

Form **990-EZ**

### Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

# 2007

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2007 calendar year, or tax year beginning 12/31, 2007, and ending 04/30, 20 08

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

**C** Name of organization: **ALLIANCE OF EPISCOPAL MARITIME MINISTRIES**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: **241 WATER STREET, 4TH FLOOR**  
 City or town, state or country, and ZIP + 4: **NEW YORK, NEW YORK 10038**

**D** Employer identification number: **45 0500025**

**E** Telephone number: **(212) 349-9090**

**F** Group Exemption Number: **none**

**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: ▶ N/A

**J** Organization type (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	3
	4	Investment income	4
	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 (attach schedule)	5c
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
8	Other revenue (describe ▶ )	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	
Expenses	10	Grants and similar amounts paid (attach schedule)	10
	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
	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	15
	16	Other expenses (describe ▶ )	16
17	<b>Total expenses.</b> Add lines 10 through 16	17	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18
	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
	20	Other changes in net assets or fund balances (attach explanation)	20
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21

**Part II Balance Sheets**—If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.  
 (See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments <u>STMT 1</u>	69. 22	NONE
23 Land and buildings		23
24 Other assets (describe ▶ )		24
25 <b>Total assets</b>	69. 25	NONE
26 <b>Total liabilities</b> (describe ▶ <u>STMT 2</u> )	69. 26	NONE
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		27

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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

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

What is the organization's primary exempt purpose? STMT 3
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 (Grants \$ ) If this amount includes foreign grants, check here . . . . . 28a

29 (Grants \$ ) If this amount includes foreign grants, check here . . . . . 29a

30 (Grants \$ ) If this amount includes foreign grants, check here . . . . . 30a

31 Other program services (attach schedule) . . . . . 31a
(Grants \$ ) If this amount includes foreign grants, check here . . . . .

32 Total program service expenses. Add lines 28a through 31a . . . . . 32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 61 of the instructions )

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Row 1: SEE STATEMENT 4, -0-, -0-, -0-

Part V Other Information (Note the statement requirement in General Instruction V.)

Table with 3 columns: Question, Yes, No. Rows include: 33 Did the organization make a change in its activities... (No), 34 Were any changes made to the organizing or governing documents... (No), 35 If the organization had income from business activities... (No), 35a Did the organization have unrelated business gross income... (No), 35b If "Yes," has it filed a tax return on Form 990-T for this year? (N/A), 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (Yes), 37a Enter amount of political expenditures... (37a), 37b Did the organization file Form 1120-POL for this year? (No), 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... (No), 38b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved (38b), 39 501(c)(7) organizations Enter (39a, 39b)

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

Table with columns Yes, No and rows 40b, 40e. Row 40b: Yes, X. Row 40e: Yes, X.

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE

d Enter amount of tax on line 40c reimbursed by the organization NONE

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed.

42a The books are in care of MS. LESLIE O'NEAL GENEVE Telephone no. (212) 340-9090 Located at 241 WATER STREET, 4TH FLOOR NEW YORK, NY ZIP + 4 10038

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Table with columns Yes, No and rows 42b, 42c. Row 42b: Yes, X. Row 42c: Yes, X.

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 NONE

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer: David M. Roer Date: 6/11/08

Type or print name and title: DAVID M. ROER EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: David Roer CPA Date: JUN 5 2008 Check if self-employed Preparer's SSN or PTIN (See Gen Inst X) Firm's name (or yours if self-employed): EISNER LLP address, and ZIP + 4: 750 THIRD AVENUE NEW YORK, NY 10017-2703

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
CASH	69.	NONE
TOTALS	69.	NONE
=====	=====	=====

FORM 990EZ, PART II - TOTAL LIABILITIES

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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
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ACCOUNTS PAYABLE	69.	NONE
TOTALS	69.	NONE
	=====	=====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
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THE MISSION OF THE ALLIANCE OF EPISCOPAL MARITIME MINISTRIES IS TO  
IMPROVE THE LIVES OF SEAFARERS OF ALL NATIONS WHO CALL IN THE PORTS  
OF THE UNITED STATES.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
NIELS M JOHNSEN 241 WATER ST. 4TH FLOOR NEW YORK, NY 10038	PRESIDENT 0.50	NONE	NONE	NONE
ARTHUR L ARMITAGE 241 WATER ST. 4TH FLOOR NEW YORK, NY 10038	SECRETARY 0.50	NONE	NONE	NONE
GEORGE D BENJAMIN 241 WATER ST. 4TH FLOOR NEW YORK, NY 10038	BOARD MEMBER 0.50	NONE	NONE	NONE
GEORGE ISDALE 241 WATER ST. 4TH FLOOR NEW YORK, NY 10038	BOARD MEMBER 0.50	NONE	NONE	NONE
THOMAS L MCLANE 241 WATER ST. 4TH FLOOR NEW YORK, NY 10038	BOARD MEMBER 0.50	NONE	NONE	NONE
GRAND TOTALS				
		NONE	NONE	NONE

FORM 990EZ, PART V - EXPLANATION FOR LINE 36  
=====

THE ALLIANCE OF EPISCOPAL MARITIME MARINERS CEASED OPERATIONS AND IS  
IN THE PROCESS OF DISSOLVING THE CORPORATION.



**Certificate of Dissolution**  
**of**  
**The Alliance of Episcopal Maritime Ministries, Inc.**

**Pursuant to § 1003 of the Not-for-Profit Corporation Law**

**Filed by:**

**Seward & Kissel LLP**

**One Battery Park Plaza  
New York, New York 10004**

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MAY 17 2010  
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CERTIFICATE OF DISSOLUTION  
OF  
THE ALLIANCE OF EPISCOPAL MARITIME MINISTRIES, INC.  
UNDER SECTION 1003 OF THE NOT-FOR-PROFIT CORPORATION LAW

I, THE UNDERSIGNED, the Chairperson and President, respectively, of The Alliance of Episcopal Maritime Ministries, Inc. hereby certify:

1. The name of this Corporation is The Alliance of Episcopal Maritime Ministries, Inc. (the "Corporation").

2. The Certificate of Incorporation of the Corporation was filed by the Department of State of the State of New York on December 31, 2002.

3. The name and address of each of the directors of the Corporation is, respectively, as follows:

<u>NAME</u>	<u>ADDRESS</u>
Arthur L. Armitage	30 Sutton Place New York, NY 10022
Niels M. Johnsen	One Whitehall Street, 20 <sup>th</sup> Floor New York, NY 10004
George D. Benjamin	530 East 86 <sup>th</sup> Street, Apt. PHA New York, NY 10028
George Isdale, Jr.	One Lafayette Place, 2 <sup>nd</sup> Floor Greenwich, CT 06830
Thomas L. McLane	8 Sound Shore Drive Greenwich, CT 06830

4. The name, title and address of each of the officers of the Corporation is, respectively, as follows:

<u>NAME and TITLE</u>	<u>ADDRESS</u>
Niels M. Johnsen, Chairperson/President	One Whitehall Street, 20 <sup>th</sup> Floor New York, NY 10004
Thomas L. McLane, Vice President	8 Sound Shore Drive

Greenwich, CT 06830

George M. Isdale, Jr., Treasurer

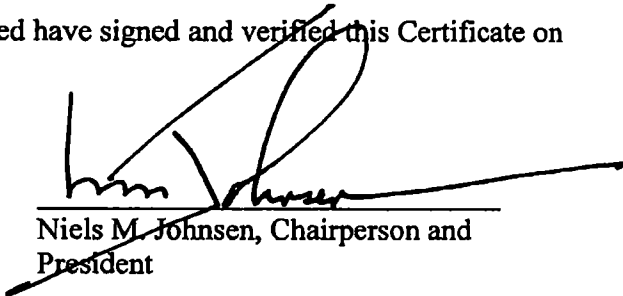
One Lafayette Place, 2<sup>nd</sup> Floor  
Greenwich, CT 06830

Arthur L. Armitage, Secretary

30 Sutton Place  
New York, NY 10022

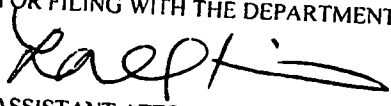
5. At the time of dissolution, the Corporation is a Type B corporation.
6. The Corporation elects to dissolve.
7. The Plan of Dissolution was authorized by majority vote of the Board of Directors. The Plan of Dissolution was approved by a two-thirds vote of Members.
8. The Corporation filed with the Attorney General a certified copy of its Plan of Dissolution.
9. The Plan of Dissolution filed with the Attorney General included a statement that at the time of dissolution the Corporation had no assets or liabilities.
10. The Corporation ~~does~~ not hold any assets that are legally required to be used for a particular purpose pursuant to the Not-for-Profit Corporation Law.
11. Prior to the filing of this Certificate of Dissolution with the Department of State, the endorsement of the Attorney General will be attached.

IN WITNESS WHEREOF, the undersigned have signed and verified this Certificate on October 31, 2008.

  
\_\_\_\_\_  
Niels M. Johnsen, Chairperson and  
President

SK 26229 0001 918102

THE ATTORNEY GENERAL HEREBY APPROVES  
THE FOREGOING CERTIFICATE OF DISSOLUTION  
FOR FILING WITH THE DEPARTMENT OF STATE

  
\_\_\_\_\_  
ASSISTANT ATTORNEY GENERAL

DATE

7/10/09

Station Name: ALB003MA2871574 Date: 5/20/2010 Time: 11:33:39 AM

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REQUESTED RECORD NOT AVAILABLE