NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



DLN: 93493035008000

Form **990**

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)

2008

Open to Public

Department of the Treasury

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

nternal Re	evenue -	Service	F The or	gamzation may have to us	e a copy of this return to satisfy	y state reporting	, requirements	Inspection
A For	the 2	2008 ca	lendar yea	r, or tax year beginning 07	-01-2008 and ending 06-30-2	009	D Employees id-	atification number
_		plicable	Please	C Name of organization GREAT BAY SERVICES INC				ntification number
Addre	ess cha	ange	use IRS label or	Doing Business As			02-0242389 E Telephone nu	
Name	e char	nge	print or type. See	Doing Business vis				
Inıtıa	ıl retur	'n	Specific Instruc-		oox if mail is not delivered to street ad	dress) Room/suite	(603) 436-2 G Gross receipt	
Term	ninatio	n	tions.	2061 WOODBURY AVENUE			d dioss receipt	3 \$ 3,209,400
– Amer	nded r	eturn		City or town, state or country	, and ZIP + 4		1	
— Apple	cation	pending		NEWINGTON, NH 03801				
		Ī	F Nar	ı ne and address of Prıncıpa	l Officer	H(a) T- 45	.	£
				AS SHAHEEN	. o moon	affilia	s a group return tes?	TYes ▼ No
				VOODBURY AVENUE GTON, NH 03801				
Tax-	-exem	pt status) (3) ◄ (insert no)	(a)(1) or	1 ' '	l affiliates include	
				, (3) 4 (11361 (116)) 1317	(4)(1) (1) (2)		o," attach a list p Exemption Nur	See instructions)
We	b site	e: ► N/A	\			H(c) Grou	p Exemption Nui	ilber F
(Type	of ora	anization	✓ Cornorat	ion trust association o	ther 🏲	L Year of Fo	rmation 1962 M 9	State of legal domicile NH
1 1 7 PC	or org	amzation	r corporat	ion (dasc) association (TE rear or re	1302 14	state of legal dofficile. With
Part		Sumi		a arganization's mission o	r most significant activities			
		•		e organization's mission o KAINING-HANDICAPPED	r most significant activities			
할		VOCAI	IONALIR	AINING-HANDICAPPED	INDIVIDUALS			
ੁ								
covernance	2	Check t	his box —	ıf the organization discont	inued its operations or disposed	d of more than 2	5% of its assets	
3			,		body (Part VI, line 1a)			10
			_		ie governing body (Part VI, line			10
<u>8</u>				nployees (Part V, line 2a)		10, 1 1 1		174
ACIIVIIIes &				olunteers (estimate if nece			6	30
를					Part VIII, line 12, column (C)		7a	0
_					Form 990-T, line 34		74 <u> </u>	
						Pric	or Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h	1)		124,633	60,454
g	9)	·	2,132,365	2,181,417
Revenue	10	_			lines 3, 4, and 7d)	_	177,065	27,549
윤	11				5, 6d, 8c, 9c, 10c, and 11e)	-	121,045	185,549
	12		•	, , , , , , , , , , , , , , , , , , , ,	st equal Part VIII, column (A),	line		
		12)					2,555,108	2,454,969
	13	Grants	and simila	ar amounts paid (Part IX, c	olumn (A), lines 1-3)			0
	14	Benefi	ts paid to c	or for members (Part IX, co	lumn (A), line 4)			0
ا	15		es, other co	ompensation, employee be	nefits (Part IX, column (A), line	s 5-	1,720,250	1,795,273
Expenses	160	10)	cional fund	raising foos (Part IV, solu	mn (A.) line 11e)		1,720,230	1,7 3 3,2 7 3
<u>क</u>	16a			raising fees (Part IX, colu				0
	b	•	_	penses, Part IX, column (D), line	·			
	17			(Part IX, column (A), lines			778,474	779,115
	18				ual Part IX, line 25, column (A)		2,498,724	2,574,388
	19	Keven	ue iess ext	penses Subtract line 18 fr	om line 12		56,384	-119,419
များများများ		_				Beginni	ing of Year	End of Year
3.5 L	20			rt X, line 16)			4,024,107	3,662,277
를 []	21		•	Part X, line 26)			485,944	479,866
_	22			d balances Subtract line 2	21 from line 20		3,538,163	3,182,411
Part	Ш		ature Blo					
					nined this return, including accompany on of preparer (other than officer) is ba			
Pleas	se	****		. , ======		1	-11-06	, y-
Sign		I B	ature of office	er		Date		
lere		тноі	MAS SHAHEEN	N EXECUTIVE DIRECTOR				
			or print nam					
		Preparer	's k		Date	Check If	Preparer's PTIN (See Gen Inst)
Paid		signature		A BERNARD CPA	2010-02-04	self- empolyed •	1	•
Prepar	rer's	Firm's no	ame (or your	s L BERNARD JOHNSON & CON	1PANY PC	Chipolycu F		
Jse Oi		ıf self-en	nployed),	+	HAMI IS		EIN 🕨	
-		address,	and ZIP + 4	15 MAIN STREET			Phone no 1 (97	78) 887-2220
				TOPSFIELD, MA 01983			FIIOTIC IIU F (97	0,001-2220

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mis VOCATIONAL TRAINING-HANDICAPPE					
2	Did the organization undertak the prior Form 990 or 990-E2	27		vices during the year whi	ch were not listed on	┌ Yes ┌ No
3	If "Yes," describe these new s Did the organization cease co services?	enducting or make si		hanges in how it conduct	ts any program	┌ Yes ┌ No
4	If "Yes," describe these chan Describe the exempt purpose Section 501(c)(3) and (4) org others, the total expenses, an	achievements for ea janizations and 4947	'(a)(1) tru	ısts are required to repo		
4a	(Code) (E VOCATIONAL TRAINING OF THE PH	•		including grants of \$ DICAPPED) (Revenue \$	1,472,671)
4b	(Code) (E SUPPORTED HOUSING TO PROVID	•	•	including grants of \$ FOR THE DEVELOPMENTALLY) (Revenue \$	708,746)
4c	(Code) (E	xpenses \$	II	ncluding grants of \$) (Revenue \$)
4d	Other program services (De					
	(Expenses \$	ıncludıng ç) (Revenue \$)
4e	Total program service expe	nses\$2,	290,080	Must equal Part IX, Lin	e 25, column (B).	

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 17			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_	.,	
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this		163	N
L	return?	3a 3b		No
- Б 4а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3D		
'1 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		N o
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		No
d	file Form 8282?			
u	11 res, indicate the number of forms 5252 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		No
_	year?			<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0-		NI -
_	Did the organization make any taxable distributions under section 4966?	9a		No No
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N o
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
D	facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section A. Governing	Body and Management	

			165	140
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 10			
Ь	Enter the number of voting members that are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed $\,$ NH $\,$
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website 🔽 another's website 🔽 upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THOMAS SHAHEEN
2061 WOODBURY AVENUE
NEWINGTON,NH 03801
(603) 436-2014

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

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

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

	·	Posit tl	(C non (chat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
MR DOUG ABRAMS , V CHAIRPERSON	0 00	Х						0	0	0
MR EDWARD SCULLY , TRUSTEE	0 00	Х						0	0	0
MR ROGER HASKELL, TREASURER	0 00	X						0	0	0
MR STEPHEN L BAKER , TRUSTEE	0 00	X						0	0	0
MRS LEE APPEL , SECTRETARY	0 00	Х						0	0	0
MS DAWN LEWIS , TRUSTEE	0 00	Х						0	0	0
MS MARTHA JUDSON , CHAIRPERSON	0 00	X						0	0	0
MS MICHELLE LACOUNT , TRUSTEE	0 00	Χ						0	0	0
STEVE HOLLAND , TRUSTEE	0 00	X						0	0	0
THOMAS SHAHEEN , EXEC DIRECTOR	40 00			Χ				74,909	0	8,010
DENNIS LAUZE , TRUSTEE	0 00	Х						0	0	0
										_
						ļ				
							<u> </u>			

Part VII Continued

(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	apply	y)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						Н			
						لبا		1	1
1b Total					ı	F	74,909)	8,010

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

			Yes	No_
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100.000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CARENO CONSTRUCTION 270 WEST ROAD PORTSMOUTH, NH 03801	CONSTRUCTION	214,487
7. Tabel number of independent contractors (including these in 1) who recoved in		

Part VIII		Statement of Reveni	ue					
					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns .	. 1a	1		- November		012,010,0.01.
뺣	ь	Membership dues						
guo	С	Fundraising events .	1b					
ts, an	`	i unuraising events .	1c					
<u> </u>	d	Related organizations .						
Contributions, gifts, grants and other similar amounts	е	Government grants (contribut						
돌	f	All other contributions, gifts, g similar amounts not included	rants, and above	60,454				
운동			1f					
<u> </u>	g	Noncash contributions i						
O 4	h	Total (Add lines 1a-1f)		[60,454			
				Business Code				
e E	2a	WORKSHOP OPERATIONS		561,300	211,859	211,859		
ı, ken	ь	EVALUATION/TRAINING		561,300	100,083	100,083		
<u>æ</u>	c	RENT & SUPPORT		531,110	287,342	287,342		
¥C	d	FEES AND CONTRACTS FROM	GOV	900,099	1,582,133	1,582,133		
Š	e	AGENCIES			+			
Program Serwce Revenue	f	All other program servic	e revenue					
Š	g	Total. Add lines 2a-2f						
	3	► \$ 2,181,417 Investment income (inc	ludina divi	dands interest				
		other similar amounts)		 	95,102			95,102
	4	Income from investment of ta	ay-eyemnt h	ond proceeds				
	4		ix exempt b	ona proceeds				
	5	Royalties			-			
	6a	(ı) R Gross Rents	eal	(II) Personal				
	b	Less rental						
		expenses Rental income						
	С	or (loss)						
	d	Net rental income or (los	ss)	· · · · .				
		(ı) Seci		(II) O ther				
	7a	Gross amount from sales of	461,998					
		assets other than inventory						
	b	Less cost or other basis and	529,551					
		sales expenses Gain or (loss)	-67,553					
	c d	Net gain or (loss)	07,555		-67,553			-67,553
				. ▶	,			5.,555
	8a	Gross income from fundi	raising					
		events (not including \$ 4,362						
Jue		of contributions reported 1c) See Part IV, line 18						
क ≳		Attach Schedule G if total						
čč		\$15,000	a					
Other Revenue	b	Less direct expenses			2.740			2.746
ŏ	С	Net income or (loss) froi	m fundrais	ing events ▶	2,749			2,749
	9a	Gross income from gami activities See part IV, l						
		Complete Schedule G if to						
		exceeds \$15,000	а					
	ь	Less direct expenses		395,233				
	c	Net income or (loss) from		<u> </u>	171,900			171,900
				<u>►</u>				
	10a	Gross sales of inventory returns and allowances						
			а					
	b	Less cost of goods sold						
	С	Net income or (loss) froi						
		Miscellaneous Revenue	9	Business Code	40.000			40.000
	11a	VENDING MACHINES		900,099	10,900			10,900
	b							
	C							
	d	All other revenue						
	e	Total. Add lines 11a-11d	١	 \$ 10,900				
	12	Total Revenue. Add line	s 1h, 2g, 3		2,454,969	2,181,417		213,098
		8c,		_				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	82,919	0	82,919	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,420,265	1,332,603		61,641
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	182,791	166,142	3,552	13,097
10	Payroll taxes	109,298	98,847	6,159	4,292
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	34,201	29,432	4,769	0
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	11,777	7,768	2,041	1,968
13	Office expenses	14,088	5,701	6,138	2,249
14	Information technology				
15	Royalties				
16	Occupancy				_
17	Travel	85,662	84,703	902	57
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	25,055	25,055	0	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	80,335	67,910	12,425	0
23	Insurance	93,952	77,327	14,734	1,891
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	REPAIR & MAINTENANCE	61,838	57,180	4,658	0
b	CONSULTANTS	10,570	3,369	6,401	800
c	UTILITIES	97,488	90,788	6,062	638
d	SUPPLIES	194,696	194,676	20	0
e	STAFF DEVELOPMENT	3,730	2,543	1,012	175
f	All other expenses	65,723	46,036	18,264	1,423
25	Total functional expenses. Add lines 1 through 24f	2,574,388	2,290,080	196,077	88,231
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-		· .

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(E End o	3) fyear
	1	Cash—non-interest-bearing			2,825	1	Liid 0	3,256
	2	Savings and temporary cash investments			308,602	2		360,702
	3	Pledges and grants receivable, net			313,332	3		
	4	Accounts receivable, net	•		259.805			210,613
	5	Receivables from current and former officers, directors, trustees				-		
		other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under separation described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net			40,089	7		35,637
	8	Inventories for sale or use			31,183	8		17,007
\$	9	Prepaid expenses and deferred charges	•		15,561	9		15,566
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	2,959,975				
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	1,912,248	1	10c		1,047,727
	11	Investments—publicly traded securities			2,292,673	11		1,778,690
	12	Investments—other securities See Part IV, line 11 Complete Pa	rt VII d	of		12		
	13	Investments—program-related See Part IV, line 11 Complete Poof Schedule D .	art VIII			13		
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	190,796	-		193,079		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,024,107			3,662,277
	17	Accounts payable and accrued expenses .			53,970	17		51,019
	18	Grants payable		18		,		
	19	Deferred revenue		62,607	19		55,657	
	20	Tax-exempt bond liabilities		·	20		<u> </u>	
or or	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ē		persons Complete Part II of Schedule L				22		
_	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable			259,988	24		251,223
	25	Other liabilities Complete Part X of Schedule D			109,379	25		121,967
	26	Total liabilities. Add lines 17 through 25		485,944	26		479,866	
		Organizations that follow SFAS 117, check here ▶ ✓ and comp	lete lin	es 27				
		through 29, and lines 33 and 34.						
ลม	27	Unrestricted net assets			3,341,498	27		2,970,747
Balance	28	Temporarily restricted net assets			5,869	28		18,585
됟	29	Permanently restricted net assets			190,796	29		193,079
r Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	d comp	let e				
.0	30	Capital stock or trust principal, or current funds				30		
set.	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets or	32	Retained earnings, endowment, accumulated income, or other fu						
Net	33	Total net assets or fund balances		3,538,163	33		3,182,411	
	34	Total liabilities and net assets/fund balances			4,024,107	34		3,662,277
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

ParitXI	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493035008000

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

SREAT	BAY S	ERVICES INC							024220	2		
Da	rt I	Peacon	for Public C	harity Status (to be co	mpleted	by all or	nanizatio		-0242389 Instruct			
				ation because it is (Please	•				mstruct	.10113)		
1			•	nurches, or association of ch			•		A)(i).			
2	<u></u>	•		tion 170(b)(1)(A)(ii). (Attac				-, -(-)(-)	/(-/-			
3	Ė			e hospital service organizati		•	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	_	-	·	zation operated in conjuncti			-					
	•		name, city, and	•					(- / (- /	(,(,-		
5	Г	•	, ,,	or the benefit of a college or	universit	v owned o	r operated	l by a gove	rnmental	unit desc	rıbed ın	
	•			(Complete Part II)		,		, ,				
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)				
7	Ī	•		<u>-</u>								
	•	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	Г		-	ped in Section 170(b)(1)(A)	•	plete Par	tII)					
9	Г	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontributior	ıs, membe	rship fees	, and gro	ss
		receipts fro	m activities rel	ated to its exempt functions	-subject	to certair	exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)	
11	\sqcap	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpo	ses of
				orted organizations describe						Section 5	09(a)(3)	.Check
				type of supporting organiza					_		TTT 0+	h
_	_	•	• •	Type II c rtify that the organization is	Type III				d		III - Ot	
е	'	•		agers and other than one or			•			•	•	
		section 50				,					(-)(
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ıg organı:	zatio <u>n,</u>
_		check this		as the organization accepted	d any gift.	or contrib	ition from	any of the				J
g		following pe		as the organization accepted	u any gni	סו כסוונווטי	וווסוו ווסווו	any or the				
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	janization	supports				•	
		ame of	(ii) EIN	(iii) Type of organization	(iv) I			ou notify		s the	1	nount of
		oorted		(described on lines 1 - 9	_	ation in		inization		ation in	supp	ort?
	O rgar	nization		above or IRC section (See Instructions)	yourgo	listed in		i) of your port?		rganized		
				(See Instructions))		nent?	Jupi	,010	t? In the U S ?			
					Yes	No	Yes	No	Yes	No		
										1		
										İ		
								1		1	1	

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	kea the box of	1 line 5, 7, or	8 of Part I.)				
	ublic Support	,						
	endar 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")	76,943	62,428	43,005	124,633		60,454	367,463
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
3	its behalf The value of services or facilities furnished by a governmental unit to the							
4	organization without charge Total. Add line 1-3	76,943	62,428	43,005	124,633		60,454	367,463
5	The portion of total contribution by each	70,513	02,120	13,003	12 1,033		00,131	307,103
5	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line							267.462
	4							367,463
T	otal Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	76,943	81,853	43,005	124,633		60,454	367,463
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	74,717	81,853	114,253	114,869		95,102	480,794
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in							
	Part IV)							040.357
11	Total Support (Add lines 7 through 10)	(6	-)					848,257
12	Gross receipts from related activities, etc	(See instruction	s)			12		
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	d, fourth, or fifth	tax year as a 50	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		43.320 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		33.860 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on	·			▶ ✓
17a	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts and circumstances and circumstances" meets the "facts and circumstances" meets and circumstances	If the organization its and circumst	on did not check ances" test, che	a box on line 13 eck this box and	stop here. Expl	aın ın	Part IV ho	
b	10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fact the organization meets the "facts and circumstances"	ts and circumst	ances" test, che	eck this box and	stop here. Exp	aın ın	Part IV ho	
18	Private Foundation. If the organization did							· •-

Part III Support Schedule for Organizations Described in IRC 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") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1-5 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 Total of lines 7a and 7b Public Support (Substract line 7c from line 6) **Total Support (e)** 2008 **(b)** 2005 (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 (f) Total 9 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss 12 from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here **Computation of Public Support Percentage** 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) 15 0 % Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g 16 **Computation of Investment Income Percentage** Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) 17 **17** 0 % 18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3% 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 **33 1/3% 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

DLN: 93493035008000

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Attach to Form 990. To be completed by organizations that

Open to Public

•	Iment of the Treasury	answered "Yes," to Fo	orm 990, Part IV, line 6, 7, 8, 9, 10, 11, o	or 12.	Inspection
	me of the organiza	ation		Employer id	entification number
	EAT BAY SERVICES INC				
Pa		cations Maintaining Donor Action answered "Yes" to Form 99	Ivised Funds or Other Similar	02-024238 02-024238 Funds or Acc	
	Oi gailiza	idon answered Tes to Form 99	(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at	end of year			
2	Aggregate Contr	ibutions to (during year)			
3	Aggregate Grant	s from (during year)			
4	Aggregate value	at end of year			
5	_		sors in writing that the assets held in do organization's exclusive legal control?	onor advised	┌ Yes
6	-	aritable purposes and not for the ben	donor advisors in writing that grant fund efit of the donor or donor advisor or othe	•	┌ Yes
Pa			of the organization answered "Yes"	to Form 990,	Part IV, line 7.
1 2	Preservation Protection of Preservation Complete lines 2		<u> </u>	certified historic	
	on the last day o	fthe tax year			Hald at the Fud of the Vacu
а	Total number of	f concernation and amonts		2a	Held at the End of the Year
ь		f conservation easements	_	2a 2b	
c	_	estricted by conservation easements		2b 2c	
d		ervation easements on a certified hi		2d	
		ervation easements included in (c) a	,	<u> </u>	
3		·	rred, released, extinguished, or termina	ted by the organ	lization during
	the taxable year				
4	Number of states	s where property subject to conserva	tion easement is located 🕨		
5	•	zation have a written policy regarding he conservation easements it holds?	the periodic monitoring, inspection, vi	olations, and	┌ Yes ┌ No
6	Staff or voluntee	r hours devoted to monitoring, inspe	cting and enforcing easements during t	he year ►	
7	A mount of exper	nses incurred in monitoring, inspectir	ng, and enforcing easements during the	year ► \$	
8		ervation easement reported on line 2 and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of s	ection	☐ Yes ☐ No
9	balance sheet, a	-	onservation easements in its revenue a he footnote to the organization's financi nents	•	•
Par			ns of Art, Historical Treasures Yes" to Form 990, Part IV, line 8.	, or Other Si	milar Assets.
1a	If the organization art, historical tre	on elected, as permitted under SFAS easures, or other similar assets held	116, not to report in its revenue stater for public exhibition, education or resea ancial statements that describes these	arch in furtheran	
b	historical treasu	· · ·	116, to report in its revenue statement public exhibition, education, or research		•
	(i) Revenues inc	luded in Form 990, Part VIII, line 1		-	- \$
	(ii) Assets inclu	ded ın Form 990, Part X		▶ :	\$
2	If the organization	·	orical treasures, or other similar assets S 116 relating to these items		т

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

3	Organizations Maintaining Co							
	Using the organization's accession and othe items (check all that apply)	r records, check any o	of the fo	ollowing that are	e a sıgnıfıcant u	se of its colle	ection	
а	Public exhibition		d [Loan or excl	nange programs			
b	Scholarly research		е Г	Other				
С	Preservation for future generations							
4	Provide a description of the organization's control of the organization's control of the organization's control of the organization.	ollections and explain	how th	ey further the c	organization's ex	empt purpos	e in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than					ular	☐ Yes	
Par	Trust, Escrow and Custodial . Part IV, line 9, or reported an ar				nızatıon answ	ered "Yes"	to Form	990,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermedi	ary for	contributions o	or other assets i	not	☐ Yes	⊢No
b	If "Yes," explain why in Part XIV and comple	ete the following table						
							A mount	
C -	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	217				☐ Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Pai	rt V Endowment Funds. Complete							
4_	Basing of war halance	(a)Current Year 190,796	(b)Prio	r Year (c) I W	o Years Back (d)	Three Years Bac	:к (е) Fou	r years back
1a L	Beginning of year balance	150,750						
b	Contributions	2,283						
C _ı	Investment earnings or losses	2,203						
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance	193,079						
2	Provide the estimated percentage of the yea							
		r end balance held as						
а	Board designated or quasi-endowment	r end balance held as						
a b	100000	r end balance held as						
b	Permanent endowment ► 100 000 %	r end balance held as						
_	Permanent endowment • 100 000 % Term endowment •		on tha	are held and a	dministered for	the		
b c	Permanent endowment ► 100 000 %		on tha	: are held and a	dmınıstered for	the	Ye	es No
b c	Permanent endowment • 100 000 % Term endowment • Are there endowment funds not in the posse	ssion of the organizati	on that	are held and a	dmınıstered for	3	Ba(i)	es No
b c 3a	Permanent endowment • 100 000 % Term endowment • Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organizati			dmınıstered for 	3	Ba(i) Ba(ii)	
b c 3a b	Permanent endowment 100 000 % Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organization	on Sche	edule R?	dmınıstered for	3	Ba(i)	No
b c 3a b	Permanent endowment 100 000 % Term endowment 4 Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organizati	on Sche wment	edule R? funds		3	Ba(i) Ba(ii)	No
b c 3a b	Permanent endowment 100 000 % Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organizati	on Sche wment	edule R? funds	art X, line 10.	3	Ba(i) Ba(ii)	No
b c 3a b	Permanent endowment 100 000 % Term endowment 4 Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organizati	on Sche wment	edule R? funds		3	Ba(i) Ba(ii) Ba(ii)	Νο
b c 3a b 4 Par	Permanent endowment 100 000 % Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organizati	on Sche wment	edule R? funds Form 990, Pa	art X, line 10.	3	Ba(i) Ba(ii) Ba(ii)	No No Book value
b c 3a b 4 Par	Permanent endowment 100 000 % Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organizati	on Sche wment	edule R? funds Form 990, Pa a) Cost or other asis (investment)	art X, line 10. (b)Cost or other basis (other)	3	3a(i)	No No Book value
b c 3a b 4 Par	Permanent endowment 100 000 % Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organizati	on Sche wment	funds Form 990, Pa a) Cost or other siss (investment)	art X, line 10. (b)Cost or other basis (other) 136,289	(c) Depreciat	3a(i)	No No Book value
b c 3a b 4 Par	Permanent endowment 100 000 % Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organizati	on Sche wment	funds Form 990, Pa a) Cost or other siss (investment)	art X, line 10. (b)Cost or other basis (other) 136,289	(c) Depreciat	3a(i)	N o N o Book value 163,680 793,341
b c 3a b 4 Par	Permanent endowment 100 000 % Term endowment Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organizati	on Sche wment	funds Form 990, Pa a) Cost or other siss (investment)	art X, line 10. (b)Cost or other basis (other) 136,289 1,408,209	(c) Depreciat	Ba(i) Ba(ii) Ba(iii) Ba	N o N o

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation · year market value
Financial derivatives and other financial products		Cost of elia-of-	7 car market value
·			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Total (Column (b) Should equal (only 550, full 11, col (b) mic 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
(a) Bescription of investment type	(b) book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	15		
Part IX Other Assets. See Form 990, Part X, II (a) Descri			(b) Book value
	ption		(b) Book value
Investments-Land, Buildings & Equipment			100.070
INVESTMENTS RESTRICTED			193,079
Other Assets			
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15.)		193,079
Part X Other Liabilities. See Form 990, Part X			·
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED PAYROLL	63,746		
ACCRUED VACATION PAY	56,155		
ACCRUED MORTGAGE INTEREST	2,066		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	121,967		

2	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2.454.060
_			2,454,969
	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,574,388
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-119,419
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
	Other (Describe in Part XIV)	8	
	Total adjustments (net) Add lines 4 - 8	9	
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-119,419
Part)		er R	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	2,357,956
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-236,333
3	Subtract line 2e from line 1	3	2,594,289
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-139,320
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,454,969
Part >			
1	Total expenses and losses per audited financial statements	1	2,713,708
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	136,585
3	Subtract line 2e from line 1	3	2,577,123
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-2,735
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,574,388

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Pt XII Line 4b		SPECIAL EVENTS EXPENSES NETTED WITH REVENUE RESPITE INCOME NETTED AGAINST SALARY EXPENSE
Pt XIII Line 2d		SPECIAL EVENTS EXPENSES NETTED WITH REVENUE
Pt XIII Line 4b		RESPITE INCOEM NETTED AGAINST SALARY EXPENSE
Pt V Line 4		90% OF THE ANNUAL INCOME IS TO BE USED UNDER THE DISCRETION OF THE TRUSTEES

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DLN: 93493035008000

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

ame of the organization					Employer ide	ntification number
REAT BAY SERVICES INC					02.024220	
					02-0242389	·
Part I Fundraising Ac	tivities. Complet	e if the or	ganızat	on answered "Yes" t	to Form 990, Part I\	/, line 17.
Indicate whether the orga	nızatıon raısed funds	through an	y of the 1	following activities Che	eck all that apply	
a Mail solicitations				e Solicitation of r	non-government grants	
b F Email solicitations				f Solicitation of	jovernment grants	
c Phone solicitations				g Special fundrais	sing events	
d In-person solicitations	5					
a Did the organization have	a written or oral agre	ement with	any indi	vidual (including officei	rs, directors, trustees	
or key employees listed ir						Г _{Yes} Г
b If "Yes," list the ten highe	st paid individuals or	entities (fi	ındraisei	s) pursuant to agreeme	ents under which the fu	ndraiseris
to be compensated at leas	•	•				
·						
<u>'</u>		(iii)				
		fundraise	erhave	(iv) Gross receipts	(v) A mount paid to	(vi) A mount paid to
(i) Name of Individual	(ii) Activity		erhave dy or	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(or retained by)
<u> </u>	(ii) A ctivity	fundrais e custo	erhave dy or ol of	, , ,	(or retained by)	
(i) Name of Individual	(ii) A ctivity	fundraise custod contro	erhave dy or ol of	, , ,	(or retained by) fundraiser listed in	(or retained by)
(i) Name of individual	(ii) Activity	fundraise custo contro contribu	er have dy or ol of tions?	, , ,	(or retained by) fundraiser listed in	(or retained by)
(i) Name of individual	(ii) Activity	fundraise custo contro contribu	er have dy or ol of tions?	, , ,	(or retained by) fundraiser listed in	(or retained by)
(i) Name of individual	(ii) Activity	fundraise custo contro contribu	er have dy or ol of tions?	, , ,	(or retained by) fundraiser listed in	(or retained by)
(i) Name of Individual	(ii) Activity	fundraise custo contro contribu	er have dy or ol of tions?	, , ,	(or retained by) fundraiser listed in	(or retained by)
(i) Name of Individual	(ii) Activity	fundraise custo contro contribu	er have dy or ol of tions?	, , ,	(or retained by) fundraiser listed in	(or retained by)
(i) Name of Individual	(ii) Activity	fundraise custo contro contribu	er have dy or ol of tions?	, , ,	(or retained by) fundraiser listed in	(or retained by)
(i) Name of Individual	(ii) Activity	fundraise custo contro contribu	er have dy or ol of tions?	, , ,	(or retained by) fundraiser listed in	(or retained by)
(i) Name of Individual	(ii) Activity	fundraise custo contro contribu	er have dy or ol of tions?	, , ,	(or retained by) fundraiser listed in	(or retained by)

	I	more than \$15,000 on Form	· · · · · · · · · · · · · · · · · · ·	1	1	1		
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) To (Add col		
			(event type)	(event type)	(total number)		(0)	
₹	1	Gross receipts						
Revenue	2	Less Charitable contributions						
œ	3	Gross revenue (line 1						
		minus line 2)						
	4	Cash Prizes						
မှ မ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses						
Direct		Direct expense summary Add lin	os 4 through 7 in column	· (d)	•			
Δ	8	Net income summary Combine Ii	-	• •				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thai	n
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
œ	1	Gross revenue	110,856	244,189	40,188		39	5,233
	2	Cash prizes	88,218				8	8,218
Expenses	3	Non-cash prizes						
ភ្មិ ថ្	4	Rent/facility costs	40,742				4	0,742
Direct	5	Other direct expenses	32,793	61,580			9	4,373
	6	Volunteer labor	│ Yes	┌ Yes	Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column ((d)			22	3,333
	8	Net gaming income summary Com	bine lines 1 and 7 in coli	umn (d)	🕨		17	1,900
							Yes	No
9 a		er the state(s) in which the organiza the organization licensed to operate		<u> </u>	 _	. 9a	Yes	
b		No," Explain				34	163	
10a	—— Wer	re any of the organization's gaming	icenses revoked, susper	nded or terminated during	the tax vear?	 10a		No
b		Yes," Explain			, ,	104		NO
						\dashv		
11	Doe	es the organization operate gaming	activities with nonmembe	ers?			Yes	
12		the organization a grantor, beneficia						
	torn	ned to administer charitable gaming	′			. 12	1	No

								Yes	
.3	Indicate the	percentage of gaming	g activity operated in						Γ
а	The organiza	ition's facility			13a				
b	An outside fa	acılıty			13b	100 000 %			
4	Provide the records	name and address of	the person who prepares the	organization's gaming/sp	ecıal events t	oooks and			
	Name ►	GREAT BAY SERVI	CES INC						
	Address 🟲	2061 WOODBURY NEWINGTON, NH							
Ба			tract with a third party from w				15a	Yes	
ь	If "Yes," ent	er the amount of gam	ing revenue received by the o	organization 🟲 \$	40,18	8 and the			r
	•	=	d by the third party 🟲 \$	- · · · · · · · · · · · · · · · · · · ·		_			
С		er name and address							
	Name 🟲	SEACOAST POKER	LLC						
	Address 🟲	319 NEW ZEALAN SEABROOK,NH 0							
6	Gaming man	ager information							
	Name 🟲								
	Gaming man	ager compensation 🕨	, \$						
	Description	of services provided l	-						
	Director/	officer	Employee	☐ Independen	t contractor				
7	Mandatory d	ıstrıbutıons							
а	_		state law to make charitable				17a		
b			required under state law disti		rganızatıons o	orspent	1/4		r

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DLN: 93493035008000

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047
2008
Open to Public

Inspection

Name	of	t he	orga	nizat	ion
GREAT	BAY	SER	VICES	INC	

Employer identification number

02-0242389

	ldentifier	Return Reference	Explanation
I	Pt XI, Line 2c		The finance committee selects the independent accountant and reviews the yearly audit results

ldentifier	Return Reference	Explanation
Pt VI-A, Line 10		The Form 990 is reviewed by the Executive Director and the Business Manager prior to filing

ldentifier	Return Reference	Explanation
Pt VI-B, Line 12c		The Organization monitors and enforces compliance with the conflict of interest policy within the written procedures outlined in the policy

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		The Board of Trustees uses comparison data and seeks outside advice as needed

ldentifier	Return Reference	Explanation
Pt VI-C, Line 19		Available upon request

DLN: 93493035008000

OMB No 1545-0047 2008

Open to Public

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Inspection

lame of the organization GREAT BAY SERVICES INC	Employer identification number				
				02-0242389	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	(E) ind-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	tions	·	İ		
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	n Public charity sta (if section 501(c))	tus Direct controlling (3)) entity
RESIDENTIAL OPPORTUNITIES INC					
	HOUSING FOR THE HANDICAPPED	NH	9	501 (C) (3)	NA

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) Predominant Income(related, Investment, unrelated)		(F) e of total income	(G) Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General o managing partner?	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organization		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(5)

(6)

Part V Transactions with Related Organizations	
--	--

						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with	h one or more related organizations listed in Parts II-IV				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b		No
c	Gift, grant, or capital contribution from other organization(s)			1c		No
d	Loans or loan guarantees to or for other organization(s)			1d	Yes	
e	Loans or loan guarantees by other organization(s)			1e		No
_				4.5		NI-
	Sale of assets to other organization(s)			1f		No
	Purchase of assets from other organization(s)			1g		No
	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k	Performance of services or membership or fundraising solicitations for other organizat	tion(s)		1k		No
	Performance of services or membership or fundraising solicitations by other organizati			11		No
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No
	Sharing of paid employees			1n		No
0	Reimbursement paid to other organization for expenses			10		No
р	Reimbursement paid by other organization for expenses			1р		No
q	O ther transfer of cash or property to other organization(s)			1q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who	1	and transaction thresholds			
	(A) Name of other organization(s)	(B) Transaction	(C) Amount Involved			
(1)		type(a-r)	/Modific Involved			
(1)	RESIDENTIAL OPPORTONITIES INC	d			35,637	'
(2)						
(2)						
(3)						
(4)						
/						

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	T	ı	(5)		· -			1	1	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Dispropitionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No
	1	1				ı		1		