3/08}{}$	knowl	edge edge.
iere	Type or print name and title	V, TREASURER					
iere aid repare	Type or print name and title Preparer's signature Firm's name (or yours)	V, IK BASUKEK	Date	Check if self-employed ► ☐	Preparer's SSN or PTIN (Sec	e Gen. lı	nst. X)

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

Open to Public

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For t	he 2007 ca	alendar	year, or tax year beginning	January 1	, 2007, an	d ending	December 3	
		applicable:	Please	C Name of organization				D Employer	ridentification number
		s change	use IRS label or	American-Canadian Genealog	cal Society			51	0185878
\equiv	Name of	•	print or	Number and street (or P.O. box if	mail is not delivered to	street addres	s) Room/suite	E Telephon	e number
_	Initial re	•	type. See	P.O. Box 6478				(603)	622-1554
_	Termina		Specific Instruc-	City or town, state or country, an	d ZIP + 4		•	F Accounting r	nethod: 🗸 Cash 📗 Accrual
_		ed return	tions.	Manchester, NH 03108-6478					r (specify) >
=		tion pending	• Sec	tion 501(c)(3) organizations and	4947(a)(1) nonexemp	t charitable			section 527 organizations.
	, ppilou	don ponding	trus	ts must attach a completed Schee	dule A (Form 990 or 9	990-EZ).	1	• .	or affiliates? 🔲 Yes 🔲 No
G	Websit	te: 🕨 www	v.acgs.o	rg			''		of affiliates >
	Oi	matian time	(abaak ar	Sty and D [7] 501/01/ 2 1 4 (inc	nort no.) [4047/o\/1	\ or		ffiliates include	ed? Yes No See instructions.)
				nly one) ► 🗸 501(c) (3) ◄ (ins			-l ' '	separate return f	•
K				ganization is not a 509(a)(3) supp re than \$25,000. A return is not requ			organizat	ion covered by a	a group ruling? Yes No
			•	a complete return.	ied, but it the organiza	ilion unooses		xemption Num	
									organization is not required
		<u> </u>		6b, 8b, 9b, and 10b to line 12					m 990, 990-EZ, or 990-PF).
Р	art I	Reven	ue, Ex	penses, and Changes in	Net Assets or F	und Bala	nces (See t	he instructi	ions.)
	1	Contribu	itions, g	ifts, grants, and similar amo	unts received:	1 1			
	а	Contribu	itions to	donor advised funds		1a	9016	.62	
	b	Direct p	ublic su	pport (not included on line	la)	1b			
	C			upport (not included on line	•	1c			
	d		-	ntributions (grants) (not inclu	•	1d			
	e			1a through 1d) (cash \$	•	sh \$)	1e	9016.62
	2			revenue including governmen			rt VII. line 93)	2	36811.15
	3							3	49443.00
	4		-	ngs and temporary cash inve				4	263.32
	5			nterest from securities				5	
	6a					6a	10500	.00	
	b			enses		6b			
	1		•	ne or (loss). Subtract line 6b				6c	10500.00
Φ	7			t income (describe ►) 7	
Revenue	8a	Gross ar	nount f	rom sales of assets other	(A) Securities		(B) Other		
eve	"	than inve				8a		100	
_	b		•	r basis and sales expenses.		8b			
	1			tach schedule)		8c			
	1			. Combine line 8c, columns (A) and (B)			8d	
	9	-		l activities (attach schedule). If a		gaming, che	ck here 🕨 🗌		
	а	Gross re	venue (ı	not including \$	of				
				ported on line 1b)		9a			
	b	Less: dir	ect exp	enses other than fundraising	expenses .	9b			
	С	Net inco	me or (I	oss) from special events. Si	ubtract line 9b fro	m line 9a		. 9c	
	10a	Gross sa	les of i	nventory, less returns and a	llowances	10a	3435.	.05	
	b	Less: co	st of go	ods sold		10b			
	C			s) from sales of inventory (attac					3435.05
	11	Other rev	venue (1	rom Part VII, line 103)				. 11	155.63
	12	Total rev	enue. A	dd lines 1e, 2, 3, 4, 5, 6c, 7,	8d, 9c, 10c, and 1	1	· · · · ·		109624.77
	13	Program	service	s (from line 44, column (B))					40607.05
Ses	14	Manager	nent an	d general (from line 44, colu	ımn (C))				48136.07
Expenses	15							15	
Д	16			liates (attach schedule)				. 16	
	17	Total ex	penses	. Add lines 16 and 44, colur	nn (A)			. 17	88743.12
ets	18	Excess of	or (defic	it) for the year. Subtract line	17 from line 12				20881.65
SS	19			nd balances at beginning of			(A))		732352.62
Net Assets	20			n net assets or fund balance					1068.98
Z	21	Net asset	s or fun	d balances at end of year. Co	ombine lines 18. 19	and 20		21	753234.27

Cat. No. 11282Y

	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) Fundraisir
22a	Grants paid from donor advised funds (attach schedul	e)				
	(cash \$ noncash \$		Į			
22b	If this amount includes foreign grants, check here					
220	Other grants and allocations (attach schedule (cash \$ noncash \$	9)				
	If this amount includes foreign grants, check here	.) 22b				
2 3	Specific assistance to individuals (attac					
	schedule)	23				
24	Benefits paid to or for members (attack schedule)	n				
25a	Compensation of current officers, directors key employees, etc. listed in Part V-A	,				
b	Compensation of former officers, directors key employees, etc. listed in Part V-B	.				
С	Compensation and other distributions, no	1 1				
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3				
26	Salaries and wages of employees not included on lines 25a, b, and c					
27	Pension plan contributions not included or lines 25a, b, and c	1 I				
28	Employee benefits not included on lines					
	25a – 27	28				
9	Payroll taxes					
0	Professional fundraising fees	30				
1	Accounting fees	31				
2	Legal fees	32				
3	Supplies	33	3146.20	3146.20		
4	Telephone	34	1221.27	1221.27		
	Postage and shipping		4477.10	3733.26	746.84	
	Occupancy	36	43996.71		43996.71	
	Equipment rental and maintenance	37	950.20	950.20		<u> </u>
	Printing and publications	38	28746.00	28746.00		
	Travel	40	1075.70	1075.70		
	Interest	41	786.23	786.23		
	Depreciation, depletion, etc. (attach schedule)	42	700.20	700.23		
	Other expenses not covered above (itemize):	72				
а	Bank Fees	43a	378.19	378.19		
b.	Insurance & Bonds	43b	2203.00		2203.00	
C	and the state of t	43c	570.00	570.00		
	Credit Card Fees	43d	603.67		603.67	
e .	Computer & Internet Exp	43e	588.85		588.85	
f		43f				
g		43g				
ti c	Fotal functional expenses. Add lines 22a hrough 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)		00745 45			
	(3–15)	44	88743.12	40607.05	48136.07	
itit (Costs. Check ► ☐ if you are following SOF y joint costs from a combined educational campaig	98-2.				

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.

	nat is the organization's primary exempt purpose? ▶	Program Service Expenses
of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	PUBLICATIONS - American-Canadian Genealogist [quarterly journal];	- Calibration
	REPERTOIRES - preservation and dissemination of church vital records;	
	Maps & Charts - to record research & findings and for teaching tools for researchers	

	76	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	28746.00
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 ▶ □	3064.61
c	CONFERENCES - workshops for all levels of genealogical research held semi-annually	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1075.70
d	ACQUISITIONS - increase our holdings of genealogical and historical data.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	7720.74
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)	40607.05

Form **990** (2007)

P	art I	Balance Sheets (See the instructions.)			Page
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45				
	46	Cash—non-interest-bearing	350.00		350.0
			31,628.16	46	24,052.1
		Accounts receivable			
	1	Less: allowance for doubtful accounts . 47b	641.76	47c	-59.6
	1	Pledges receivable			
		Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable		49	· · · · · · · · · · · · · · · · · · ·
		Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	· · · · · · · · · · · · · · · · · · ·	50a	
	b	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
w	51a	Other notes and loans receivable (attach			
Assets		schedule)		1	
Ass		Less: allowance for doubtful accounts . 51b		51c	
]	52	Inventories for sale or use	64,908.82	52	65,314.8
Ì	53	Prepaid expenses and deferred charges		53	···
ł		Investments—publicly-traded securities Cost FMV		54a	
		Investments—other securities (attach schedule) Cost FMV		54b	
	oba	Investments—land, buildings, and equipment; basis 55a			
	L				
İ	D	Less: accumulated depreciation (attach schedule)		55.	
1	56	Investments—other (attach schedule)		55c 56	
		Land, buildings, and equipment: basis . 57a		56	
-		Less: accumulated depreciation (attach			
1	D	schedule)	340,798.59	570	340,798.59
1	58	Other assets, including program-related investments	040,700.00	570	340,730.33
		(describe ►	313,988.62	58	321,709.36
	59	Total assets (must equal line 74). Add lines 45 through 58	752,315.98	59	752,165.29
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
es es	63	Loans from officers, directors, trustees, and key employees (attach			
abilities		schedule)		63	
를 (64a	Tax-exempt bond liabilities (attach schedule)		64a	
┛╽	b	Mortgages and other notes payable (attach schedule)	19,963.36	64b	2,694.84
	65	Other liabilities (describe ►)		65	
1,	66	Takal Balandara Add Barana			
_		Total liabilities. Add lines 60 through 65	19,963.36	66	2,694.84
1		nizations that follow SFAS 117, check here ► □ and complete lines			
0 0		67 through 69 and lines 73 and 74.	p-ex		
		Unrestricted		67	
T		Temporarily restricted	······································	68	
		Permanently restricted		69	· · · · · · · · · · · · · · · · · · ·
2 0		nizations that do not follow SFAS 117, check here ► and complete lines 70 through 74.			
5 7		Capital stock, trust principal, or current funds.	22,776.71	70	20,881.65
-	71	Paid-in or capital surplus, or land, building, and equipment fund		71	515,412.91
וכ	· '2	Retained earnings, endowment, accumulated income, or other funds	· · · · · · · · · · · · · · · · · · ·	72	213,175.89
ž		Total net assets or fund balances. Add lines 67 through 69 or lines			£13,113.03
<u> </u>	-	70 through 72. (Column (A) must equal line 19 and column (B) must			
•	•	equal line 21)	732,352.62	73	749,470.45
7	4	Total liabilities and net assets/fund balances. Add lines 66 and 73		74	752,165.29

Lit	Reconciliation of Revenue per instructions.)	er Au	dited Financial State	ments	With Re	venue p	er Return	(See the
а	Total revenue, gains, and other support pe	r aud	ited financial statemen	ts			а	109624.7
b	Amounts included on line a but not on Par							
1	Net unrealized gains on investments			b1				
2	and the second s			b2				
3	Recoveries of prior year grants			b3				
4	Other (specify):							
	Add lines b1 through b4						b	
C	Subtract line b from line a						С	
d	Amounts included on Part I, line 12, but no	t on	line a:					
1	Investment expenses not included on Part	I, line	6b	d1			_	
2	Other (specify):							
				d2				
_	Add lines d1 and d2	٠.٠					d	
9	Total revenue (Part I, line 12). Add lines c	and c		· · ·		<u> ▶</u>	<u> </u>	109624.7
Fa	rt IV-B Reconciliation of Expenses p			ments	With Ex	penses	per Retur	
a	Total expenses and losses per audited final						а	88743.1
b	Amounts included on line a but not on Part							
1	Donated services and use of facilities			b1			_	
2	Prior year adjustments reported on Part I, Ii			b2				
3	Losses reported on Part I, line 20			b3				
4	Other (specify):							
	Add the selection of the			b4				
	Add lines b1 through b4						b	
C			<i></i>				С	
ď	Amounts included on Part I, line 17, but no			المقدا				
1	Investment expenses not included on Part I			d1	 		_	
2	Other (specify):			d2				
	Add lines d1 and d2							
е	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines d	and	d				d e	88743.1
Par	rt V-A Current Officers, Directors, Tru	stees	and Key Employee	s (liet c	ach nereo	n who we		
	or key employee at any time during t	he ye	ar even if they were not	ombe	nsated.) (S	See the in	structions.)	, director, trustee
-			(B)	(C) Co	mpensation	(D) Contribu	tions to employee	(E) Expense accoun
	(A) Name and address		Title and average hours per week devoted to position	(If not	paid, enter -0)	benefit pl	ans & deferred Sation plans	and other allowance
Gera	ard Savard, President		25		- 0 , j	Compor	outon plans	
10 F	ranklin St., Salem, NH 03079				-0-		-0-	-0-
	ert Paquette, Vice President		15	1				
483	Brown Rd., Candia, NH 03034				-0-	İ	-0-	-0-
Paul	line Cusson, Treasurer		35					
34 P	Pleasant St., Salem, NH 03079			1	-0-		-0-	-0-
Muri	iel Normand, Recording Secretary		15	<u> </u>	<u> </u>			
	aren Rd., Windham, NH 03087		10		-0-		-0-	-0-
Lore	ette Leaf, Corresponding Secretary		10	1				
80 P	Parkview St., Manchester, NH 03103		10		-0-		-0-	-0-
	e Gleason, Dir - 231 Comeau St., Manch. NH 0310)2	10					
	stance Hebert, Dir - 313 Elgin, Manch. NH 03104		10		-0-		-0-	-0-
	e Smith, Dir - 721 Brent St., Manch. NH 03103		10			<u> </u>		
	tie Watson, Dir - 6 Watkins Ln, Merrimack, NH 030	054	10		-0-		-0-	-0-
	Cooke, Dir - 228 Main St New Ipswich, NH 03071		10					
	es Gaudet, Dir - 153 Roysan St Manchester, NH 03		10		-0-		-0-	-0-
	is Joyal, Dir - 29 Baron Dr, #2 Belmont, NH 03220		10					
	Lambert, Dir - 49 Lyndon St Concord, NH 03301		5		-0-		-0-	-0-

i	art V-A Current Officers, Directors, Trustee	es, and Key Employ	ees (continued)		Yes No
7:	ia Enter the total number of officers, directors, and to meetings	trustees permitted to v	ote on organization	on business at board	
	b Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or hi contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ic	byees listed in Form 99 ghest compensated II-B. related to each	professional and h other through	ighest compensated other independent	
	c Do any officers, directors, trustees, or key compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the definition of "related organization."	employees listed in Part I, or highest or Part II-A or II-B, recent at are related to the commation described in	Form 990, Pa ompensated pro ceive compensate organization? See	ert V-A, or highest fessional and other tion from any other to the instructions for	
P	To Does the organization have a written conflict of int V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of com	Key Employees That leaceived compensation of	Received Competer other benefits (d	nsation or Other Bendescribed below) during	the veer liet the
	(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
				, and the second	unovarious
				19494-1-1	
		2			
Pa	t VI Other Information (See the instruction	s.)			Yes No
76	Did the organization make a change in its activitied detailed statement of each change	es or methods of cond			76 ✓
77	Were any changes made in the organizing or governous of the changes attach a conformed copy of the changes	erning documents but	not reported to	the IRS?	77 🗸
78a	Did the organization have unrelated business growthis return?				78a ✓
b	If "Yes," has it filed a tax return on Form 990-T for	or this year?			78b
79	Was there a liquidation, dissolution, termination, or a statement	r substantial contraction	on during the yea	ar? If "Yes," attach	79
80a	Is the organization related (other than by associat common membership, governing bodies, trustee organization?	es, officers, etc., to	any other exem	npt or nonexempt	80a ✓
b	If "Yes," enter the name of the organization ▶			• • • • • • •	
31a	Enter direct and indirect political expenditures. (Se Did the organization file Form 1120-POL for this y	and check whether it is	\ 81a	·	Odb. 7
		· · · · · · · · · · · · · · · · · · ·		<u></u> . };	81b √

	ret VI Other Information (continued)			age			
	other Information (continued)	Τ	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	20,800,000	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.)						
83a	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	√				
	4a Did the organization solicit any contributions or gifts that were not tax deductible?						
	of f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b					
852	501(c)(4), (5), or (6). 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.						
_	Duon pagagoments and similar an event from many transfer						
	Op. 1						
	- Section (SEL) (SEE) (SEL) (S	MYX					
	y gg og to he had a control of co						
		QE-	37.7.2.2				
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	K. 75.3 K.				
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						
	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						
	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		<u> </u>			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; 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					
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶						
	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶						
	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	- mad tituages so	$\underline{\checkmark}$			
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						
b	Number of employees employed in the pay period that includes March 12, 2007 (See		• • • • • •	-0-			
91a	The books are in care of ► Pauline Cusson, Treasurer Located at ► 4 Elm Street, Manchester, NH Telephone no. ► (603) ZIP + 4 ► 03108		-1554				
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			
		91b	1				
	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	VI Other Information (continued)						Yes	No
c	At any time during the calendar year, did the	he organization m	naintain an offic	ce outside of the	e United States?	1		√
	If "Yes," enter the name of the foreign could	ntry ▶						
92	Section 4947(a)(1) nonexempt charitable tru	ists filing Form 99	00 in lieu of Fo l	rm_1041—Chec	k here			▶[
Dort	and enter the amount of tax-exempt interes	st received or acc	rued during th	e tax year .	. ▶ 92			
Part						 		
	Enter gross amounts unless otherwise		business incom	e Excluded by se	ction 512, 513, or 514	Rel	(E) ated c	or.
indica		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exemp	ot fund	ction
93	Program service revenue: Publications	54011.000 004	Anounc	Exclusion code	Allount	In	come	
a	Society Journal			<u> </u>		ļ	2507	
b	Library					ļ		3.80
اب 0	Research Services					 	312	
d	Conferences & Workshops					 	672	
e						 	130	8.80
f	Medicare/Medicaid payments							
g 04	Fees and contracts from government agence	1					4044	2 00
94 05	Membership dues and assessments					 	4944	3.00 3.32
95 96	Interest on savings and temporary cash investme Dividends and interest from securities .					<u> </u>		3.32
97							74.77	
-	Net rental income or (loss) from real estate							
a b	debt-financed property							
98	Net rental income or (loss) from personal proper							
99		1						
100	Gain or (loss) from sales of assets other than invent						3435	5 05
101	Net income or (loss) from special events	ory					3430).00
102	Gross profit or (loss) from sales of inventor							
103	Other revenue: a Space Rental	у —				<u> </u>	10500	00
ь	Cash Over						_	5.63
c	Donations						9016	
ď					-			
e								
-	Subtotal (add columns (B), (D), and (E))			4.00				_
	Total (add line 104, columns (B), (D), and (E)	Ξ))			>	1	09624	1.77
	Line 105 plus line 1e, Part I, should equal th		12, Part I.					
Part \	III Relationship of Activities to the A	ccomplishment	of Exempt Pu	urposes (See th	e instructions.)	-		
Line N						accom	olishm	ent
▼	of the organization's exempt purposes (•		
	Lister and water and the second secon				***			
Part I			isregarded Er	ntities (See the p	instructions.)			
	(A) Name, address, and EIN of corporation,	(B) Percentage of	Noture of	C) f activities	(D) Total income	End-	(E) of-yea	ır
	partnership, or disregarded entity	ownership interest	nature of	activities	rotar income	as	sets_	
		%						
		%						
		%						
3 · · ·	Information December Transfers Ass	%	anal Daniel	3	hm imaku (-4:)			
Part >	Information Regarding Transfers Ass	sociated with Per	sonai Benefit (Jontracts (See th	ne instructions.)			
(b) (Did the organization, during the year, receive any funds, Did the organization, during the year, pay provide "Yea" to "The file Form 99.70 and Form 19.70.	emiums, directly	or indirectly, o			☐ Yes ☐ Yes		No No
NOTE	If "Yes" to (b), file Form 8870 and Form 4	120 (See Instructi	uisj.					

Par	t XI Information Regarding T is a controlling organization	ransfers To and From on as defined in section	Controlled E 512(b)(13).	intities. Com	olete only if the o	rganiz	ation
106	Did the reporting organization ma the Code? If "Yes," complete the				tion 512(b)(13) of	Yes	No ✓
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desci	(C) ription of unsfer	(D Amount of		fer
а							
b							
С							
	Totals	THE LANGE THE RESERVE	resident Transference				
107	Did the reporting organization reco				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	(C) iption of nsfer	(D) Amount of		ler
а							
b							
С							
	Totals			1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1			
108	Did the organization have a bindin rents, royalties, and annuities desc			2006, covering	g the interest,	Yes	No
Pleas Sign Here	Signature of officer				of which preparer has a		
	Type or print name and title		· · · · · · · · · · · · · · · · · · ·				
Paid Prepare	Preparer's signature		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (See Gen.	Inst. X)
Use On	I Firm's name for vours k			EIN Phone n	▶		

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

A For the 2007 calendar year, or tax year beginning 2007, and ending January 1 December 31 20 07 C Name of organization D Employer identification number Please B Check if applicable: **American-Canadian Genealogical Society** 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 Name change type. (603) Initial return 622-1554 Specific City or town, state or country, and ZIP + 4 Termination tions. Manchester, NH 03108-6478 ☐ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations. Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable 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 ► I if the organization is not a 509(a)(3) supporting organization and its gross 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.) Contributions, gifts, grants, and similar amounts received: 9016.62 a Contributions to donor advised funds 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) 9016.62 e Total (add lines 1a through 1d) (cash \$___ 1e 2 2 Program service revenue including government fees and contracts (from Part VII, line 93) 36811.15 3 Membership dues and assessments 3 49443.00 4 263.32 4 Interest on savings and temporary cash investments 5 5 Dividends and interest from securities . . . 6a 6a Gross rents **b** Less: rental expenses 6c 10500.00 Net rental income or (loss). Subtract line 6b from line 6a 7 Other investment income (describe (A) Securities (B) Other 8a Gross amount from sales of assets other 8a 8b **b** Less: cost or other basis and sales expenses. 8c c Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B) 8d Special events and activities (attach schedule). If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ contributions reported on line 1b) 9a **b** Less: direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a 9c 10a 3435.05 10a Gross sales of inventory, less returns and allowances . . . 10c 3435.05 Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a Other revenue (from Part VII, line 103) . . . 11 11 155.63 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11. 12 109624.77 40607.05 13 Program services (from line 44, column (B)) . . . 13 48136.07 Management and general (from line 44, column (C)) 14 15 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) . . . 16 17 Total expenses. Add lines 16 and 44, column (A) 17 88743.12 20881.65 18 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 19 732352.62 Net assets or fund balances at beginning of year (from line 73, column (A)). 20 20 1068.98 Other changes in net assets or fund balances (attach explanation). š 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 753234.27 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) Fundraisi
22a	Grants paid from donor advised funds (attach schedule)			11 S. P. LONG. 1975	
	(cash \$ noncash \$					
ng h	If this amount includes foreign grants, check here					
ZD	Other grants and allocations (attach schedule)	İ		1489年日	
	(cash \$ noncash \$ If this amount includes foreign grants, check here	22b			· 美雄·伊思	
3						
J	Specific assistance to individuals (attach schedule)	23				
4	Benefits paid to or for members (attach schedule)	24				
5a		, [
b	Compensation of former officers, directors,					
	key employees, etc. listed in Part V-B	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)					
6	Salaries and wages of employees not included					
-,	on lines 25a, b, and c					·
7	Pension plan contributions not included on lines 25a, b, and c	27				
3	Employee benefits not included on lines					
)	25a – 27	28				
,)	Payroll taxes	29				
•	Professional fundraising fees					
	Accounting fees	31				
•	Legal fees	33	3146.20	2440.00		
,	Supplies	34	1221.27	3146.20		
	Postage and shipping	35	4477.10	1221.27 3733.26	740.04	
	Occupancy	36	43996.71	3/33.20	746.84 43996.71	
	Equipment rental and maintenance	37	950.20	950.20	43996./1	
	Printing and publications	38	28746.00	28746.00		
	Travel	39	20740.00	20740.00		
	Conferences, conventions, and meetings.	40	1075.70	1075.70		
	Interest	41	786.23	786.23		
	Depreciation, depletion, etc. (attach schedule)	42				
(Other expenses not covered above (itemize):		270 10	272.40		
	Incurance 9. Dande	43a	378.19	378.19		
-	Subscriptions	43b 43c	2203.00 570.00	F70 00	2203.00	
	Cradit Card Face	43d	603.67	570.00	200 07	
	Computer & Internet Exp	43e	588.85		603.67	
-		43f	300.03		588.85	
		43g				
t	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines					
	(3–15)	44	88743.12	40607.05	48136.07	
nt (Costs. Check > 🔲 if you are following SOF	98-2.		ported in (B) Progra		

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.

_		
	'hat is the organization's primary exempt purpose? ►	Program Service
٩Ι	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	Expenses (Required for 501(c)(3) and
or or	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(4) orgs., and 4947(a)(1) trusts; but optional for
_	PUBLICATIONS - American-Canadian Genealogist [quarterly journal];	others.)
-	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, about here	
) if this amount includes loteign grants, check here	28746.00
b	RESEARCH SERVICES - for members and non-members who wish to have their genealogy research done by ACGS Used mostly by distant members	
	Used mostly by distant members	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	3064.61
C	CONFERENCES - workshops for all levels of genealogical research held semi-annually	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1075.70
d	ACQUISITIONS - increase our holdings of genealogical and historical data.	1075.70
	Y	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule)	7720.74
_	(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).	40607.05
_		40007.05

Form **990** (2007)

P	art IV	Balance Sheets (See the instructions.)			
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	350.00	45	350.00
	46	Savings and temporary cash investments	31,628.16	46	24,052.18
		11			
		Accounts receivable			
	b	Less: allowance for doubtful accounts . 47b	641.76	47c	-59.69
	40-				
		Pledges receivable		40.0	
	49			48c	
	1	Grants receivable		49	
	Jua	key employees (attach schedule)		50a	
Assets	ь	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			
	ļ	schedule)			
	b	Less: allowance for doubtful accounts . 51b		51c	
٩	52	Inventories for sale or use	64,908.82	52	65,314.85
	53	Prepaid expenses and deferred charges		53	
		Investments—publicly-traded securities D Cost FMV		54a	
	1	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV ☐		54b	
	55a	Investments—land, buildings, and equipment: basis		1	
	h	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis . 57a			
	l .	Less: accumulated depreciation (attach			
		schedule)	340,798.59	57c	340,798.59
	58	Other assets, including program-related investments			
	59	(describe >)	313,988.62	58	321,709.36
		Total assets (must equal line 74). Add lines 45 through 58	752,315.98	59	752,165.29
		Accounts payable and accrued expenses		60 61	
		Grants payable		62	
S	63	Deferred revenue		OZ.	
Liabilities		schedule)		63	
abi		Tax-exempt bond liabilities (attach schedule)		64a	
=		Mortgages and other notes payable (attach schedule)	19,963.36		2,694.84
		Other liabilities (describe ►)		65	
		Table 1 West Control of the Control			
		Total liabilities. Add lines 60 through 65	19,963.36	66	2,694.84
		nizations that follow SFAS 117, check here ► ☐ and complete lines			
8		67 through 69 and lines 73 and 74.		67	
ᇤ	68	Unrestricted		68	
Bal		Permanently restricted		69	
Fund Balances		nizations that do not follow SFAS 117, check here ▶ □ and			
团		complete lines 70 through 74.			
6		Capital stock, trust principal, or current funds	22,776.71	70	20,881.65
ets		Paid-in or capital surplus, or land, building, and equipment fund	517,014.97	71	515,412.91
188		Retained earnings, endowment, accumulated income, or other funds	192,560.94	72	213,175.89
Net Assets or		Total net assets or fund balances. Add lines 67 through 69 or lines			
ž		70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	722 250 60	70	740 470 47
		Total liabilities and net assets/fund balances. Add lines 66 and 73	732,352.62 752,315,98	73	749,470.45 752,165,29

Pá	art IV-A	Reconciliation of Revenue per Au instructions.)	dited Financial State	ments With R	evenue pe	er Return	(See the
а	Total rev	enue, gains, and other support per aud	ited financial statement	s		а	109624.7
b	Amounts	included on line a but not on Part I, lin	ne 12:				
1	Net unrea	alized gains on investments		b1			
2	Donated	services and use of facilities		b2			
3		es of prior year grants		b3			
4		ecify):		1		45.	
		hd thusuah ha					
С		b1 through b4				b	
d		included on Part I, line 12, but not on I				С	
1		nt expenses not included on Part I, line		d1			
2	Other (sp	ecify):			-10.00		
		d1 and d2				d	
е	Total rev	enue (Part I, line 12). Add lines c and c	<u> </u>		>	е	109624.7
	rt IV-B					per Retur	
a		enses and losses per audited financial				а	88743.12
b 1		included on line a but not on Part I, line		i ha i			
2		services and use of facilities adjustments reported on Part I, line 20		b1 b2			
3		ported on Part I, line 20		b3			
4	Other (spe	ecify):					
				b4			
		b1 through b4				b	
C	Subtract I					С	
d		included on Part I, line 17, but not on li					
1	Investmer	nt expenses not included on Part I, line	6b	d1			
2	Other (spe	ecify):					
	Add lines	d1 and d2		d2		-1	
е	Total exp	enses (Part I, line 17). Add lines c and	d		· · •	d e	88743.12
Par	t V-A	Current Officers, Directors, Trustees r key employee at any time during the ye	and Key Employees	s (List each pers	on who was	s an officer	, director, trustee
		(A) Name and address	(B) Title and average hours per	(C) Compensation	(D) Contribution		(E) Expense account and other allowances
Corr	ard Savard, i	Procident	week devoted to position	-0)		ation plans	and outer anomalises
		Salem, NH 03079	25 .	,		•	
		, Vice President	15	-0	**	-0-	-0-
		Candia, NH 03034	15	-0	_	-0-	-0-
	ine Cusson,		35		 		-0-
34 P	leasant St.,	Salem, NH 03079		-0	_	-0-	-0-
		, Recording Secretary	15				
		ndham, NH 03087		-0	-	-0-	-0-
		responding Secretary	10				
		Manchester, NH 03103		-0	•	-0-	-0-
		ir - 231 Comeau St., Manch. NH 03102	10				
		t, Dir - 313 Elgin, Manch. NH 03104 - 721 Brent St., Manch. NH 03103	10	-0	•	-0-	-0-
		Dir - 6 Watkins Ln, Merrimack, NH 03054	10 10	^		0	
		- 228 Main St New Ipswich, NH 03071		-0	1	-0-	-0-
		ir - 153 Roysan St Manchester, NH 03103	10 10	-0-	.]	-0-	-0-
		- 29 Baron Dr, #2 Belmont, NH 03220	10	- -	 	-0-	-0-
		r - 49 Lyndon St Concord, NH 03301	5	-0-	.	-0-	-0-
					1		İ

	Current Officers, Directors, Trustee	es, and Key Employe	ees (continued)_		Yes	No		
75	a Enter the total number of officers, directors, and t meetings			n business at board 15				
	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 compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the definition of "related organization."	Part I, or highest or Part II-A or II-B, recat are related to the community of the communit	ompensated professive compensations See	essional and other ion from any other the instructions for	75c	✓		
Pa	rt 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 eceived compensation of	Received Comper or other benefits (de	nsation or Other Ben escribed below) during	efits (If any for	me tha		
	(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 or allowances	ther		
		-		•				
		-						
		•						
Pa	t VI Other Information (See the instruction	(S.)			Yes N	10		
76	Did the organization make a change in its activitied detailed statement of each change		ducting activities	? If "Yes," attach a	76			
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the changes	=	not reported to	the IRS?	77 ,			
	Did the organization have unrelated business grothis return?				78a .	<u> </u>		
79	Was there a liquidation, dissolution, termination, of a statement				79			
	Is the organization related (other than by associate common membership, governing bodies, truste organization?	es, officers, etc., to	any other exen	ganization) through or nonexempt	80a			
b	If "Yes," enter the name of the organization ►	and check whether it	<u></u>	nonexempt				
B1a b	Enter direct and indirect political expenditures. (Se Did the organization file Form 1120-POL for this y	ee line 81 instructions	.) . [81a]	пополошри	81h	F		

Pa	art 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		✓
b	of "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83a	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?	83b	7	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		1
	of "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		COLORED SE SOCIO
	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			
f	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
ď	, , , , , , , , , , , , , , , , , , , ,	85g		
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	oog		
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
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 87a			
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		√
		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		<u>√</u>
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶			
		89e		√
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	39f	rtt.Stelle	\leq
	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?	39g		
90a	at any time during the year?	- 31		<u> </u>
b	Number of employees employed in the pay period that includes March 12, 2007 (See		•••••	-0-
91a	The books are in care of ▶ Pauline Cusson, Treasurer Telephone no. ▶ (603)	622	-1554	
	Located at ► 4 Elm Street, Manchester, NH ZIP + 4 ► 03108-6 At any time during the calendar year, did the organization have an interest in or a signature or other authority	478		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		/es	No
)1b	√	
	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.			

Page 8

Part	VI Other Information (continued)						Yes	No
	At any time during the calendar year, did th	e organization m	aintain an offic	e outside of the	e I Inited States	91c		1
·	If "Yes," enter the name of the foreign coun	itrv ▶	airitairi ari Omo	o outside of the	5 Officer Otates:			
92	Section 4947(a)(1) nonexempt charitable trus				k here			.▶□
	and enter the amount of tax-exempt interes	t received or acc	rued during the	e tax year .	. ▶ 92			
Part	VII Analysis of Income-Producing A	ctivities (See ti	he instruction:	s.)	· · · · · · · · · · · · · · · · · · ·			
Note:	Enter gross amounts unless otherwise	Unrelated	business income	Excluded by se	ction 512, 513, or 514		(E)	
indica	-	(A)	(B)	(C)	(D)		elated opt fun	
93	Program service revenue:	Business code		Exclusion code			ncome	
а	Publications						250	79.67
b	Society Journal						5	73.80
c	Library						31:	22.53
d	Research Services						67	26.35
e	Conferences & Workshops				1			08.80
f	Medicare/Medicaid payments					†		
	• •	!						
g	Fees and contracts from government agenc				+	<u> </u>	494	43.00
94	Membership dues and assessments	1				<u> </u>		63.32
95	, ,					 		JJ . J L
96	Dividends and interest from securities							
97	Net rental income or (loss) from real estate							
а	debt-financed property							
b	not debt-financed property					ļ		
98	Net rental income or (loss) from personal proper	ту						
99	Other investment income		<u>-</u>				24	25 05
100	Gain or (loss) from sales of assets other than inventor	·					343	35.05
101	Net income or (loss) from special events .							
102	Gross profit or (loss) from sales of inventor	y 				ļ		
103	Other revenue: a Space Rental				<u> </u>			00.00
b	Cash Over					ļ		55.63
C	Donations				1		90	16.62
d					ļ			
е			***					
104	Subtotal (add columns (B), (D), and (E))	4.0			<u></u>			
105	Total (add line 104, columns (B), (D), and (E		1,2,2,5,3		. ト		10962	24.77
	Line 105 plus line 1e, Part I, should equal th							
Part								
Line	No. Explain how each activity for which inco	me is reported in o	olumn (E) of Par	t VII contributed	importantly to the	accon	nplish	ment
	of the organization's exempt purposes (other than by provi	aing tunas for su	ich purposes).				
Part		bsidiaries and D	isregarded En	itities (See the	instructions.)			
	(A) Name, address, and EIN of corporation,	(B) Percentage of	. (0	c) activities	(D) Total income	Enc	(E) 3-of-y€	ear
	partnership, or disregarded entity	ownership interest	Nature of	activities	lotal income	- 6	assets	<u> </u>
		%						
		%						
		%						
		%						
Part	X Information Regarding Transfers Ass	sociated with Per	sonal Benefit C	Contracts (See t	the instructions.)			
(a)	Did the organization, during the year, receive any funds,	directly or indirectly,	to pay premiums o	n a personal benefi	t contract? .	☐ Ye	s 🗌	No
(b)	Did the organization, during the year, pay pr	emiums, directly	or indirectly, or			☐ Ye	s 🗌	No
Note	e: If "Yes" to (b), file Form 8870 and Form 4	720 (see instruct	ions).					

Part		Transfers To and From tion as defined in section to		intities. Com	iplete only if the o	rganiz	atior
106	Did the reporting organization m the Code? If "Yes," complete the				otion 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) ription of ansfer	(D Amount o)) f trans	
а							
b							
c		-	1				
	Totals			AND IN			
107	Did the reporting organization re 512(b)(13) of the Code? If "Yes,"	ceive any transfers from a c	ontrolled entit w for each co	y as defined in ntrolled entity.	n section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer identification Number	Descr	(C) iption of nsfer	(D Amount of		er
а							
b							•
С						***	
	Totals						
108	Did the organization have a bindi rents, royalties, and annuities des			2006, coverir	ng the interest,	Yes	No
Please	Under penalties of perjury, I declare that and belief, it is true, correct, and comple	I have examined this return, including	accompanying so	hedules and state d on all information	ments, and to the best of n of which preparer has a	my know ny know	vledge /ledge.
Sign Here	Signature of officer			De	te		
	Type or print name and title			Charle if	T		
Paid Preparer	Preparer's signature Firm's name (or yours \)		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (See Gen.	Inst. X)
Use Only	y if self-employed), address, and ZIP + 4			EIN 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 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

Employer identification number

American-Canadian Genealogical Society			51 ;	U1858/9
Compensation of the Five His (See page 1 of the instructions				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 plans & deferred compensation	(e) Expense account and other allowances
None				
		- Maritin Market and		
Total number of other employees paid over \$50,000 .				
Part II-A Compensation of the Five Hig (See page 2 of the instructions. L	hest Paid Independent (Contractors for iduals or firms).	Professional Se	rvices enter "None.")
(a) Name and address of each independent contract		· · · · · · · · · · · · · · · · · · ·	of service	(c) Compensation
None				
Total number of others receiving over \$50,000 for professional services	•			
Part II-B Compensation of the Five Hig (List each contractor who performs. If there are none, enter "N	med services other than	orofessional serv		lividuals or
(a) Name and address of each independent contract	<u></u>		of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services	-	2.1		

Pa	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 \$ \(\begin{array}{c} \) \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	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.		
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?	ļ	1
b	Lending of money or other extension of credit?		1
С	Furnishing of goods, services, or facilities?		1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		1
е	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		1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		✓
b	Did the organization make any taxable distributions under section 4966?		✓
С	Did the organization make a distribution to a donor, donor advisor, or related person?		✓
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

Pa	rt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instructi	ons.)
cei 5	tify 1	that the organization is not a priva A church, convention of churches			-	plicable box.)	
•					,(0)(1)(1)(1)		
6		A school. Section 170(b)(1)(A)(ii).	(Also complete Pa	art V.)			
7		A hospital or a cooperative hospi	tal service organi:	zation. Section 170(b)(1)	(A)(iii).		
8		A federal, state, or local governm	ent or governmer	ntal unit. Section 170(b)(1)(A)(v).		
9		A medical research organization of and state ▶				(A)(iii). Enter the	hospital's name, city
0		An organization operated for the b (Also complete the Support Scheo	_	or university owned or op	perated by a go	overnmental unit	t. Section 170(b)(1)(A)(iv)
1a		An organization that normally rece 170(b)(1)(A)(vi). (Also complete the			a governmenta	l unit or from the	e general public. Section
1b		A community trust. Section 170(b)(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Part	: IV-A.)	
12	\square	An organization that normally receifrom activities related to its charitifrom gross investment income ar organization after June 30, 1975.	able, etc., function	ns—subject to certain ex ness taxable income (le	cceptions, and ss section 511	(2) no more that tax) from busi	an 331/3% of its support
3		An organization that is not contrivenuirements of section 509(a)(3).					nd otherwise meets the
		☐ Type I ☐ Type II	Type	III-Functionally Integrate	ed [Type III-Other	r
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	ge 8 of the instr	uctions.)
Na	me((a) s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the so organizati the sup organiz	d) upported on listed in oporting zation's documents?	(e) Amount of support
					Yes	No	
ota	<u>I.</u>					▶	
4		An organization organized and op	erated to test for	public safety. Section 5	09(a)(4). (See	page 8 of the ir	nstructions.)

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) 2006 (b) 2005 (c) 2004 (d) 2003 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 9,420 32.061 4,323 7.899 53,703 16 Membership fees received 52,411 54,789 56,057 61,242 224,499 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 31,984 36,660 33.667 36,136 138,447 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 92 100 117 212 521 19 Net income from unrelated husiness activities not included in line 18. 20 Tax revenues levied for the organization's benefit and either paid to it or expended on 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 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 23 Total of lines 15 through 22 93.907 123.610 105.747 105.489 428.753 Line 23 minus line 17 24 61,923 86,950 72,080 69,353 25 Enter 1% of line 23 939 1,236 1,057 1.054 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 26b 26c Total support for section 509(a)(1) test: Enter line 24, column (e) ..._____ 19 . Add: Amounts from column (e) for lines: 18 ___ 26d Public support (line 26c minus line 26d total) . . 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified 27 person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: Add: Amounts from column (e) for lines: 15 20 ______ 21 _____ 27c 27d d Add: Line 27a total and line 27b total 27e Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . ▶ 27f Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006,

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.

American-Canadian Genealogical Society Balance Sheet

	Dec 31, 07
ASSETS	
Current Assets	
Checking/Savings	
1000 · BANK ACCOUNTS 1001 · CHECKING ACCOUNT-BNH	9,763.23
1002 · CHEQUING - CANADIAN FUNDS	1,308.35
1003 · BUILDING FUND-BNH	2,777.90
1004 - BOOK FUND-SMB	6,303.09
1005 · CASH ON HAND-CASH REG	150.00 -
1006 · PETTY CASH-VOLUNTEERS	200.00
1007 · C.D. SMB 10/18/2002	1,289.76
1009 · LIFE MEMB. ACCT. BNH	2,609.85
Total 1000 · BANK ACCOUNTS	24,402.18
Total Checking/Savings	24,402.18
Accounts Receivable	
1100 · ACCOUNTS RECEIVABLE	040.44
1101 · Paid Invoices 1100 · ACCOUNTS RECEIVABLE - Other	-216.14 156.45
Total 1100 · ACCOUNTS RECEIVABLE	-59.69
Total Accounts Receivable	-59.69
Other Current Assets 1300 · INVENTORY-RESALE	65,314.85
Total Other Current Assets	65,314.85
Total Current Assets	89,657.34
Fixed Assets	
1500 · Fixed Assets	
1501 · LIBRARY BUILDING	230,172.38
1502 · FURNITURE & EQUIPMENT	110,626.21
1503 · ACGS HOLDINGS	321,709.36
Total 1500 · Fixed Assets	662,507.95
Total Fixed Assets	662,507.95
TOTAL ASSETS	752,165.29
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	-77,305.16
Total Long Term Liabilities	2,694.84
Total Liabilities	2,694.84

American-Canadian Genealogical Society Balance Sheet

	Dec 31, 07
Equity	
3000 · OPENING BALANCE EQUITY	515,412.91
3900 · RETAINED EARNINGS	213,175.89
Net Income	20,881.65
Total Equity	749,470.45
TOTAL LIABILITIES & EQUITY	752,165.29

11:02 AM 01/27/08 **Accrual Basis**

American-Canadian Genealogical Society Income/Expense December 2007

	Dec 07
Income	
4100 · MEMBERSHIP 4101 · Dues	3,875.00
Total 4100 · MEMBERSHIP	3,875.00
4200 · PUBLICATIONS 4203 · Repertoires 4205 · Jette & White 4206 · CD Roms 4208 · Orphan Pub. & Index	120.00 240.00 39.95 123.95
Total 4200 · PUBLICATIONS	523.90
4300 · GENEALOGIST 4301 · Back Issues	78.90
Total 4300 · GENEALOGIST	78.90
4400 · LIBRARY 4401 · All Copies except Drouin copies 4402 · Maps-Charts-Beginners' Course 4403 · Guest Fees 4404 · Drouin Computer Time 4405 · Beverages 4410 · Drouin Copies & CDs	18.60 28.40 35.00 30.00 31.00 62.95
Total 4400 · LIBRARY	205.95
4500 · RESEARCH 4501 · Reasearch Income 4502 · Drouin Research Income	535.00 100.00
Total 4500 · RESEARCH	635.00
4700 · SOCIETY 4701 · Drouin Fund Donations 4702 · Bidg Fund 4703 · Book Fund (Border crossings) 4705 · Cash Over & Short 4706 · Ckg Act Int 4708 · Sav Act Int 4709 · Other	238.00 130.00 50.00 -3.05 1.75 5.18 1.20
Total 4700 · SOCIETY	423.08
4800 · BUILDING 4801 · Rent	875.00
Total 4800 · BUILDING	875.00
Total Income	6,616.83
ross Profit	6,616.83

11:02 AM 01/27/08 Accrual Basis

American-Canadian Genealogical Society Income/Expense December 2007

	Dec 07
Expense	
6200 · PUBLICATIONS EXP	
6201 · Postage	100.00
6203 · Print Reps	1,762.62
Total 6200 · PUBLICATIONS EXP	1,862.62
6300 · GENEALOGIST EXP	
6303 · Printing	5,566.40
Total 6300 · GENEALOGIST EXP	5,566.40
6400 · LIBRARY EXP	
6403 · Printing Maps & Info Sheets	127.25
Total 6400 · LIBRARY EXP	127.25
6600 · CONFERENCE EXP	
6605 - Caterer & Refreshments	41.00
Total 6600 · CONFERENCE EXP	41.00
6700 · SOCIETY EXP	
6702 · Supplies	43.94
6703 · Telephone	104.16
6704 · Insurance Content/Bond	100.00
6707 · Bank Charges	26.37
6712 · Internet Services	49.90
6714 · Drouin-Interest Exp.	34.00
Total 6700 · SOCIETY EXP	358.37
6800 · BUILDING EXP	0.040.54
6801 · Heat	3,910.51
6802 · Electricity 6803 · Water-Sewer	333.72 41.25
6805 · Water-Sewer 6805 · Building Maint.	2,931.69
6806 · Grounds Maint.	2,931.09
6807 · Fire Alarm Fee	0.00
Total 6800 · BUILDING EXP	9,287.17
Total Expense	17,242.81
Income	-10,625.98

			DATE	Ш	DATE	ш	DATE	ш	DATE		DATE	,,,	IOI ALS
			12/1/07	07	12/9/07	07	12/16/07	/07	12/30/07	7			
DESCRIPTION	KEY	ACCOUNT	REGISTER	ပ္ပ	REGISTER	္ပ	REGISTER	ဘ	REGISTER	23	REGISTER	ပ္ပ	
MEMBERSHIP DUES	ଛ	4101		\$120.00	\$960.00		\$740.00	\$30.00	\$1,260.00	\$30.00			\$3,875.00
LIFE DUES	19	4102											\$0.00
USED BOOKS	16	4201											\$0.00
AFGS INCOME		4202											\$0.00
REPERTOIRES	9	4203	\$120.00										\$120.00
INDEX & HOLDINGS	7	4204											\$0.00
JETTE & WHITE	4	4205							\$240.00				\$240.00
CD ROM'S	17	4206							\$39.95				\$39.95
CROTEAU	14	4207											\$0.00
NEW BOOKS	15	4208	\$20.00						\$103.95				\$123.95
GENEALOGIST BACK	5	4301	\$77.90		\$1.00								\$78.90
ADS		4302											\$0.00
ALL COPIES NOT	•	4404	840 85		&O 15		06 83		64 40				\$18.60
MAPS CHARTS	- 2	4402	\$12.75		\$15.65								\$28.40
GUEST FEES	က	4403	\$15.00			The second secon	\$5.00		\$15.00				\$35.00
DROUIN TIME	22	4404							\$30.00				\$30.00
BEVERAGES	54	4405	\$10.00		\$21.00								\$31.00
MERCHANDISE PINS	20	4407											\$0.00
GIFT CERTIFICATE	21	4408											\$0.00
DROUIN COPY	18	4410	\$24.85		\$9.90		\$10.70		\$17.50				\$62.95
RESEARCH	∞	4501	\$70.00	\$345.00	\$30.00				\$90.00				\$535.00
DROUIN RESEARCH	23	4502							\$100.00				\$100.00
CONFERENCE	6	4601											\$0.00
RAFFLE	5	4602											\$0.00
CONFERENCE ADS		4603											\$0.00
CONFERENCE BOOTH		4604											\$0.00
CONFERENCE BEVER		4605											\$0.00
DROUIN DONATION	11	4701	\$3.00		\$55.00		\$15.00		\$155.00	\$10.00			\$238.00
BUILDING FUND	12	4702		\$20.00				\$20.00	\$20.00				\$130.00
BOOK FUND	13	4703	\$10.00		\$10.00		\$20.00		\$10.00				\$50.00
SHORT-OVER		4705	-\$3.75		\$0.30		-\$1.90		\$2.30				-\$3.05
RENT		4801	\$875.00										\$875.00
Misc.			\$1.20										\$1.20
TOTALS			\$1,981.80	\$485.00	\$1,123.00	\$0.00	\$792.00	\$50.00	\$2,138.10	\$40.00	0.00	0.00	\$6,609.90
ACC REC													
			41 0X1 X0	£485 00	\$1 123 00	Ç	8792 00	S50 00	\$2,138,10	\$40 OO	00.0 8	C CS	26 609 90

American-Canadian Genealogical Society Balance Sheet

	Dec 31, 07
ASSETS	
Current Assets	
Checking/Savings 1000 · BANK ACCOUNTS	
1001 · CHECKING ACCOUNT-BNH	9,763.23
1002 · CHEQUING - CANADIAN FUNDS	1,308.35
1003 · BUILDING FUND-BNH	2,777.90
1004 · BOOK FUND-SMB	6,303.09
1005 · CASH ON HAND-CASH REG	150.00
1006 · PETTY CASH-VOLUNTEERS	200.00
1007 · C.D. SMB 10/18/2002 1009 · LIFE MEMB. ACCT. BNH	1,289.76 2,609.85
Total 1000 · BANK ACCOUNTS	24,402.18
Total Checking/Savings	24,402.18
Accounts Receivable 1100 · ACCOUNTS RECEIVABLE	
1101 · Paid Invoices	-216.14
1100 · ACCOUNTS RECEIVABLE - Other	156.45
Total 1100 · ACCOUNTS RECEIVABLE	-59.69
Total Accounts Receivable	-59.69
Other Current Assets 1300 · INVENTORY-RESALE	65,314.85
Total Other Current Assets	65,314.85
Total Current Assets	89,657.34
Fixed Assets	
1500 · Fixed Assets	
1501 · LIBRARY BUILDING	230,172.38
1502 · FURNITURE & EQUIPMENT	110,626.21
1503 · ACGS HOLDINGS	321,709.36
Total 1500 · Fixed Assets	662,507.95
Total Fixed Assets	662,507.95
TOTAL ASSETS	752,165.29
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	-77,305.16
Total Long Term Liabilities	2,694.84
Total Liabilities	2,694.84

American-Canadian Genealogical Society Balance Sheet

	Dec 31, 07	
Equity		
3000 OPENING BALANCE EQUITY	515,412.91	
3900 · RETAINED EARNINGS	213,175.89	
Net income	20,881.65	
Total Equity	749,470.45	
TOTAL LIABILITIES & EQUITY	752,165.29	

American-Canadian Genealogical Society Income/Expense Year-to-Date Comparison January through December 2007

	Jan - Dec 07	Jan - Dec 06	\$ Change
Income			
4100 · MEMBERSHIP			
4101 · Dues	49,443.00	51,337.00	-1,894.00
4102 · Lifetime Dues	0.00	684.75	-684.75
Total 4100 · MEMBERSHIP	49,443.00	52,021.75	-2,578.75
4200 · PUBLICATIONS			
4201 · Used Book Sales	948.00	194.95	753.05
4202 · AFGS Income	0.00	30.00	-30.00
4203 · Repertoires	16,372.25	11,409.00	4,963.25
4204 · Index & Holdings	81.95	262.75	-180.80
4205 · Jette & White	3,310.50	3,063.28	247.22
4206 · CD Roms	1,265.85	973.45	292.40
4207 · Fr, Croteau Publications	1,940.69	579.50	1,361.19
4208 · Orphan Pub. & Index	1,160.43	1,923.55	-763.12
4209 · Other	0.00	675.00	-675.00
Total 4200 · PUBLICATIONS	25,079.67	19,111.48	5,968.19
4300 · GENEALOGIST			
4301 · Back Issues	548.80	461.70	87.10
4302 · Advertising	25.00	0.00	25.00
Total 4300 · GENEALOGIST	573.80	461.70	112.10
4400 · LIBRARY			
4401 · All Copies except Drouin copies	1,829.60	2,541.79	-712.19
4402 · Maps-Charts-Beginners' Course	912.76	1,457.05	-544.29
4403 · Guest Fees	1,030.65	1,203.55	-172.90
4404 · Drouin Computer Time	1,765.70	2,369.20	-603.50
4405 · Beverages	311.57	251.52	60.05
4407 · Logo Mdse (resale items)	58.00	17.00	41.00
4408 · Gift Certificates	10.60	0.00	10.60
4410 · Drouin Copies & CDs	638.70	875.53	-236.83
Total 4400 · LIBRARY	6,557.58	8,715.64	-2,158.06
4500 · RESEARCH			
4501 · Reasearch Income	4 ,651.15	4,493.50	157.65
4502 · Drouin Research Income	2,075.20	2,123.40	-48.20
Total 4500 · RESEARCH	6,726.35	6,616.90	109.45
4600 · CONFERENCE	Á		
4601 · Attend Fees	1,265.50	0.00	1,265.50
4602 · Raffle	90.00	54.00	36.00
4605 · Refreshments	-46.70	118.65	-165.35
Total 4600 · CONFERENCE	1,308.80	172.65	1,136.15

American-Canadian Genealogical Society Income/Expense Year-to-Date Comparison January through December 2007

	Jan - Dec 07	Jan - Dec 06	\$ Change
4700 · SOCIETY			
4701 · Drouin Fund Donations	7,025.62	8,387.24	-1,361.62
4702 · Bidg Fund	808.00	469.54	338.46
4703 · Book Fund (Border crossings)	1,183.00	564.00	619.00
4704 · Currency Exchange	0.00	-24.64	24.64
4705 · Cash Over & Short	155.63	356.52	-200.89
4706 · Ckg Act Int	16.24	12.04	4.20
4707 · Bid Fnd int	3.98	4.90	-0.92
4708 · Sav Act Int	241.90	74.79	167.11
4709 · Other	1.20	0.00	1.20
Total 4700 · SOCIETY	9,435.57	9,844.39	-408.82
4800 · BUILDING			
4801 · Rent	10,500.00	11,375.00	-875.00
Total 4800 · BUILDING	10,500.00	11,375.00	-875.00
Total income	109,624.77	108,319.51	1,305.26
Gross Profit	109,624.77	108,319.51	1,305.26
Expense 6100 · MEMBERSHIP EXP			·
6101 · Postage	742.91	749.81	-6.90
6102 · Supplies	91.20	176.96	-85.76
6103 · Advertising Expense	0.00	400.00	-400.00
6105 · membership refunds	0.00	30.00	-30.00
Total 6100 · MEMBERSHIP EXP	834.11	1,356.77	-522.66
6200 · PUBLICATIONS EXP			
6201 · Postage	310.05	823.00	-512.95
6202 · Supplies	774.13	1,816.13	-1,042.00
6203 · Print Reps	8,160.56	6,026.11	2,134.45
6204 · Index & Holdings	0.00	33.00	-33.00
6205 · Jette & White	2,233.31	1,824.64	408.67
6206 · CD Roms	254.70	553.88	-299.18
6207 · Fr. Croteau Publications	260.78	0.00	260.78
6208 · Orphan Publications	0.00	600.00	-600.00
6209 · Marketing	0.00	822.00	-822.00
Total 6200 · PUBLICATIONS EXP	11,993.53	12,498.76	-505.23
6300 · GENEALOGIST EXP 6301 · Postage	0.045.55		
6303 · Printing	2,618.25	4,286.73	-1,668.48
•	17,709.40	14,929.72	2,779.68
Total 6300 · GENEALOGIST EXP	20,327.65	19,216.45	1,111.20

American-Canadian Genealogical Society Income/Expense Year-to-Date Comparison January through December 2007

	Jan - Dec 07	Jan - Dec 06	\$ Change
6400 · LIBRARY EXP			
6401 · Postage	0.00	24.00	-24.00
6402 · Supplies	1,226.24	930.37	295,87
6403 · Printing Maps & Info Sheets	127.25	27.18	100.07
6404 · Equip. Maint	950.20	1,790.45	-840.25
6405 · Beverages	144.00	0.00	144.00
6407 · Acquisitions - New Books	0.00	0.00	0.00
6410 · Drouin expenses	0.00	88.59	-88.59
Total 6400 · LIBRARY EXP	2,447.69	2,860.59	-412.90
6500 · RESEARCH EXP			
6501 · Postage	62.05	0.00	62.05
6502 · Supplies	111.17	0.00	111.17
Total 6500 · RESEARCH EXP	173.22	0.00	173.22
6600 · CONFERENCE EXP			
6603 · Printing & Supplies	0.00	274.45	-274.45
6604 · Speakers	940.95	0.00	940.95
6605 · Caterer & Refreshments	84.75	89.30	-4.55
6608 · New England Regional Gen Conf	50.00	0.00	50.00
Total 6600 · CONFERENCE EXP	1,075.70	363.75	711.95
6700 · SOCIETY EXP	.,0.00	000.70	711.50
	740.04	050.00	22.21
6701 · Postage 6702 · Supplies	743.84	650.00	93.84
6703 · Telephone	1,024.46	434.88	589.58
6704 · Insurance Content/Bond	1,221.27	1,602.77	-381.50
6705 · Subscriptions	2,203.00 570.00	2,113.00	90.00
6706 · Bad Checks	30.00	470.50	99.50
6707 · Bank Charges	325.20	0.00 408 .70	30.00
6709 · Computer Expenses	0.00	791.73	-83.50 -791.73
6710 · Credit Card Charges	603.67	332.07	-791.73 271.60
6712 · Internet Services	588.85	1,444.41	-855.56
6713 · Legal Expenses	0.00	175.00	-175.00
6714 · Drouin-Interest Exp.	786.23	1,994.55	-1,208.32
6715 · Bank Debit Charges	22.99	0.00	22.99
6717 · Misc Society Expenses	-225.00	0.00	-225.00
Total 6700 · SOCIETY EXP	7,894.51	10,417.61	-2,523.10
6800 · BUILDING EXP			•
6801 · Heat	15,239.64	14,841.68	397.96
6802 · Electricity	3,673.59	3,867.33	-193.74
6803 · Water-Sewer	663.10	571.75	91.35
6804 · Insurance - Bldg. & Liab.	2,712.00	2,627.00	85.00
6805 · Building Maint.	15,633.38	12,039.72	3,593.66
6806 · Grounds Maint.	5,595.00	3,870.00	1,725.00
6807 · Fire Alarm Fee	480.00	480.00	0.00
Total 6800 · BUILDING EXP	43,996.71	38,297.48	5,699.23
Total Expense	88,743.12	85,011.41	3,731.71
Net Income	20,881.65	23,308.10	-2,426.45