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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning NOV 1, 2008 and ending OCT 31, 2009

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

ISLES OF SHOALS ASSOCIATION
(UNITARIAN UNIVERSALIST), INC

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

P.O. BOX 1409

City or town, state or country, and ZIP + 4

PORTSMOUTH, NH 03802

D Employer identification number

02-0519619

E Telephone number

508-533-8455

F Group Exemption

Number

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

G Accounting method: ☐ Cash ☒ Accrual
Other (specify)

I Website: WWW.SHOALS.ORG

J Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 144,222.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	130.
2	Program service revenue including government fees and contracts	2	86.
3	Membership dues and assessments	3	2,735.
4	Investment income	4	4,274.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	3,394.
b	Less: direct expenses other than fundraising expenses	6b	3,444.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-50.
7a	Gross sales of inventory, less returns and allowances	7a	133,603.
b	Less: cost of goods sold	7b	94,785.
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	38,818.
8	Other revenue (describe)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	45,993.
10	Grants and similar amounts paid (attach schedule)	10	46,754.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	1,050.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	1,231.
16	Other expenses (describe MISCELLANEOUS)	16	250.
17	Total expenses. Add lines 10 through 16	17	49,285.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,292.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	202,024.
20	Other changes in net assets or fund balances (attach explanation)	20	8,952.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	207,684.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	176,621.	182,089.
23 Land and buildings		
24 Other assets (describe SEE STATEMENT 1)	25,403.	25,918.
25 Total assets	202,024.	208,007.
26 Total liabilities (describe SEE STATEMENT 2)	0.	323.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	202,024.	207,684.

832171 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? SEE STATEMENT 9	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 SEE STATEMENT 8	
(Grants \$ 46,754.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 46,754.
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 46,754.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)				
(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
DAVE BROWN (781-562-0121)	PRESIDENT			
31 MEADOW LANE, FRYEBURG, ME 04037	7.00	0.	0.	0.
STEVEN WHITNEY (508-533-8455)	TREASURER			
74 FISHER STREET, MEDWAY, MA 02053	5.00	0.	0.	0.
EDMUND JONES (617-628-6792), 8	1ST VICE PRESIDENT			
HAMMOND STREET, SOMERVILLE, MA 02143	3.00	0.	0.	0.
CONNIE LENTZ (413-256-1376), 32	2RD VICE PRESIDENT			
MOUNTAIN VIEW CIRCLE, AMHERST, MA	2.00	0.	0.	0.
JACK LIGHTFOOT (603-497-2327), 94	3RD VICE PRESIDENT			
SOUTH MAST STREET, GOFFSTOWN, NH	4.00	0.	0.	0.
RICHARD LESCHACK (781-275-1026)	MEMBERSHIP SECRETARY			
8 CARLISLE ROAD, BEDFORD, MA 01730	4.00	0.	0.	0.
JOANNE BULLEY (603-352-4286)	BOARD MEMBER			
43 NEW ACRES ROAD, KEENE, NH 03431	3.00	0.	0.	0.
MEG LESCHACK (781-275-1026)	BOARD MEMBER			
8 CARLISLE ROAD, BEDFORD, MA 01730	1.00	0.	0.	0.
JOAN CUMMISKEY (978-884-6228), 39 YE	BOARD MEMBER			
OLDE COUNTRY RD. RUST ISLAND,	1.00	0.	0.	0.
JUSTINA KONE MAJI (802-578-7734), 90	BOARD MEMBER			
FLEET STREET #2-2, PORTSMOUTH, NH	1.00	0.	0.	0.
CATHLEEN KASKY CASE (508-272-1674)	BOARD MEMBER			
100 HARVARD ROAD, LITTLETON, MA 01460	3.00	0.	0.	0.
LINDA PORCELLI (617-699-1369), 4	BOARD MEMBER			
COUNTRY HILL ROAD, HAVERHILL, MA	4.00	0.	0.	0.
CATHY JENKINS (207-743-2988)	BOARD MEMBER			
82 HILL STREET, SOUTH PARIS, ME 04281	1.00	0.	0.	0.
JEAN LIGHTFOOT (603-746-3023)	BOARD MEMBER			
PO BOX 33, CONTOOCOOK, NH 03229	3.00	0.	0.	0.
HALLY MCGEHEAN (646-573-8940), 21	BOARD MEMBER			
WORMWOOD STREET, UNIT 423, BOSTON,	1.00	0.	0.	0.
TOM SMURZYNSKI (781-646-7976)	BOARD MEMBER			
9 RAVINE STREET, ARLINGTON, MA 02476	1.00	0.	0.	0.
EDIE WHITNEY (508-533-8455)	BOARD MEMBER			
74 FISHER STREET, MEDWAY, MA 02053	1.00	0.	0.	0.

**ISLES OF SHOALS ASSOCIATION
(UNITARIAN UNIVERSALIST), INC**

02-0519619

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Part V Other Information (Note the statement requirements in the instructions for Part VI)

		SEE STATEMENT 10	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X	
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.	37a		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	38b		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A	39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.			
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ NH			
42a	The books are in care of ▶ STEVEN WHITNEY Telephone no. ▶ 508-533-8455 Located at ▶ 74 FISHER STREET, MEDWAY, MA ZIP + 4 ▶ 02053			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- | | Yes | No |
|---|-----|----|
| 46 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 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| b If "Yes," was the related organization(s) a section 527 organization? | | |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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 Here Signature of officer: Steven L. Whitney Date: 1/21/10

Type or print name and title: Steven L. Whitney, Treasurer

Paid Preparer's Use Only Preparer's signature: Sam Date: 1/18/10 Check if self-employed: ☐ Preparer's Identifying Number (See instr.): EIN

Firm's name (or yours if self-employed), address, and ZIP + 4: RUNYON KERSTEEN OUELLETTE
20 LONG CREEK DRIVE
SOUTH PORTLAND ME 04106 Phone no.: 1-207-877-9397

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2008
Open to Public
Inspection

Employer identification number
02-0519619

The organization is not a private foundation because it is: (Please check only **one** organization)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ 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

e ☐ 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)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar 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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

ISLES OF SHOALS ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2008 (UNITARIAN UNIVERSALIST), INC

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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.)**Section A. Public Support**

Calendar 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.")	7,950.	4,049.	3,305.	4,146.	2,951.	22,401.
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	101,912.	102,513.	66,680.	92,114.	136,997.	500,216.
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						
6 Total. Add lines 1 - 5	109,862.	106,562.	69,985.	96,260.	139,948.	522,617.
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.)						522,617.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	109,862.	106,562.	69,985.	96,260.	139,948.	522,617.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,687.	3,734.	4,519.	4,586.	4,274.	18,800.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,687.	3,734.	4,519.	4,586.	4,274.	18,800.
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.)	3,405.	1,145.	851.	1,935.		7,336.
13 Total support. (Add lines 9, 10c, 11, and 12.)						548,753.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	95.24 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	95.15 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	3.43 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	2.84 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☒

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2008

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)

MISCELLANEOUS RECEIPTS

FORM 990-EZ	OTHER ASSETS	STATEMENT	1
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVENTORY	25,403.	24,194.	
ACCOUNTS RECEIVABLE	0.	125.	
OTHER DEPRECIABLE ASSETS	0.	1,599.	
TOTAL TO FORM 990-EZ, LINE 24	25,403.	25,918.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	0.	257.	
CREDIT CARDS PAYABLE	0.	66.	
TOTAL TO FORM 990-EZ, LINE 26	0.	323.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION	AMOUNT		
UNREALIZED GAIN ON INVESTMENTS	8,952.		
TOTAL TO FORM 990-EZ, LINE 20	8,952.		

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	4
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
VARIOUS (CONFERENCE PROGRAM GRANTS)	NONE	4,827.	
VARIOUS (CONFERENCE SCHOLARSHIP GRANTS)	NONE	4,506.	
PORTSMOUTH ATHENAEUM 9 MARKET SQUARE PORTSMOUTH, NH 03801	NONE	250.	
STAR ISLAND CORPORATION (OTHER) 10 VAUGHN MALL, STE #8 WORTH PLAZA PORTSMOUTH, NH 03801	NONE	31,000.	
SEACOAST SCIENCE CENTER 570 OCEAN BOULEVARD PORTSMOUTH, NH 03870	NONE	250.	
OTHER - SPORTS EQUIPMENT	NONE	450.	
WEEK'S CLERGY GRANT	NONE	495.	
CLERGY GRANTS	NONE	4,976.	
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		46,754.	

FORM 990-EZ	INCOME AND COST OF GOODS SOLD	STATEMENT	5
	INCLUDED ON PART I, LINE 7A		

INCOME

1. GROSS RECEIPTS	133,603	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		133,603
4. COST OF GOODS SOLD (LINE 13)	94,785	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		38,818

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	25,403	
7. MERCHANDISE PURCHASED	79,925	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	13,651	
11. ADD LINES 6 THROUGH 10		118,979
12. INVENTORY AT END OF YEAR	24,194	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		94,785

FORM 990-EZ	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	6
DESCRIPTION		AMOUNT	
SUBCONTRACTED LABOR COSTS		9,412.	
SUPPLIES		1,698.	
INSURANCE, PHONE AND OTHER		2,141.	
DEPRECIATION		400.	
TOTAL INCLUDED ON FORM 990-EZ, PART I, LINE 7B		13,651.	

FORM 990-EZ	INFORMATION REGARDING TRANSFERS	STATEMENT	7
	ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO
-

990-EZ PG 2

STATEMENT 8

PROMOTED RELIGIOUS CONFERENCES, EDUCATED THE PUBLIC REGARDING THE ISLES OF SHOALS AND ITS HISTORY, SUPPORTED WRITERS AND OTHERS SEEKING RESEARCH REGARDING THE ISSUES OF SHOALS.

990.-EZ PG 2

STATEMENT 9

TO PROMOTE RELIGIOUS CONFERENCES, EDUCATE THE PUBLIC ON THE ISLES OF SHOALS
AND ITS HISTORY, AND SUPPORT RESEARCH AND WRITING REGARDING THE ISLES.

FORM 990-EZ	ACTIVITIES NOT PREVIOUSLY REPORTED	STATEMENT	10
	PART V, LINE 33		

DESCRIPTION

ASSUMED THE OPERATION OF STAR ISLAND'S BOOKSHOP WHICH PROVIDES RELIGIOUS/
EDUCATIONAL CONFERENCE RELATED AND HISTORICAL MATERIALS.