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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning **NOV 1, 2013** and ending **OCT 31, 2014**

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**ISLES OF SHOALS ASSOCIATION (UNITARIAN UNIVERSALIST), INC**

**D** Employer identification number  
**02-0519619**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P.O. BOX 1409**

City or town, state or province, country, and ZIP or foreign postal code  
**PORTSMOUTH, NH 03802**

**E** Telephone number  
**508-533-8455**

**F** Group Exemption Number ▶

**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ **WWW.SHOALS.ORG**

**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **147,214.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	50.
	2	Program service revenue including government fees and contracts	2	350.
	3	Membership dues and assessments	3	2,200.
	4	Investment income	4	2,476.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a	142,138.	
7b	Less: cost of goods sold	7b	94,848.	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	47,290.	
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	52,366.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	48,301.
	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	825.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	150.
	16	Other expenses (describe in Schedule O)	16	1,237.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	50,513.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,853.
	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	232,003.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-460.
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	233,396.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	157,888.	168,568.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	74,115.	64,828.
25 Total assets	232,003.	233,396.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	232,003.	233,396.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O		
(Grants \$ 48,301.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	48,846.
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 (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	48,846.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TOM SMURZYNSKI				
PRESIDENT	7.00	0.	0.	0.
STEVEN WHITNEY				
TREASURER	5.00	0.	0.	0.
PATRICIA COLEMAN				
ASST TREASURER	1.00	0.	0.	0.
JACK LIGHTFOOT				
BOARD SECRETARY	6.00	0.	0.	0.
RICHARD LESCHACK				
MEMBERSHIP SECRETARY	4.00	0.	0.	0.
JOANNE BULLEY				
BOARD MEMBER	2.00	0.	0.	0.
MEG LESCHACK				
BOARD MEMBER	1.00	0.	0.	0.
DAVE BROWN				
BOARD MEMBER	5.00	0.	0.	0.
EMILY CANN				
BOARD MEMBER	3.00	0.	0.	0.
CATHLEEN KASKY CASE				
BOARD MEMBER	3.00	0.	0.	0.
LINDA PORCELLI				
BOARD MEMBER	4.00	0.	0.	0.
CATHY JENKINS				
BOARD MEMBER	20.00	0.	0.	0.

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**X**

Form 990-EZ (2013)

ISLES OF SHOALS ASSOCIATION  
(UNITARIAN UNIVERSALIST), INC

02-0519619

Page 4

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		X
48		X
49a		X
49b		

- 50 Complete this table for the organization's 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

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

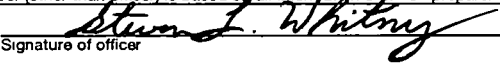
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

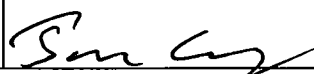
- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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**  **STEVEN WHITNEY, TREASURER**  
Signature of officer Date 12/23/14  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name <b>THOMAS EMERY</b>	Preparer's signature 	Date <b>12/18/14</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00532592</b>
Firm's name <b>RUNYON KERSTEEN OUELLETTE</b>			Firm's EIN <b>01-0440155</b>	
Firm's address <b>20 LONG CREEK DRIVE SOUTH PORTLAND, ME 04106</b>			Phone no. <b>207-773-2986</b>	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2013)

Department of the Treasury,  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**  
**▶ Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

# 2013

**Open to Public  
Inspection**

Name of the organization	ISLES OF SHOALS ASSOCIATION (UNITARIAN UNIVERSALIST), INC
--------------------------	--

**Employer identification number**  
02-0519619

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 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).**

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 Part III.)

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

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 - Non-functionally integrated

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 supported organization(s).

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

[illegible]

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2013

## ISLES OF SHOALS ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2013 (UNITARIAN UNIVERSALIST), INC

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**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2013.</b> 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>b 33 1/3% support test - 2012.</b> 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"/>		
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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>b 10% -facts-and-circumstances test - 2012.</b> 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"/>		
<b>18 Private foundation.</b> 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) 2013

## ISLES OF SHOALS ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2013 (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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,005.	2,300.	1,500.	2,297.	2,250.	10,352.
<b>2</b> 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	150,022.	155,390.	154,237.	140,927.	142,488.	743,064.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	152,027.	157,690.	155,737.	143,224.	144,738.	753,416.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						753,416.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	152,027.	157,690.	155,737.	143,224.	144,738.	753,416.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,449.	3,857.	2,997.	3,047.	2,476.	15,826.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	3,449.	3,857.	2,997.	3,047.	2,476.	15,826.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	155,476.	161,547.	158,734.	146,271.	147,214.	769,242.

**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** ☐**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	97.94 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	16	97.70 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	2.06 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	18	2.30 %

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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 ☐



ISLES OF SHOALS ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2013 (UNITARIAN UNIVERSALIST), INC

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Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12

Also complete this part for any additional information. (See instructions)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

ISLES OF SHOALS ASSOCIATION  
(UNITARIAN UNIVERSALIST), INC

Employer identification number  
02-0519619

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

MONEY MARKET

163.

UUA COMMON ENDOWMENT

2,313.

**TOTAL INCLUDED ON FORM 990-EZ, LINE 4**

2,476.

**FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:**

**INCOME:**

1. GROSS RECEIPTS

142,138.

2. RETURNS AND ALLOWANCES

0.

3. LINE 1 LESS LINE 2

142,138.

4. COST OF GOODS SOLD (LINE 13)

94,848.

5. GROSS PROFIT (LINE 3 LESS LINE 4)

47,290.

**COST OF GOODS SOLD:**

6. INVENTORY AT BEGINNING OF YEAR

68,851.

7. MERCHANDISE PURCHASED

67,939.

8. COST OF LABOR

0.

9. MATERIALS AND SUPPLIES

0.

10. OTHER COSTS

19,646.

11. ADD LINES 6 THROUGH 10

156,436.

12. INVENTORY AT END OF YEAR

61,588.

13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)

94,848.

**FORM 990-EZ, PART I, LINE 7B, OTHER COSTS:**

**DESCRIPTION OF OTHER COSTS:**

**AMOUNT:**

SUBCONTRACTED LABOR COSTS

11,988.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

ISLES OF SHOALS ASSOCIATION  
(UNITARIAN UNIVERSALIST), INC

Employer identification number  
02-0519619

SUPPLIES	1,705.
OTHER EXPENSES	1,466.
TRAVEL EXPENSE	496.
ADVERTISING AND PROMOTION	155.
INSURANCE	1,516.
BANK SERVICE CHARGES	26.
PARKING EXPENSE	1,012.
DEPRECIATION	1,282.
TOTAL INCLUDED ON FORM 990-EZ, PART I, LINE 7B	19,646.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: VARIOUS (CONFERENCE GRANTS)

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 11,400.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: PORTSMOUTH ATHENAEUM

GRANTEE ADDRESS: 9 MARKET SQUARE PORTSMOUTH, NH 03801

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: STAR ISLAND CORPORATION (OTHER)

GRANTEE ADDRESS: 10 VAUGHN MALL, STE #8 WORTH PLAZA PORTSMOUTH, NH 03801

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

ISLES OF SHOALS ASSOCIATION  
(UNITARIAN UNIVERSALIST), INC

Employer identification number  
02-0519619

AMOUNT GIVEN: 27,500.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: SEACOAST SCIENCE CENTER

GRANTEE ADDRESS: 570 OCEAN BOULEVARD PORTSMOUTH, NH 03870

AMOUNT GIVEN: 250.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: VARIOUS (STAR ISLAND SPECIAL PROJECTS)

AMOUNT GIVEN: 2,300.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: VARIOUS (CLERGY GRANTS)

AMOUNT GIVEN: 5,351.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: STAR ISLAND CORPORATION (CONFERENCE SCHOLARSHIP)

AMOUNT GIVEN: 1,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 48,301.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

MISCELLANEOUS 289.

MEMBERSHIP PROMOTION 150.

CONFERENCE EXPENSES 395.

WEB SITE/POST OFFICE FEES 403.

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TOTAL TO FORM 990-EZ, LINE 16

1,237.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:

AMOUNT:

UNREALIZED LOSS ON INVESTMENTS

-538.

ADJUSTMENTS TO AGREE TO ENDING EQUITY

78.

TOTAL TO FORM 990-EZ, LINE 20

-460.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION

BEG. OF YEAR

END OF YEAR

INVENTORY

68,851.

61,588.

ACCOUNTS RECEIVABLE

1,792.

595.

OTHER DEPRECIABLE ASSETS

3,472.

2,645.

TOTAL TO FORM 990-EZ, LINE 24

74,115.

64,828.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - 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, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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332211  
09-04-13

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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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Name of the organization

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Employer identification number  
02-0519619

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Employer identification number  
02-0519619

[illegible]