Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

benefit trust or private foundation) Department of the Treasury

Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2008 calendar year, or tax year beginning January 1 2008, and ending , 20 08 December 31 B Check if applicable: C Name of organization American-Canadian Genealogical Society, Inc. D Employer identification number use IR9 Address change Doing Business As label or 0185878 print or Number and street (or P.O. box if mail is not delivered to street address) Name change Room/suite Telephone number P.O. Box 6478 Initial return 603) 622-1554 Specific City or town, state or country, and ZIP + 4 ☐ Termination Instructions. Manchester, NH 03108-6478 Amended return G Gross receipts \$ 128.666 F Name and address of principal officer: Gerard Savard, President Application pending H(a) Is this a group return for affiliates? Yes V No 10 Franklin Street, Salem, NH 03079 H(b) Are all affiliates included? Yes No Tax-exempt status: **7** 501(c) (**3**) **√** (insert no.) **1** 4947(a)(1) or If "No," attach a list, (see instructions) Website: ► www.acgs.org H(c) Group exemption number ▶ Type of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1973 M State of legal domicile: NH Part I Summary 1 Briefly describe the organization's mission or most significant activities: Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a). ď 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of employees (Part V, line 2a). 5 0 Total number of volunteers (estimate if necessary) 6 50 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). 7a 0 b Net unrelated business taxable income from Form 990-T, line 34, 0 **Current Year** Contributions and grants (Part VIII, line 1h) 58.460 89,415 Program service revenue (Part VIII, line 2g) . 40,246 28,135 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,919 11,116 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 109,625 128,666 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 88,743 116,072 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 88,743 116,072 Revenue less expenses. Subtract line 18 from line 12 20.882 12.594 Beginning of Year End of Year 20 Total assets (Part X, line 16) . 752,165 764,010 Total liabilities (Part X. line 26) 2,695 00 Net assets or fund balances. Subtract line 21 from line 749,470 764,010 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Ken Here Signature of officer SSON, TREASURER Type or print name and title Date Check if Preparer's Preparer's identifying number signature (see instructions) Paid employed ▶ 🔙 Preparer's Firm's name (or yours Use Only FIN if self-employed), address, and ZIP + 4 Phone no. ▶ (May the IRS discuss this return with the preparer shown above? (see instructions)

No

Yes

	Statement of Program Service Accomplishments (see Instructions)
1	Briefly describe the organization's mission: Dissemination of genealogical information; library with holdings valued @ \$325,000 opened 31 hours/week staffed entirely by volunteer members for the purpose of teaching genealogical and historical research to anyone interested Provide a quarterly publication relavent to American-Canadian ancestry to members.
	The state of publication roll to American Contact and an acceptly to members.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 900099) (Expenses \$ 18,382 including grants of \$) (Revenue \$ 47,991) Members receive a quarterly journal, "The American-Canadian Genealogist", as a part of their membership. The journal is dedicated to the dissemination of genealogical information in the furtherance of ancestral research.
4b	(Code: 900099) (Expenses \$ 10,497 including grants of \$) (Revenue \$ 14,192) Publications for resale. The creation of alphabetical indexes of church registers when given permission to copy primary source documents by the pastor. Finished products are sold for profit to go on to copy and data enter the
	next project. All copying, data entry, and proofreading is done by an all-volunteer group of members and non- members. These tools are used in the disseminating of vital statistics for further research of ancestral lineage and patronymic data.

	•
4c	(Code: 90099) (Expenses \$ 2,070 including grants of \$) (Revenue \$ 1,823) Fall Genealogical Conference & Annual Meeting - Public invited. Spring Workshops - No Fee charged; open to the public. Full day of research and educational workshops at both conferences.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 1,123 including grants of \$) (Revenue \$ 11,877)
4e	Total program service expenses ► \$ 32.072 (Must equal Part IX. Line 25, column (B).)

Pa	t IV Checklist of Required Schedules			
			Yes	No
.1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 18		V
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	19		·/
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes." complete Schedule L. Part III	27		1

Part IV	Checklist of	Required	Schedules	(continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		√
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		✓
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√

Form **990** (2008)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		
		Y	es No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c v	/
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a -0-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	√
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
	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 account)?	4a	/
b	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	√
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	1
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	√
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
а	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(a)(42) agranizations. Enter:		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	7	
a b	Gross income from members or snareholders Gross income from other sources (Do not net amounts due or paid to other sources against		
	amounts due or received from them.)	40-	
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	144		
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		√
6	Does the organization have members or stockholders?	6	1	
7a				
	of the governing body?	7a	√	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			7.0
а		8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9a	Does the organization have local chapters, branches, or affiliates?	9a		√
b	• • • • • • • • • • • • • • • • • • • •			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			,
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		✓
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	1	
Sec	tion B. Policies			
40-	December and the second section of the section of the second section of the section of the second section of the section	100	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	106		
	rise to conflicts?	12b	V	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		✓
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14	Card of the Control of the Control	✓
15	Did the process for determining compensation of the following persons include a review and approval by			10
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		
b	Other officers or key employees of the organization?	15b		
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ New Hampshire			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	c)(3)s c	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	rest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization: ► Pauline Cusson, P.O. Box 6478, Manchester, NH 03108-6478; 603-622-1554			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☑ Check this box if the organization did not co	ompensate	any o	offic	er,	dire	ector,	trus	tee, or key em	nployee.	
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (chec	k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Gerard Savard, President	25									
10 Franklin St., Salem, NH 03079	25			1						
Muriel Normand, Vice President	15									
6 Karen Rd., Windham, NH 03087			<u> </u>	✓		ļ	ļ			
Jeanne Boisvert, Recording Secretary 30 Riverview Pk. Rd., Manchester, NH	15			1						
Pauline Cusson, Treasurer 34 Pleasant St. #14, Salem, NH 03079	35			1						
Lorette Leaf, Corresponding Secretary 80 Parkview St., Manchester, NH 03103	10			1						
John Cooke, Director 228 Main St., New Ipswich, NH 03071	10	1								
James R. Gaudet, Director 345 Edward J. Roy Dr. #308, MHT, NH 03104	10									
Denis Joyal, Director	10	1								
29 Baron Dr., #2, Belmont, NH 03220 Anne Gleason, Director	10	√								
231 Comeau St., Manchester, NH 03102		√								
Dan Champagne, Director 15 Wayne Dr., Nashua, NH 03062	10	1								
Constance Hebert, Director 313 Elgin Ave., Manchester, NH 03104	10	1								
Julie Smith, Director 721 Brent St., Manchester, Nh 03103	10	1								
Jackie Watson, Director 6 Watkins Rd., Merrimack, NH 03054	10	1								
O Watkins Ru., Merriniack, Nn 03034		•								

Part VII Section A. Officers, Directors, Tru	T	Emp	loy			d Higi	nest			T
(A) Name and title	(B) Average	Positi	on (c		C) k all	that ap	(vla	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
			,							
				ļ						
1b Total		<u> </u>				.	>	-0-	-0-	-0-
organization ▶ -0- 3 Did the organization list any former office employee on line 1a? If "Yes," complete Set For any individual listed on line 1a, is the set of th	r, director	or tru	uste	e, k	ey vidu	emplo	oyee	e, or highest c	ompensated	Yes No
the organization and related organizations individual.	greater tha	n \$15 . .	50,0	00?	If "	Yes," 	con	nplete Schedu	le J for such	4
5 Did any person listed on line 1a receive services rendered to the organization? If "Y	or accrue Yes," comp	comp lete s	ens Sch	satio edu	on f le J	rom a	any uch	unrelated org person	anization for	5 ✓
Complete this table for your five highest compensation from the organization.	ompensate	d inde	epe	nde	nt c	ontra	ctor	s that receive	d more than \$1	00,000 of
(A) Name and business add	lress							(B) Description of s	ervices	(C) Compensation
2 Total number of independent contractors (compensation from the organization ▶	(including t	hose	in	1) w	ho	receiv	/ed	more than \$10	00,000 in	

Par	t VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
tributions, gifts, grants other similar amounts	b	Fundraising events	1a -0- 1b 47,991 1c 1d				
Contributions, and other simi	e f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-		80.445			
	n	Total. Add lines 1a-1f	<u>P</u>	89,415			
Program Service Revenue		Dublications	Business Code				
€ €	2a		900099	3,227			
ř	b		900099	239			
Š	С	Library	900099	4,908			
æ	d	Research Services	900099	6,973			
듩	е	Conferences & Programs	900099	1,823			
g	f	All other program service revenue	900099	10,965			
£	g	Total. Add lines 2a-2f	 •	28,135			
	3 4 5	Income from investment of tax-exemply Royalties	ot bond proceeds				
		(i) Real	(ii) Personal				
	6a	Gross Rents 10	0,500				
	b	Less: rental expenses					
	С	Rental income or (loss)			140		
	d	Net rental income or (loss)	<i>.</i> >	10,500			
	7a	Gross amount from sales of assets other than inventory (i) Securiti	es (ii) Other	and the Control of	25, 109 3 (14) (14) 3 (14) (14)		
	b	Less: cost or other basis and sales expenses .					
	d	Gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$	c).			. \$4000 V	
ē							
둦	a C	Less: direct expenses Net income or (loss) from fundrais	. b sing events ▶				
•	!						
	9a	Gross income from gaming activities	es.		100	174526	
		See Part IV, line 19	. а				
	С	Less: direct expenses Net income or (loss) from gaming	activities ▶	######################################		The second secon	1 1
	10a	Gross sales of inventory, le	ss	14.2	10.00	45.5	
		returns and allowances	. a	100	14		
		Less: cost of goods sold					197
		Net income or (loss) from sales of in	nventory				
		Miscellaneous Revenue	Business Code				-31
	112	Interest	900099	616			
	b			7.0			
	٥						
	C.	AU 0					
		All other revenue					
		Total. Add lines 11a-11d		616			
	12	Total Revenue. Add lines 1h, 2g,	3, 4, 5, 6d, 7d, 8c,				
		9c, 10c, and 11e	<u> </u>	128,666			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	iumn (A) but are n	ot required to com	piete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			11. 44.7	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				流性。 第四章
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			· · · · · · · · · · · · · · · · · · ·	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10	and section 403(b) employer contributions) Other employee benefits				
b	Fees for services (non-employees): Management				
c d e	Accounting				
f g 12	Investment management fees				
13 14	Office expenses	6,833 560		5,710 560	
15 16 17	Royalties	72,920		72,920	
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings.	2,070	2,070	and the last constitution and the last const	to 1000 Medited and as a second
20 21	Interest				
23	Depreciation, depletion, and amortization . Insurance	4,810		4,810	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		A Part of the Control	eres (a respect	
a b c	Society Journal Publications for Sale	18,382 10,497	18,382 10,497		
d e f	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs	116,072	32,072	84,000	
	from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
			(A) Beginning of year		(E End o	B) fyear	
	1	Cash—non-interest-bearing	350	1		38	50
	2	Savings and temporary cash investments	24,052	2		30,70	9
	3	Pledges and grants receivable, net	1	3			
	4	Accounts receivable, net		4		_	-0-
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6			
ş	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	65,315			65,3°	<u>15</u>
Ř	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost basis 10a 342,998					
	t		340,799	10c		342,9	98 98
	11	Investments—publicly traded securities		11			
	12	Investments—other securities. See Part IV, line 11		12			
	13	Investments—program-related. See Part IV, line 11	1	13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	321,709			324,6	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	752,165			764,0	<u>10</u>
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19	·		
	20	Tax-exempt bond liabilities		20		<u></u>	
ies	21	Escrow account liability. Complete Part IV of Schedule D		21			, , , , , ,
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	orthography (See				
		persons. Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D	2,695	25			-0-
	26	Total liabilities. Add lines 17 through 25		26			
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	\$1.00 mg/s				
a	27	Unrestricted net assets		27			
Ba	28	Temporarily restricted net assets		28			
Ę	29	Permanently restricted net assets		29			
or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	20,882			12,5	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	515,413			517,3	***********
Ž	32	Retained earnings, endowment, accumulated income, or other funds	213,176	32		234,1	
Net Assets	33	Total net assets or fund balances	749,470			764,0	
	34	Total liabilities and net assets/fund balances	752,165	34		764,0	10
Pa	ırt X	Financial Statements and Reporting					
1	Ace	counting method used to prepare the Form 990: 🗹 Cash 🛛 Accrua	al 🗌 Other			Yes N	lo
2 a		re the organization's financial statements compiled or reviewed by an inc		t? .	. 2a	•	_
		re the organization's financial statements audited by an independent acc			. 2b	<u> </u>	_
		Yes" to lines 2a or 2b, does the organization have a committee that assumes		sight			
	the	audit, review, or compilation of its financial statements and selection of an in	ndependent accountant	t? .	. 2c		
За		a result of a federal award, was the organization required to undergo an Single Audit Act and OMB Circular A-133?	audit or audits as set				/
b		Yes," did the organization undergo the required audit or audits?					

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer identification number

Am	erican-Canadian Genealogical Society, Inc.	51		0185878
Pa	Organizations Maintaining Donor Advised Funds or Other Similar the organization answered "Yes" to Form 990, Part IV, line 6.	Funds o	r Account	s. Complete if
	(a) Donor advised funds	(b)	Funds and oth	er accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets funds are the organization's property, subject to the organization's exclusive legal control of the organization of the o			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gused only for charitable purposes and not for the benefit of the donor or donor advisingermissible private benefit?	sor or oth		☐ Yes ☐ No
Pa	Conservation Easements. Complete if the organization answered "Yes"	' to Form		
1	Purpose(s) of conservation easements held by the organization (check all that apply)		4	·
·			storically imp	ortant land area
			ified historic	
	☐ Preservation of open space			
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the on the last day of the tax year.	e form of a	conservatio	n easement
			Held at	the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure included in (a) .	,	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06		2d	
3	Number of conservation easements modified, transferred, released, extinguished, or		d by the org	anization during
	the taxable year >			
4	Number of states where property subject to conservation easement is located ▶			
5	Does the organization have a written policy regarding the periodic monitoring, inspecting enforcement of the conservation easements it holds?			Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements	_	-	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements du			
8	Does each conservation easement reported on line 2(d) above satisfy the requirement 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservation easements in its revibalance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements.	's financia	l statements	that describes
Par	Organizations Maintaining Collections of Art, Historical Treasures, of Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	r Other S	imilar Asse	ets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or provide, in Part XIV, the text of the footnote to its financial statements that describes	research i	n furtherance	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or reprovide the following amounts relating to these items:	esearch in	furtherance	of public service,
	(i) Revenues included in Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:	ar assets	for financial	gain, provide the
a b	Revenues included in Form 990, Part VIII, line 1			

Par		ing Collections of Art, Hi			
3	Using the organization's accession items (check all that apply):	and other records, check a			use of its collection
а	Public exhibition	d	Loan or excha		
b	Scholarly research	е	U Other		
C	Preservation for future genera				
4	Provide a description of the organi Part XIV.	zation's collections and exp	plain how they further	the organization's ex	empt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	er than to be maintained as p	part of the organization	s collection?	Yes No
Par	Trust, Escrow and Cus Part IV, line 9, or reporte	todial Arrangements. Cored an amount on Form 990	mplete if organization), Part X, line 21.	n answered "Yes" to	Form 990,
	Is the organization an agent, truste included on Form 990, Part X?		. <i></i>	ons or other assets n	ot Yes No
b	If "Yes," explain the arrangement i	n Part XIV and complete the	e following table:		
					Amount
C	Beginning balance			1c	
d	Additions during the year			1d	
e	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an an	nount on Form 990, Part X,	line 21?		Yes No
b	If "Yes," explain the arrangement i	n Part XIV.			
Pai	t V Endowment Funds. Co	omplete if organization ar		orm 990, Part IV, li	ne 10.
		(a) Current year (b) Price	or year (c) Two years	back (d) Three years bac	k (e) Four years back
1a	Beginning of year balance			4 44	
b	Contributions			1000	
c	Investment earnings or losses .				10.6
d	Grants or scholarships				
e	Other expenditures for facilities				
·	and programs				
f g	Administrative expenses End of year balance		The state of the s		To the second se
2	Provide the estimated percentage	of the year end balance hel	d as:		
а	Board designated or quasi-endowi	ment ▶%			
b	Permanent endowment ▶	%			
С	Term endowment ▶	%			
3a	Are there endowment funds not in t	he possession of the organiz	zation that are held an	d administered for the	·
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
ь	If "Yes" to 3a(ii), are the related or	ganizations listed as require	ed on Schedule R? .		3b
4	Describe in Part XIV the intended				
Pai	t VI Investments – Land, B	uildings, and Equipmen	t. See Form 990, Pa	art X, line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
10	Land				
1a	Buildings		340,799	-0-	340,799
b	Leasehold improvements	•	2,199	-0-	2,199
C	Equipment	•			
d e	Other				
	I. Add lines 1a-1e. (Column (d) should	equal Form 990, Part X, colui	mn (B), line 10(c).)	▶	342,998

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Am	eric	an-Canadian	Genealogical S	Society, Inc.					51	(0185878
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) (s	ee instru	ctions)
The 1 2 3 4		A church, co A school de A hospital o A medical re hospital's na An organizat	onvention of chuscribed in section of chuscribed in section a cooperative secarch organization operated for chuscribe of c	ndation because it is: rches, or association on 170(b)(1)(A)(ii). (At nospital service organ ation operated in con ate:	of churc tach Sch nization d junction v	hes desc edule E.) escribed with a ho	ribed in s in sectic spital de	section 1 on 170(b) scribed i	70(b)(1)((1)(A)(iii) n section	. (Attach 5)(A)(iii). Enter the
	П	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
6 7		An organizat	tion that normally section 170(b)	/ receives a substanti (1)(A)(vi). (Complete F	al part of Part II.)	its suppo	ort from a	-		•	the general public
9		An organizat receipts from support from	tion that normally n activities relate n gross investm	d in section 170(b)(1) receives: (1) more the ed to its exempt func- ent income and unre a after June 30, 1975.	an 33½ % tions—su lated bu	of its subject to siness ta	pport from certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 331/3 % of its
10 11 e	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III Functionally integrated d Type III Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).							r to carry out the (a)(2). See section rough 11h. Type III-Other more disqualified			
f g		If the organi organization	ization received , check this box et 17, 2006, has	a written determinati							III supporting
h		(i) A person and (iii) b (ii) A family (iii) A 35% c	n who directly or below, the gover member of a pe controlled entity or	r indirectly controls, ening body of the supperson described in (i) and a person described ation about the organ	ported or above? d in (i) or	ganizatio (ii) above	n? . .?	· · · ·	ns descril	bed in (ii) 	Yes No 11g(i) 11g(ii) 11g(iii)
		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col. (i)	ou notify nization in of your port?	organizat (i) organi	ls the tion in col. zed in the S.?	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
Γota					e sales g					and the	

	Support Schedule for Org (Complete only if you chec	anizations (ked the box	Described in on line 5, 7, o	Sections 17 or 8 of Part I	0(b)(1)(A)(iv) .)	and 170(b)(I)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.					1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .					3242 3345	
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re					
	tion C. Computation of Public Sup	pport Perce	ntage		1-1 ¹	г	
14	Public support percentage for 2008 (line	• • • • • • • • • • • • • • • • • • • •	•			14	<u>%</u>
15	Public support percentage from 2007 Sch					15	<u>%</u>
16a	331/3 % support test - 2008. If the organize						
	and stop here. The organization qualifies as a publicly supported organization						
b	33½% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a							
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstance organization meets the facts-and-circumstance organization did organizatio	acts-and-circum inces" test. The	nstances" test, c organization qua	heck this box a difies as a public	and stop here . bly supported or	Explain in Part ganization	IV how the ▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

200	tion A Public Support	TO THE DOX OH	ille 3 Ol Fai	t 1. <i>j</i>			
-	tion A. Public Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Ca	mendar year (or liscal year beginning iii)	(a) 2004	(b) 2005	(6) 2000	(u) 2001	(e) 2008	(i) iotai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60,380	86,850	61,831	58,460	79,415	346,936
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	34,867	27,135	32,076	40,230	28,135	162,443
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	05.047	442.005	02.007	08.600	407 550	500 270
6	Total. Add lines 1-5	95,247	113,985	93,907	98,690	107,550	509,379
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	24 Care Care Care Care Care Care Care Care	Processing the second			4 2 2 2	509,379
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	95,247	113,985	93,907	98,690	107,550	509,379
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,500	9,625	11,823	10,936	11,116	54,000
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	10,500	9,625	11,823	10,936	11,116	54,000
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					10,000	10,000
13	Total support. (Add lines 9, 10c, 11, and 12.)						573,379
14	First five years. If the Form 990 is for to organization, check this box and stop			d, third, fourth			n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2008 (lin	e 8, column (f)	divided by lin	e 13, column (f))	15	88.8 %
16	Public support percentage from 2007 S	Schedule A, Pa	rt IV-A, line 27			16	90.0 %
Sec	tion D. Computation of Investmer	nt Income Pe	rcentage				
17	Investment income percentage for 200	B (line 10c, col	umn (f) divided	l by line 13, co	olumn (f)) .	17	9.4 %
18	Investment income percentage from 20				l	18	9.9 %
19a	331/2 % support tests—2008. If the organization is not more than 331/2 %, check this b	anization did no ox and <mark>stop he</mark>	ot check the bore. The organizer	ox on line 14, a zation qualifies	nd line 15 is m as a publicly s	ore than 33% 9 supported orga	%, and line nization ► 🗹
b	331/2 % support tests - 2007. If the organ line 18 is not more than 331/2 %, check this	ization did not o s box and stop l	check a box on here. The orgar	line 14 or line 1 nization qualifies	19a, and line 16 s as a publicly s	is more than 3 supported organ	33/3 %, and nization ► □
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see inst	ructions ► 🔲

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
Grant from	the Bean Foundation of \$10,000 toward the cost of making oour building more energy efficient and to reduce
our cost o	f operating the building. [Replaced 58 dual pane sliding windows - \$28,000]

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

American-Canadian Genealogical Society, Inc.

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Inspection

0185878

Employer identification number

51

Part III 4d - Revenue and expenses from our Research Services department for ancestral lines researched for members
and non-members who choose not to do it themselves.
Part VI 10 - Board relies on Treasurer's records and financial statements at the end of each year which are published
annually in the society's quarterly journal.
Part VI 19 - Bylaws include conflict of interest policy and are published in the journal when revisions/amendments are
made to the policy. Otherwise, they are available in a binder at the society's library and available upon request.

American-Canadian Genealogical Society Balance Sheet

As of December 31, 2008

	Dec 31, 08
ASSETS	
Current Assets	
Checking/Savings	
1000 · BANK ACCOUNTS 1001 · CHECKING ACCOUNT-BNH	16,181.23
1002 · CHEQUING - CANADIAN FUNDS	1,088.34
1003 · BUILDING FUND-BNH	10,042.50
1004 · BOOK FUND-SMB	1,775.51
1005 · CASH ON HAND-CASH REG	150.00
1006 · PETTY CASH-VOLUNTEERS	200.00
1007 · C.D. SMB 10/18/2002	1,621.34
Total 1000 - BANK ACCOUNTS	31,058.92
Total Checking/Savings	31,058.92
Accounts Receivable	
1100 · ACCOUNTS RECEIVABLE	440.00
1101 · Paid Invoices 1100 · ACCOUNTS RECEIVABLE - Other	-140.00 140.00
Total 1100 · ACCOUNTS RECEIVABLE	0.00
Total Accounts Receivable	0.00
Other Current Assets 1300 · INVENTORY-RESALE	65,314.85
Total Other Current Assets	65,314.85
Total Other Current Assets	00,014.00
Total Current Assets	96,373.77
Fixed Assets	
1500 · Fixed Assets	220 472 20
1501 · LIBRARY BUILDING	230,172.38 112,825.21
1502 · FURNITURE & EQUIPMENT 1503 · ACGS HOLDINGS	324,638.51
	667,636.10
Total 1500 · Fixed Assets	007,030.10
Total Fixed Assets	667,636.10
TOTAL ASSETS	764,009.87
LIABILITIES & EQUITY	
Liabilities	
Long Term Liabilities 2700 · NOTE PAYABLE	
2700 · NOTE PATABLE (DROUIN)	80,000.00
Total 2700 · NOTE PAYABLE	80,000.00
	-80,000.00
2703 · . DROUIN PRINCIPLE	0.00
Total Long Term Liabilities	0.00
Total Liabilities	0.00

American-Canadian Genealogical Society Balance Sheet

As of December 31, 2008

	Dec 31, 08
Equity 3000 · OPENING BALANCE EQUITY 3900 · RETAINED EARNINGS Net Income	517,303.12 234,111.47 12,595.28
Total Equity	764,009.87
TOTAL LIABILITIES & EQUITY	764,009.87

American-Canadian Genealogical Society Income/Expense Year-to-Date Comparison January through December 2008

	Jan - Dec 08	Jan - Dec 07
Income 4100 · MEMBERSHIP		
4100 · MEMBERSHIP	47,991.00	49,443.00
Total 4100 · MEMBERSHIP	47,991.00 🗸	49,443.00
4200 · PUBLICATIONS 4201 · Used Book Sales 4203 · Repertoires 4204 · Index & Holdings	284.40 10,965.07 63.00 935.00	948.00 16,370.80 81.95 3,310.50
4205 · Jette & White 4206 · CD Roms 4207 · Fr, Croteau Publications 4208 · Orphan Pub. & Index	259.40 869.30 815.55	1,250.85 1,940.69 1,160.43
Total 4200 - PUBLICATIONS	14,191.72 🗸	25,063.22
4300 · GENEALOGIST 4301 · Back Issues 4302 · Advertising	238.85 0.00	548.80 25.00
Total 4300 · GENEALOGIST	238.85	573.80
4400 · LIBRARY 4401 · All Copies except Drouin copies 4402 · Maps-Charts-Beginners' Course 4403 · Guest Fees 4404 · Drouin Computer Time 4405 · Beverages 4407 · Logo Mdse (resale items) 4408 · Gift Certificates 4410 · Drouin Copies & CDs	1,728.36 909.02 978.90 758.50 235.15 5.00 0.00 293.50	1,829.60 912.76 1,030.65 1,765.70 311.57 58.00 10.60 638.70
Total 4400 · LIBRARY	4,908.43	6,557.58
4500 · RESEARCH 4501 · Reasearch Income 4502 · Drouin Research Income	3,787.45 3,185.85	4,651.15 2,075.20
Total 4500 · RESEARCH	6,973.30 🗸	6,726.35
4600 · CONFERENCE 4601 · Attend Fees 4602 · Raffle 4603 · Advertising 4605 · Refreshments	1,778.17 0.00 45.00 0.00	1,265.50 90.00 0.00 -46.70
Total 4600 · CONFERENCE	1,823.17√	1,308.80

American-Canadian Genealogical Society Income/Expense Year-to-Date Comparison January through December 2008

	Jan - Dec 08	Jan - Dec 07
4700 · SOCIETY 4701 · Drouin Fund Donations 4702 · Bldg Fund 4703 · Book Fund (Border crossings) 4705 · Cash Over & Short 4706 · Ckg Act Int 4707 · Bld Fnd Int 4708 · Sav Act Int 4709 · Other	2,254.02 37,777.63 1,392.00 -180.18 12.38 6.83 777.11 0.00	7,025.62 808.00 1,183.00 155.63 16.24 4.22 241.90 1.20
Total 4700 · SOCIETY	42,039.79	9,435.81
4800 · BUILDING 4801 · Rent	10,500.00	10,500.00
Total 4800 · BUILDING	10,000.00	10,000.00
Total Income	128,666.26	109,608.56
Gross Profit	128,666.26	109,608.56
Expense 6100 · MEMBERSHIP EXP 6101 · Postage 6102 · Supplies	824.53 101.37	742.91 91.20
Total 6100 · MEMBERSHIP EXP	925.90	834.11
6200 · PUBLICATIONS EXP 6201 · Postage 6202 · Supplies 6203 · Print Reps 6205 · Jette & White 6206 · CD Roms 6207 · Fr. Croteau Publications 6208 · Orphan Publications	1,064.76 651.64 8,390.77 0.00 0.00 0.00 390.00	310.05 774.13 8,160.56 2,233.31 254.70 260.78 0.00
Total 6200 · PUBLICATIONS EXP	10,497.17	11,993.53
6300 · GENEALOGIST EXP 6301 · Postage 6303 · Printing	2,802.97 15,578.96	2,618.25 17,709.40
Total 6300 · GENEALOGIST EXP	18,381.93	20,327.65
6400 · LIBRARY EXP 6402 · Supplies 6403 · Printing Maps & Info Sheets 6404 · Equip. Maint 6405 · Beverages	320.00 40.91 469.04 38.11	1,226.24 127.25 950.20 144.00
Total 6400 · LIBRARY EXP	868.06	2,447.69
6500 · RESEARCH EXP 6501 · Postage 6502 · Supplies	137.80 117.56	62.05 111.17
Total 6500 · RESEARCH EXP	255.36	173.22

American-Canadian Genealogical Society Income/Expense Year-to-Date Comparison January through December 2008

	Jan - Dec 08	Jan - Dec 07
6600 · CONFERENCE EXP		
6604 · Speakers	1,563.56	940.95
6605 · Caterer & Refreshments	75.96	84.75
6608 · New England Regional Gen Conf	430.00	50.00
Total 6600 · CONFERENCE EXP	2,069.52	1,075.70
6700 · SOCIETY EXP		
6701 · Postage	363.00	743.84
6702 · Supplies	1,889.64	1,024.46
6703 · Telephone	1,448.68	1,221.27
6704 · Insurance Content/Bond	2,008.00 <	2,203.00
6705 · Subscriptions	300.00	570.00
6706 · Bad Checks	0.00	30.00
6707 · Bank Charges	90.48	331.20
6709 · Computer Expenses	64.33	0.00
6710 · Credit Card Charges	480.92	603.67
6712 · Internet Services	495.00	588.85
6714 · Drouin-Interest Exp.	10.65	786.23
6715 · Bank Debit Charges	0.00	22.99
6717 · Misc Society Expenses	200.00	-225.00
Total 6700 · SOCIETY EXP	7,350.70	7,900.51
6800 · BUILDING EXP		
6801 · Heat	15,429.98	15,239.64
6802 · Electricity	3,255.62	3,673.59
6803 · Water-Sewer	628.75	663.10
6804 · Insurance - Bldg. & Liab.	2,802.00 ~	2,712.00
6805 · Building Maint.	44,891.09	15,633.38
6806 · Grounds Maint.	8,234.90	5,595.00
6807 · Fire Alarm Fee	480.00	480.00
Total 6800 · BUILDING EXP	75,722.34	43,996.71
Total Expense	116,070.98	88,749.12
Net Income	12,595.28	20,859.44