

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2000

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

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

A For the 2000 calendar year, or tax year period beginning , 2000, and ending , 20

## B Check if applicable:

- ☐ Change of address  
☐ Change of name  
☐ Initial return  
☐ Final return  
☐ Amended return

Please use IRS label or print or type. See Specific Instructions.

## C Name of organization

AMERICAN-CANADIAN GENEALOGICAL SOCIETY

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

P.O. Box 6478

City or town, state or country, and ZIP code

MANCHESTER, NH 03108-6478

## D Employer identification number

51:0185878

## E Telephone number

(603) 622-1554

F Check ☐ if application pendingG Organization type (check only one) ☒ 501(c) ( 3 ) (insert no.) ☐ 527 or ☐ 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☒ Yes ☐ No

(If "No," attach a list. See inst.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group exemption no. (GEN) ▶

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☒

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:		1a	7,244	
	a	Direct public support		1b		
	b	Indirect public support		1c		
	c	Government contributions (grants)				
	d	Total (add lines 1a through 1c) (cash \$ noncash \$ )		1d	7,244	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	34,435	
	3	Membership dues and assessments		3	63,796	
	4	Interest on savings and temporary cash investments		4	811	
	5	Dividends and interest from securities		5		
	6a	Gross rents		6a	10,500	
b	Less: rental expenses		6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	10,500		
7	Other investment income (describe ▶)		7			
	8a	Gross amount from sales of assets other than inventory		(A) Securities	8a	
	b	Less: cost or other basis and sales expenses		8b		
	c	Gain or (loss) (attach schedule)		8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d		
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ of contributions reported on line 1a)		9a		
	b	Less: direct expenses other than fundraising expenses		9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c		
	10a	Gross sales of inventory, less returns and allowances		10a	1,952	
	b	Less: cost of goods sold		10b	1,515	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	437		
11	Other revenue (from Part VII, line 103)		11	1,358		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	118,581		
Expenses	13	Program services (from line 44, column (B))		13	41,721	
	14	Management and general (from line 44, column (C))		14	42,579	
	15	Fundraising (from line 44, column (D))		15	23	
	16	Payments to affiliates (attach schedule)		16	1,449	
	17	Total expenses (add lines 13 and 14, column (A))		17	85,772	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	32,809	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	474,633	
	20	Other changes in net assets or fund balances (attach explanation)		20	(1,036)	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	506,397	

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	5,428	3,789	1,616
34	Telephone	34	1,165		1,165
35	Postage and shipping	35	7,509	7,076	433
36	Occupancy	36	31,708		31,708
37	Equipment rental and maintenance	37	499	499	
38	Printing and publications	38	27,625	27,625	
39	Travel	39			
40	Conferences, conventions, and meetings	40	2,086	2,086	
41	Interest	41	4,478		4,478
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses (itemize): a Insurance	43a	2,837		2,837
	b Bank charges	43b	342		342
	c Dues and subscriptions	43c	646	646	
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	84,323	41,721	42,579

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? <i>Gather, disseminate &amp; preserve genealogical data</i>		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	<i>PUBLICATIONS: The A-C Genealogist is our quarterly journal which keeps members informed. Repertoire of church records preserve and disseminate data. Charts, maps &amp; guides are the tools to record research findings.</i> (Grants and allocations \$ - 0 - )	34,290
b	<i>RESEARCH SERVICES: Are for our distant members and non-members. The funds are used to increase our research capabilities - we now provide services online by computer on the internet and through our web site.</i> (Grants and allocations \$ - 0 - )	417
c	<i>CONFERENCES &amp; WORKSHOPS: Held twice a year, educate and inform members on genealogy and family history as well as period history during the times of our ancestors.</i> (Grants and allocations \$ - 0 - )	2115
d	<i>ARCHIVIST: This increases our holdings of genealogical and historical data, repertoires, microfilms, microfiche, and CD-ROMs.</i> (Grants and allocations \$ - 0 - )	4899
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	41,721

**Part IV Balance Sheets** (See Specific Instructions on page 23.)

<b>Note:</b> 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
<b>45</b>	Cash—non-interest-bearing . . . . .	450	<b>45</b>	450
<b>46</b>	Savings and temporary cash investments . . . . .	14,893	<b>46</b>	22,392
<b>47a</b>	Accounts receivable . . . . .	922		
<b>47b</b>	Less: allowance for doubtful accounts . . . . .	—	<b>47c</b>	992
<b>48a</b>	Pledges receivable . . . . .			
<b>48b</b>	Less: allowance for doubtful accounts . . . . .		<b>48c</b>	
<b>49</b>	Grants receivable . . . . .		<b>49</b>	
<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>	
<b>51a</b>	Other notes and loans receivable (attach schedule) . . . . .			
<b>51b</b>	Less: allowance for doubtful accounts . . . . .		<b>51c</b>	
<b>52</b>	Inventories for sale or use . . . . .	25,368	<b>52</b>	24,969
<b>53</b>	Prepaid expenses and deferred charges . . . . .		<b>53</b>	
<b>54</b>	Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
<b>55a</b>	Investments—land, buildings, and equipment: basis . . . . .			
<b>55b</b>	Less: accumulated depreciation (attach schedule) . . . . .		<b>55c</b>	
<b>56</b>	Investments—other (attach schedule) . . . . .		<b>56</b>	
<b>57a</b>	Land, buildings, and equipment: basis . . . . .	290,905		
<b>57b</b>	Less: accumulated depreciation (attach schedule) . . . . .	—	<b>57c</b>	290,905
<b>58</b>	Other assets (describe ► ) . . . . .	284,261	<b>58</b>	186,749
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	499,358	<b>59</b>	526,397
<b>60</b>	Accounts payable and accrued expenses . . . . .		<b>60</b>	
<b>61</b>	Grants payable . . . . .		<b>61</b>	
<b>62</b>	Deferred revenue . . . . .		<b>62</b>	
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
<b>64a</b>	Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
<b>64b</b>	Mortgages and other notes payable (attach schedule) . . . . .	24,725	<b>64b</b>	20,000
<b>65</b>	Other liabilities (describe ► ) . . . . .		<b>65</b>	
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65) . . . . .	24,725	<b>66</b>	20,000
<b>67</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		<b>67</b>	
<b>68</b>	Unrestricted . . . . .		<b>68</b>	
<b>69</b>	Temporarily restricted . . . . .		<b>69</b>	
<b>70</b>	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.	15,591	<b>70</b>	23,834
<b>71</b>	Capital stock, trust principal, or current funds . . . . .	411,215	<b>71</b>	450,328
<b>72</b>	Paid-in or capital surplus, or land, building, and equipment fund . . . . .	47,827	<b>72</b>	32,235
<b>73</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			
<b>74</b>	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) . . . . .	474,633	<b>73</b>	506,397
<b>74</b>	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	499,358	<b>74</b>	526,397

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.

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	116,581
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		
(2)	Donated services and use of facilities . . . \$		
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify): ..... \$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b . . . . . ▶	c	116,581
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify): ..... \$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	e	116,581

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . . ▶	a	87,221
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$ 1,449		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . . \$		
(3)	Losses reported on line 20, Form 990 . . . \$		
(4)	Other (specify): ..... \$		
	Add amounts on lines (1) through (4) ▶	b	1,449
c	Line a minus line b . . . . . ▶	c	85,772
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify): ..... \$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	85,772

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ROBERT NEVEUX MANCHESTER, NH	PRISIDENT 20	-0-	-0-	-0-
DIANE NAULT LAUZIER NASHUA, NH	VICE PRESIDENT 10	-0-	-0-	-0-
GERALD LALONDE W. NOTTINGHAM, NH	TREASURER 30	-0-	-0-	-0-
LYNNE SWENSON NASHUA, NH	RECORDING SECRETARY 5	-0-	-0-	-0-
DIANE DOIRON AUBURN, NH	CORRESPONDING SECRETARY 15	-0-	-0-	-0-
CRAIG DONAIS MANCHESTER, NH	DIRECTOR 10	-0-	-0-	-0-
PAUL LAMBERT CONCORD, NH	DIRECTOR 10	-0-	-0-	-0-
SAM HARRIS FREMONT, NH	DIRECTOR 5	-0-	-0-	-0-
ROBERT MAURIER MANCHESTER, NH	DIRECTOR 5	-0-	-0-	-0-
DONALD CHAPUT MANCHESTER, NH	DIRECTOR 5	-0-	-0-	-0-

- 75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No  
If "Yes," attach schedule—see Specific Instructions on page 26.

**Part VI Other Information** (See Specific Instructions on page 26.)

	N/A	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>76</b>		<input checked="" type="checkbox"/>
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	<b>77</b>		<input checked="" type="checkbox"/>
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>		
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>		<input checked="" type="checkbox"/>
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," enter the name of the organization <u>Fr. Leo Begun chapter ACES of Lewiston, ME</u> and check whether it is <input type="checkbox"/> exempt <b>OR</b> <input type="checkbox"/> nonexempt.			
<b>81a</b> Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81. . . . . <b>81a</b>			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>		<input checked="" type="checkbox"/>
<b>82a</b> 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? . . . . .	<b>82a</b>		<input checked="" type="checkbox"/>
<b>b</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 for reporting in Part III.) . . . . . <b>82b</b>			
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	<b>83a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>83b</b>	<input checked="" type="checkbox"/>	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>84b</b>		
<b>85</b> <b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? . . . . .	<b>85a</b>		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>85b</b>		
If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b> Dues, assessments, and similar amounts from members . . . . . <b>85c</b>			
<b>d</b> Section 162(e) lobbying and political expenditures . . . . . <b>85d</b>			
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b>			
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b>			
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount in 85f? . . . . . <b>85g</b>			
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . . <b>85h</b>			
<b>86</b> <b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 . . . . . <b>86a</b>			
<b>b</b> Gross receipts, included on line 12, for public use of club facilities. . . . . <b>86b</b>			
<b>87</b> <b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders. . . . . <b>87a</b>			
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b>			
<b>88</b> 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 . . . . . <b>88</b>			<input checked="" type="checkbox"/>
<b>89a</b> <b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>— 0 —</u> ; section 4912 <u>— 0 —</u> ; section 4955 <u>— 0 — 0</u>			
<b>b</b> <b>501(c)(3) and 501(c)(4) orgs.</b> 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. . . . . <b>89b</b>			<input checked="" type="checkbox"/>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . <b>89c</b>			
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization. . . . . <b>89d</b>			
<b>90a</b> List the states with which a copy of this return is filed <u>NEW HAMPSHIRE</u> . . . . . <b>90b</b>			
<b>91</b> The books are in care of <u>GERALD LALONDE, TREASURER</u> Telephone no. <u>(603) 622-1554</u> Located at <u>4 ELM ST. MANCHESTER, NH</u> ZIP code <u>03108-6428</u>			
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>92</b>			

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PUBLICATIONS					15,459
b A-C GENEALOGIST - QUARTERLY JOURNAL					1,351
c LIBRARY					4,231
d RESEARCH SERVICES					3,664
e CONFERENCE & WORKSHOPS					3,163
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					63,796
95 Interest on savings and temporary cash investments					811
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					437
103 Other revenue: a SPACE RENTAL					10,500
b Canadian Currency Exchange					1,358
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					109,770

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	Program services directly preserve and disseminate genealogical information
94	Membership dues pay for the Journal which keeps members informed
102	Sale of inventory - We provide snacks and soft drinks in our lunch room
103	Rental - State Book Depository helps offset our occupancy costs

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please  
Sign  
Here

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. (Important: See General Instruction W, on page 14.)

Signature of officer *Gerald Lalonde*

Date

4-26-01

Type or print name and title. GERALD LALONDE, TREASURER

Paid  
Preparer's  
Use OnlyPreparer's  
signature

Date

Check if  
self-  
employed ☐

Preparer's SSN or PTIN

Firm's name (or yours  
if self-employed) and  
address, and ZIP code

EIN

Phone no. ( )

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

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information—(See separate instructions.)**

OMB No. 1545-0047

**2000**

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

Name of the organization

*AMERICAN-CANADIAN GENEALOGICAL SOCIETY*

Employer identification number

*51-0185878*

**Part I**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<i>NONE</i>				
Total number of other employees paid over \$50,000 . . . . . ►				

**Part II**

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<i>NONE</i>		
Total number of others receiving over \$50,000 for professional services . . . . . ►		

**Part III** Statements About Activities

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? . . . . .   | 1  |  | X |
|    | If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____  |    |  |   |
|    | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.   |    |  |   |
| 2  | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary: |    |  |   |
| a  | Sale, exchange, or leasing of property? . . . . .  | 2a |  | X |
| b  | Lending of money or other extension of credit? . . . . .   | 2b |  | X |
| c  | Furnishing of goods, services, or facilities? . . . . .  | 2c |  | X |
| d  | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .  | 2d |  | X |
| e  | Transfer of any part of its income or assets? . . . . .  | 2e |  | X |
|    | If the answer to any question is "Yes," attach a detailed statement explaining the transactions.   |    |  |   |
| 3  | Does the organization make grants for scholarships, fellowships, student loans, etc.? . . . .  | 3  |  | X |
| 4a | Do you have a section 403(b) annuity plan for your employees? . . . . .  | 4a |  | X |
| b  | Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)   |    |  |   |

**Part IV** Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	7,648	6,656	5,824	17,061	37,189
16 Membership fees received . . . . .	64,507	61,098	61,185	55,584	242,378
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose . . . . .	34,941	44,543	40,965	46,452	166,901
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	143	270	260	195	868
19 Net income from unrelated business activities not included in line 18 . . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
23 Total of lines 15 through 22. . . . .	107,239	112,567	108,234	121,296	449,336
24 Line 23 minus line 17. . . . .	72,298	68,024	67,269	72,844	280,435
25 Enter 1% of line 23 . . . . .	1,072	1,126	1,082	1,213	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. . . . . ▶					26a
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. . . . . ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ . . . . . ▶					26d
e Public support (line 26c minus line 26d total) . . . . . ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) - 0 - (1998) - 0 - (1997) - 0 - (1996) - 0 - b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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 11, as well as individuals.) 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: (1999) - 0 - (1998) - 0 - (1997) - 0 - (1996) - 0 - c Add: Amounts from column (e) for lines: 15 37,189 16 242,378 17 166,901 20 _____ 21 _____ . . . . . ▶					27c 446,468
d Add: Line 27a total _____ and line 27b total _____ . . . . . ▶					27d - 0 -
e Public support (line 27c total minus line 27d total). . . . . ▶					27e 446,468
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . . . ▶					27f 449,336
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). . . . . ▶					27g 99.51 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶					27h 0.89 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

**Part V Private School Questionnaire** (See page 5 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		
<b>b</b> Admissions policies? . . . . .		
<b>c</b> Employment of faculty or administrative staff? . . . . .		
<b>d</b> Scholarships or other financial assistance? . . . . .		
<b>e</b> Educational policies? . . . . .		
<b>f</b> Use of facilities? . . . . .		
<b>g</b> Athletic programs? . . . . .		
<b>h</b> Other extracurricular activities? . . . . .		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... ..... .....		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here **a** ☐ if the organization belongs to an affiliated group.

Check here **b** ☐ if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table— <div style="display: flex; justify-content: space-between;"> <div> <p><b>If the amount on line 40 is—</b></p> <p>Not over \$500,000 . . . . .</p> <p>Over \$500,000 but not over \$1,000,000 . . . . .</p> <p>Over \$1,000,000 but not over \$1,500,000 . . . . .</p> <p>Over \$1,500,000 but not over \$17,000,000 . . . . .</p> <p>Over \$17,000,000 . . . . .</p> </div> <div> <p><b>The lobbying nontaxable amount is—</b></p> <p>20% of the amount on line 40.</p> <p>\$100,000 plus 15% of the excess over \$500,000</p> <p>\$175,000 plus 10% of the excess over \$1,000,000</p> <p>\$225,000 plus 5% of the excess over \$1,500,000</p> <p>\$1,000,000</p> </div> </div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount.				
46	Lobbying ceiling amount (150% of line 45(e)).				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

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

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☐ No

Schedule A (Form 990 or 990-EZ) 2000

AMERICAN-CANADIAN GENEALOGICAL SOCIETY, INC.

SUPPLEMENT TO FORM 990 for the year 2000.

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

Decrease in Opening Balance Equity due to miscalculation of  
donated books from fiscal 1999, Form 990.

Opening Balance Equity was increased on 990 for 1999 by	\$3203
Should have been increases by	\$2167
Difference adjusted on 990 for this year	\$1036