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# Form 990-EZ

SCANNEL DR ILLE

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

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

2009

OMB No 1545-1150

Open to Public Inspection

| Department of the Treasury<br>Internal Revenue Service   |  |  | assets less than \$1,250,000 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. |          |              |             |            | ents.          | Inspection |              |  |                                  |             |            |               |          |             |  |
|--|--|--|--|----------|--------------|-------------|------------|----------------|------------|--------------|--|----------------------------------|-------------|------------|---------------|----------|-------------|--|
| A For the 2009 calendar year, or tax year beginning (2/1/08 , 2909, and ending   |  |  |  |          |              | (1/30/,2009 |            |                |            |              |  |                                  |             |            |               |          |             |  |
| Вс   | heck if a  | pplicable  | Please   | C Na     | ame of orga  | anization   |            | <del>- 7</del> |            |              | <del>/                                    </del> | D Employer identification number |             |            |               |          |             |  |
|  | Address change use IRS Con Dort T. Medical Association   |  |  |          |              |             |            | 58             | ·- 🛪       | 6            | 7613   | 59                               |             |            |               |          |             |  |
| =  | iduel of 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18   |  |  |          |              |             |            |                |            | E Teler      |  |                                  |             |            |               |          |             |  |
|  |  |  |  |          |              |             |            |                |            | (650)        | D) 333-3886                                      |                                  |             |            |               |          |             |  |
| =  |  |  | Specific   |          | or town, sta | ate or coun | try, and Z |                |            |              |  |                                  |             | F Grou     | oup Exemption |          |             |  |
| ☐ Amended return Instructions. Redwood City A 94063-2706 F Group Exemption Number ▶  |  |  |  |          |              |             |            |                |            |              |  |                                  |             |            |               |          |             |  |
|  | • Seci   | tion 501(c)(3)   | organiz  |          |              |             |            | ot charita     | ble tru    | sts must i   | attach   |                                  | G Accou     | nting M    | ethod:        |          | Cash [      | Accrual  |
|  | • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ▶ |  |  |          |              |             |            |                |            |              |  |                                  |             |            |               |          |             |  |
|  | H Check ► At the organization is not   |  |  |          |              |             |            |                |            |              | s not  |                                  |             |            |               |          |             |  |
| ιV   | I Website: ▶ required to attach Schedule B (Form 990,  |  |  |          |              |             |            |                |            |              |  |                                  |             |            |               |          |             |  |
| JΤ   | J Tax-exempt status (check only one) — \$\infty\$ 501(c) ( 6 ) \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |  |  |          |              |             |            |                |            |              |  |                                  |             |            |               |          |             |  |
| K  | heck •   | ▶ ☐ ıf th  | e organı   | ızatıon  | is not a se  | ection 509  | 3(a)(3) su | pporting o     | organiza   | tion and it  | ts gross   | s rece                           | eipts are n | ormally    | not me        | ore th   | an \$25,    | 000 A  |
| F  | orm 99   | 90-EZ or Forn  | -  |          |              |             |            |                | -          |              | _  |                                  |             | -          |               |          |             |  |
| L A  | dd line:   | s 5b, 6b, and 7  |  |          |              |             |            |                |            |              |  |                                  |             |            | \$            |          |             |  |
| P  | art I  | Revenu   | e, Exp   | ense     | es, and      | Change      | es in N    | et Asse        | ets or     | Fund Ba      | alanc  | es (                             | See the     | instru     | ctions        | s for    | Part I      | .)   |
|  | 1  | Contribution   | ons, giff  | ts, gra  | ants, and    | l sımilar   | amount     | s receive      | d          |              |  | •                                |             |            | 1             |          |             |  |
|  | 2  | Program s  | ervice r   | reveni   | ue includ    | ling gove   | ernment    | fees and       | d contr    | acts .       |  |                                  |             |            | 2_            |          |             |  |
|  | 3  | Membersh   | ip dues  | s and    | assessm      | nents .     |            |                |            |              |  |                                  |             |            | 3             | 8        | 3,0         | 000  |
|  | 4  | Investmen  | t incom  | ne .     |              |             |            |                |            |              |  |                                  |             |            | 4             |          |             |  |
|  | 5a   | Gross amo  | ount fro   | m sal    | e of asse    | ets other   | than in    | ventory        |            |              | 5a   |                                  |             |            |               |          |             |  |
|  | , b  | Less: cost   |  |          |              |             |            |                |            |              | 5b   |                                  |             |            |               |          |             |  |
| •  | С  | Call of g  | ss) iron   | n sale   | -of)asset    | sother t    | han inv    | entory (S      | Subtrac    | t line 5b    | from l   | ine 5                            | a)          |            | 5c            |          |             |  |
| Revenue  | 6  | Special event  | s-and ac   | tivities | (completer   | phlicable   | parts of S | chedule G)     | . If any a | mount is fro | om gam   | ing, c                           | heck here I | ▶ 🔲        | ] ]           |          |             |  |
| ĕ  | а  | Grees reversed to  | enue (no   | ot incl  | luding 🔀     | 31          |            | of             | contri     | butions      |  |                                  |             |            |               |          |             |  |
| æ  |  | repotted to  | PRn&1  | 16. ZV   | ۶۱۰ ار       | ğ.\         |            |                |            |              | 6a   | <u> </u>                         |             |            |               |          |             |  |
|  | b  | Lessioned  | ct expe  | nses     | other tha    | n-fundra    |            |                |            |              | 6b   | <u> </u>                         |             |            |               |          |             |  |
|  | С  | Net incom  | // P   | _ 171    | 11 31 11     | 31          |            | •              |            |              | from   | line 6                           | Sa)         |            | 6c            |          | <u>_ උ</u>  |  |
|  | 7a   | Gloss sale   |  |          | -            | turns ar    | nd allow   | ances .        |            |              | 7a   |                                  |             |            |               |          |             |  |
|  | b  | Less: cost   | _  |          |              |             |            |                |            |              | 7b   | <u> </u>                         |             |            |               |          | ~           |  |
|  | С  | Gross prof   | -  | -        |              |             |            |                |            | rom line     | 7a) .  | •                                |             |            | 7c            | _        | <u> </u>    | <del></del>                                    |
|  | 8  | Other reve   |  |          |              | IR          |            | etu            | nd         |              |  |                                  |             | )          | 8             | _        | <u>_a</u>   |  |
|  | 9_   | Total reve   |  | _        |              |             |            |                |            | · · ·        |  | <u>.</u>                         | <u></u>     | . ▶        | 9             | <u>8</u> | <del></del> | <u> 2/</u>                                     |
|  | 10   | Grants and   |  |          | •            |             | sched      | ule)           |            |              |  | •                                |             |            | 10            |          | 1,6         | 7 <u>5                                    </u> |
|  | 11   | Benefits p   |  |          |              |             |            |                |            |              |  | •                                |             |            | 11            |          | <u> </u>    | <del>-</del>                                   |
| enses  | 12   | · · · · · · · · · · · · · · · · · · ·  |  |          |              |             |            |                |            | 12           |  |                                  | 77.0        |            |               |          |             |  |
| ë  | 13   |  |  |          |              |             | •          | endent c       | ontract    | tors         |  | •                                |             |            | 13            | _7       | <u> </u>    | 78   |
| Exp  | 14   | Occupanc   | -  |          |              |             |            |                |            |              |  | •                                |             |            | 14            |          |             |  |
| ш  |  | Printing, publications, postage, and shipping  |  |          |              |             |            |                |            | 15           |  |                                  |             |            |               |          |             |  |
|  | 16   | Other expenses (describe > insurance, office, advertising )  Total expenses. Add lines 10 through 16 |  |          |              |             |            |                |            | 16           |  | e, 7                             | -24         |            |               |          |             |  |
|  | 17   |  |  |          |              |             |            |                |            | · · ·        |  |                                  |             | <u>. ►</u> | 17            | 7        | 1,5         | 4 (  |
| sts  | 18   | Excess or  | , ,  |          |              |             |            |                |            |              |  |                                  |             |            | 18            |          | 2/6         | <del>7 7 -</del>                               |
| SS   | 19   | Net assets<br>end-of-yea   |  |          |              |             |            |                |            |              |  | -                                | _           |            |               |          | - 2         | <i>57</i>                                      |
| Ą  |  | -  | -  | -        | -            |             |            | -              |            |              |  |                                  |             |            | 19            |          | <u> </u>    | <del></del>                                    |
| Net Assets   | 20   | Other char   | •  |          |              |             |            |                |            |              |  |                                  |             |            | 20            |          | 8,8         | 21   |
| Ð  | 21   | Net assets   |  |          |              |             |            |                |            |              |  |                                  | · · · ·     | m 990      | 21<br>instar  |          |             |  |
| Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year  (B) End of year |  |  |  |          |              |             |            |                |            |              |  |                                  |             |            |               |          |             |  |
| 00   |  |  |  |          |              |             | 44.        |                | 22         |              | 019  |                                  |             |            |               |          |             |  |
|  |  |  |  |          |              |             |            | 77-            |            | 22           | 10)  | <u> </u>                         |             |            |               |          |             |  |
| <del></del>  |  |  |  |          |              |             |            |                |            |              |  |                                  |             |            |               |          |             |  |
|  | 6 (1)  |  |  |          |              |             | 441        |                | 25         | 10.          | 019  |                                  |             |            |               |          |             |  |
|  | 25 Total assets  |  |  |          |              |             | 088        |                |            |              |  |                                  |             |            |               |          |             |  |
|  |  |  |  |          |              |             | 331        |                |            |              |  |                                  |             |            |               |          |             |  |
|  |  | y Act and Pa   |  |          |              |             |            |                |            |              | <del>., .</del>                                  | <u> </u>                         | Cat. No 10  |            |               |          |             | -EZ (2009)                                     |
|  | FILTOL   | ,, not allu F  | , <del>, , , , , , , , , , , , , , , , , , </del>  | ~        | ,would Mi    | 171170      | , ove uit  | , sopular      |            |              |  |                                  |             |            |               | ,        |             | ()   |

| Part III    | Statement of Program Service Accomp  |  |                                   |  | ]       | Expenses                                   |  |  |  |
|-------------|--|--|-----------------------------------|--|---------|--|--|--|--|
| What is the | e organization's primary exempt purpose?   | represent member                                 | s to city l                       | eaders   |         | ired for section                           |  |  |  |
| Describe 1  | what was achieved in carrying out the organic  | anization's exempt purpos                        | ses. In a cleár ar                | nd concise                                       |         | )(3) and 501(c)(4)<br>izations and section |  |  |  |
| manner, d   |  | a)(1) trusts; optional                           |                                   |  |         |  |  |  |  |
| each prog   | ram title.   |  |                                   | _  | for ot  |  |  |  |  |
| 28 Þa       | rticipated in city planning  | a meetings                                       |                                   |  |         |  |  |  |  |
|             | 7 1  | <del> </del>                                     |                                   |  |         | 501©6                                      |  |  |  |
|             |  |  |                                   |  |         | not  |  |  |  |
| (Gran       | (Grants \$ ) If this amount includes foreign grants, check here ▶ □  |  |                                   |  |         |  |  |  |  |
| 29 part     |  |  |                                   |  |         |  |  |  |  |
| 20 433.1    |  |  |                                   |  |         |  |  |  |  |
|             |  | ()   |                                   |  |         |  |  |  |  |
| (0          | (Grants \$ ) If this amount includes foreign grants, check here ▶ □  |  |                                   |  |         |  |  |  |  |
| Gran        |  | levelopment                                      | L                                 | · • •  | 29a     |  |  |  |  |
| 30 par      | ticipated in General Plan a  | everapmen.                                       |                                   |  |         |  |  |  |  |
| `           | 1 /  |  |                                   |  |         |  |  |  |  |
|             |  |  |                                   |  |         |  |  |  |  |
| (Gran       |  | includes foreign grants, che                     | eck here                          | . ▶ ⊔  | 30a     |  |  |  |  |
|             | r program services (attach schedule)   |  |                                   | · · ·_   |         |  |  |  |  |
| (Gran       |  | includes foreign grants, che                     | eck here                          | <u>. ▶ ⊔</u>                                     | 31a     |  |  |  |  |
| 32 Tota     | I program service expenses (add lines 28a t  |  |                                   | <u> ▶</u>  | 32      |  |  |  |  |
| Part IV     | List of Officers, Directors, Trustees, and Key   |  |                                   |  |         |  |  |  |  |
|             | (a) Name and address   | (b) Title and average hours per week             | (c) Compensation<br>(if not paid, | (d) Contributio<br>employee benefit              | ns to   | (e) Expense<br>account and                 |  |  |  |
|             | (a) Name and address   | devoted to position                              | enter -0)                         | deferred compe                                   | nsation | other allowances                           |  |  |  |
| Chris       | Olivas Cenex, 863 Seport   | president  |                                   |  |         |  |  |  |  |
| Rlud        | , Redwood Oty CA 94063   | president  | <del></del>                       | -6   |         | <del></del>                                |  |  |  |
|             | - The state of the | <del>-                                    </del> |                                   |  |         |  |  |  |  |
|             |  |  |                                   |  |         |  |  |  |  |
| - Di        | & Mann. Graniterock,   | `  |                                   |  |         | _  |  |  |  |
| 2/F 21      | 1 1 2 1 2 1 2 1 2 1  | vice president                                   | <del></del>                       | -  |         | -0-  |  |  |  |
| 509 P       | emanst St., Redwood City,  |  |                                   |  |         |  |  |  |  |
|             | CA 77063   | ,  |                                   |  |         |  |  |  |  |
|             | 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |                                   |  |         |  |  |  |  |
| Clem        | Molony, Lyngso, 19 > eaport  | secy freasir.                                    | <b>O</b>                          | 1  |         | -0-  |  |  |  |
| _B (vd .    | , Redisond City, CA 94063  | 7 // //  |                                   |  |         |  |  |  |  |
|             | , , , , , , , , , , , , , , , , , , ,  |  |                                   |  |         |  |  |  |  |
|             |  |  |                                   | <u>.</u>   |         |  |  |  |  |
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|             |  |  |                                   |  |         |  |  |  |  |
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|             |  | 1  |                                   |  |         |  |  |  |  |
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|             |  | 1  |                                   |  |         |  |  |  |  |
|             |  | l <u> </u>                                       |                                   |  | For     | m <b>990-EZ</b> (2009)                     |  |  |  |
|             |  |  |                                   |  | . 01    | (2000)                                     |  |  |  |

| Part   | V Other Information (Note the statement requirements in the instructions for Part V.)  |             |            | age O  |
|--------|--|-------------|------------|--------|
| ,      |  |             | Yes        | No     |
| 33     | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   | 33          |            | X      |
| 34     | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes   | 34          |            | 人      |
| 35     | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.                            |             |            |        |
| а      | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?   | 35a         |            | ×      |
| b      | If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b         |            |        |
| 36     | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  | 36          |            | K      |
| 37a    | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a  |             |            |        |
| b      | Did the organization file Form 1120-POL for this year?   | 37b         |            | X      |
| 38a    | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were  |             |            | -      |
| _      | any such loans made in a prior year and still outstanding at the end of the period covered by this return?   | 38a         |            | X      |
| b      | If "Yes," complete Schedule L, Part II and enter the total amount involved   |             |            | 1      |
| 39     | Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  |             |            | 1      |
| a<br>b | Gross receipts, included on line 9, for public use of club facilities  | 1           |            |        |
| 40a    | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  | 1           |            | ;      |
|        | section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶   |             |            | 1      |
| ь      | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit  |             |            |        |
|        | transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b         |            |        |
| С      | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on  |             |            |        |
|        | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |             |            |        |
| d      | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  |             |            |        |
| е      | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   | 40e         |            | ×      |
| 41     | List the states with which a copy of this return is filed. ▶   |             |            |        |
| 42a    | The organization's books are in care of ► Clem Molony Telephone no. ► 65   |             |            |        |
|        | Located at ► 19 Sea port Blvd., Reduced City, CA, 94063 ZIP+4 > 940  | 63.         | <u>-3.</u> | 706    |
| b      | At any time during the calendar year, did the organization have an interest in or a signature or other authority   |             | Yes        | No     |
|        | over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 42b         | 162        | NO .   |
|        | If "Yes," enter the name of the foreign country: ▶   | 720         |            |        |
|        | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  |             |            | 1      |
|        | and Financial Accounts.  |             |            | 1      |
| С      | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   | 42c         |            | X      |
|        | If "Yes," enter the name of the foreign country: ▶   |             |            |        |
| 43     | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  |             | . 1        | ▶ □    |
|        | and enter the amount of tax-exempt interest received or accrued during the tax year  |             |            |        |
|        |  |             | Yes        | No     |
| 44     | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of   |             |            |        |
| 4-     | Form 990-EZ  | 44          |            |        |
| 45     | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  | AE          |            | ~      |
|        |  | 45<br>m 990 | ) E7       | (0000) |

| Part V       | Section 501(c)(3) organizations and s<br>501(c)(3) organizations and section 494<br>and complete the tables for lines 50 an | section 4947(a)(1) none<br>17(a)(1) nonexempt chari<br>d 51.              | xempt chari<br>table trusts n             | table trusts only. A<br>nust answer question            | All section<br>ons 46–49b              |  |  |  |  |  |
|--------------|---|---|---|---|--|--|--|--|--|--|
|              | Did the organization engage in direct or indirect   |   |   |   | Yes No                                 |  |  |  |  |  |
|              | candidates for public office? If "Yes," complete S  | •   |   |   | 46 X                                   |  |  |  |  |  |
|              | Did the organization engage in lobbying activities  |   |   |   | 47                                     |  |  |  |  |  |
|              | s the organization a school as described in section   |   |   |   | 48                                     |  |  |  |  |  |
|              | Did the organization make any transfers to an ex  |   |   |   | 49a K                                  |  |  |  |  |  |
| 50 (         | If "Yes," was the related organization a section 527 organization?  |   |   |   |  |  |  |  |  |  |
| 30           | employees) who each received more than \$100,0  | 200 of compensation from  | the organization                          | on. If there is none. er                                | nter "None."                           |  |  |  |  |  |
|              | (a) Name and address of each employee paid more than \$100,000  | (b) Title and average<br>hours per week<br>devoted to position            | (c) Compensat                             |   | (e) Expense<br>& account and           |  |  |  |  |  |
|              | Jone  |   |   |   |  |  |  |  |  |  |
| /            | Vone  |   |   |   |  |  |  |  |  |  |
|              |   |   | •   |   |  |  |  |  |  |  |
|              |   |   |   |   |  |  |  |  |  |  |
|              |   |   |   |   |  |  |  |  |  |  |
|              |   |   |   |   |  |  |  |  |  |  |
|              |   |   |   |   |  |  |  |  |  |  |
|              |   |   |   |   |  |  |  |  |  |  |
|              |   |   |   |   |  |  |  |  |  |  |
|              | \$100,000 of compensation from the organization  (a) Name and address of each independent contractor                        |   |   | ) Type of service                                       | (c) Compensation                       |  |  |  |  |  |
|              | 1.  |   |   |   |  |  |  |  |  |  |
|              | None  |   |   |   |  |  |  |  |  |  |
|              |   |   |   |   |  |  |  |  |  |  |
|              |   |   |   |   |  |  |  |  |  |  |
|              |   |   |   |   |  |  |  |  |  |  |
|              |   | · · · · · · · · · · · · · · · · · · ·                                     |   |   |  |  |  |  |  |  |
|              |   |   |   |   |  |  |  |  |  |  |
|              |   |   |   |   |  |  |  |  |  |  |
|              |   |   |   |   |  |  |  |  |  |  |
| d            | Total number of other independent contractors e   | each receiving over \$100,0   | 00▶                                       |   |  |  |  |  |  |  |
|              |   |   |   |   |  |  |  |  |  |  |
|              | Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration        | ed this return, including accompai<br>of preparer (other than officer) is | nying schedules an<br>based on all inform | nd statements, and to the boation of which preparer has | est of my knowledge<br>s any knowledge |  |  |  |  |  |
| Sign<br>Here | _ CMolo   | ey-   |   | 4/5/  | 10                                     |  |  |  |  |  |
|              | Signature of officer Clem Molony, boo   | ed socyffre   | ascerer                                   | Date ' '  |  |  |  |  |  |  |
| Paid         | Type or print name and title / / Preparer's   | Date  | Check if self-                            |   | umber (See instructions)               |  |  |  |  |  |
| Prepare      | signature Firm's name (or   |   | employed                                  | <del>                                     </del>        | -                                      |  |  |  |  |  |
| Use On       | yours if self-employed),  |   |   | EIN ▶   |  |  |  |  |  |  |
| Mayth        | e IRS discuss this return with the preparer show  | n above? See instructions   |   | Phone no ►  | ☐ Yes ☐ No                             |  |  |  |  |  |
| iviay III    | e into discuss this retain with the preparer show   | aboro. Goo mondonona  | _ • • • • • • • • • • • • • • • • • • •   | F   | orm <b>990-EZ</b> (2009                |  |  |  |  |  |



Seaport Industrial Association, 12/1/09

Grants paid in 2009

Tax Attachment to 990 EZ

# **Expenses**

## Sponsorships of events:

| Redwood City Little League        | Sponsor team                   | 325      |
|-----------------------------------|--------------------------------|----------|
| Police Activities League          | Sponsor of fundraising efforts | 350      |
| Housing Leadership Council        | Sponsor fundraisers            | 250      |
| Boy & Girls Club                  | Sponsor fundraiser             | 100      |
| Redwood City Education Foundation | Sponsor fundraiser             | 150      |
| Bay Planning Coalition            | Sponsor conference             | 500      |
|                                   |                                |          |
|                                   | TOTAL                          | \$ 1,675 |

By Secretary/Treasurer Clem Molony