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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

ΑF	or the	2010 calendar year, or tax year beginning $(2/(/69)$, $\frac{2010}{7}$, and ending	\mathcal{U}	30 /,2010.			
B Check		plicable C Name of organization D Em	oloyer id	entification number			
	Address c	hange Seaport Industrial Association 58	58-2676159 E_Telephone number				
	Name cha	nge Number and street (or P O box, if mail is not delivered to street address) Room/suite E_Tele					
	nıtıal retu	19 Seaport Blud 1650) 33	3-3886			
=	Terminate	City or town, state or country, and ZIP + 4	oup Exe				
=	Amended	return D O O O O O O O O O O O O O O O O O O	mber •	•			
	Vebsit		k Fall organization is not red to attach Schedule B				
				D-EZ, or 990-PF)			
_	Check •	If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normall of-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions)					
		return, be sure to file a complete return	But II ti	ie organization chooses			
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	<u> </u>				
			· .				
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$				
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions	.			
		Check if the organization used Schedule O to respond to any question in this Part I		<u> </u>			
	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	100,550			
	4	Investment income	4				
	5a	Gross amount from sale of assets other than inventory 5a 5a	1 1				
	ь	Less. cost or other basis and sales expenses					
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .	5c	0			
	6	Gaming and fundraising events					
	a	Gross income from gaming (attach Schedule G if greater than					
ē	-	\$15,000)					
Revenue	h	Gross income from fundraising events (not including \$ of contributions	٦,				
e	"	from fundraising events reported on line 1) (attach Schedule G if the					
<u> </u>		sum of such gross income and contributions exceeds \$15,000) 6b					
		Less: direct expenses from gaming and fundraising events . 6c	-				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	┤ 、│				
	"	line 6c)	6d	0			
,	7-	·	00				
	7a	· · · · · · · · · · · · · · · · · · ·	⊣ ,				
l	b		┥,,┤				
€	C	Gross profit or (loss) from sales of inventory (Subtract line-7b-from line 7a)	7c				
•	8	Other revenue (describe in Schedule O)	-	100 550			
: —	9	Grants and similar amounts paid (list in Schedule O)	9	100,550			
	10		10	4413			
	11	Bellette bald to or for mornoord	11				
es	12	Salaries, other compensation, and employee benefits	12	770 700			
SUS	13	Professional fees and other payments to independent contrac@SDEN. UT	13	89,389			
Expenses	14	Occupancy, rent, utilities, and maintenance	14				
Ú	15	Printing, publications, postage, and shipping	15				
	16	Other expenses (describe in Schedule O)	16	8,071			
	17_	Total expenses. Add lines 10 through 16	17	98,935			
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,615			
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					
ASS		end-of-year figure reported on prior year's return)	19	8,83/			
et /	20	'Other changes in net assets or fund balances (explain in Schedule O)	20				
ž	04	Not assets or fund balances at end of year. Combine lines 18 through 20	21	10 411			

Form 990-EZ (2010)

Pa	Check if the organization used Schedule			tion in this Part I	11		ছ
			ond to any quot	·····	ginning of year	• •	(B) End of year
22	Cash, savings, and investments			. 10	.019	22	5,201
23	Land and buildings					23	
24	Other assets (describe in Schedule O)					24	6,250
25	Total assets		•	. 10	/ <u> </u>	25	11,451
26	Total liabilities (describe in Schedule O)			· · · <u>- /</u>		26	1,005
27	Net assets or fund balances (line 27 of column		<u> </u>		1831	27	<u>0,446</u>
Par	Statement of Program Service Accommode Check if the organization used Schedule					(Dogs	Expenses uired for section
\//hat	t is the organization's primary exempt purpose?	- C to respi	ond to any ques	don in this Fart	<u>" · · · </u>		:)(3) and 501(c)(4)
	ribe what was achieved in carrying out the organization	n's exempt p	urposes. In a clear	and concise man	ner, describe		nizations and section (a)(1) trusts, optional
	ervices provided, the number of persons benefited, and				,		hers)
28	participated in city of	lannin	g meet	rings			= .()<
	7-1		1	7	,		901(c)6
							nof
			reign grants, che		▶ □	28a	reguire
29	participated in city El	R sco	ping me	etings			_
	· · · · · · · · · · · · · · · · · · ·		- 2	7			1 ((
20		t includes to	preign grants, che		<u>_ </u>	29a	<u> </u>
30	participated in Genera	مصاع لا	n devel	spueus			
	<u> </u>						l (
	(Grants \$) If this amount	t includes fo	oreign grants, che	ock here	······	30a	
31	Other program services (describe in Schedule O)	t inolados le				<u> </u>	
		t includes fo	oreign grants, che	eck here .	▶ □	31a	
32	Total program service expenses (add lines 28a	through 31	a)		. ▶	32	
Par					ated (see the in	nstruc	tions for Part IV)
	Check if the organization used Schedule	e O to resp	ond to any ques	tion in this Part	IV		
	(a) Name and address		e and average rs per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
			ed to position	enter -0)	deferred compen		other allowances
Ch	1715 Mann, Graniterock, 365	Dre	251deut	A	0		-0-
Blo	emquist St., Redwood City CA 94063	3 7	_		_		
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1	le Lever Sims Metal, 699				 		
500	part Bl., Radwood City CA 94063	vice	president	· -0 -	0		-
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R	eduscol City CA 94063	—	•		1		
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Part	Other Information (Note the statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	Check if the diganization doed conceded to to respond to any question in the rank v		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		K
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			X
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	1		
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 section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	1		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
D	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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		人
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 ▶650			
b	Located at ► 19 Seeport Bl., Redwood Lity, CA ZIP + 4 ► 940 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	63		70 ¢
	account)?	42b	_	K
	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.			
С	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:	42c		K
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		,	
	· · · · · · · · · · · · · · · · · · ·		r-	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		人
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	440		X

-	age 4
	No
	K

								7	NI.
45						540(1)(40)0		Yes	
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? 45 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the							K		
а									
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of							1	
	Form 990-EZ (see instructions)						45a		
46	Did the organization engage, directly or to candidates for public office? If "Yes,"						46		k
Part '	Section 501(c)(3) organization 501(c)(3) organizations and section and 52, and complete the table	tion 49	47(a)(1) nonexempt charr						b
	Check if the organization used So			stion i	n this Part V	\sim	4		
	Oneon it the organization does of		to to respond to any quet	30111	THO T GIV	· · · · · · · · · · · · · · · · · · ·		Yes	No
47	Did the organization engage in lobbying	activitie	s? If "Yes " complete Sche	dule C	: Part II		47		
48	Is the organization a school as described		•			<i>.</i> . F	48		
49a	Did the organization make any transfers					_	49a		
b	If "Yes," was the related organization a s						49b		
50	Complete this table for the organization			vees (other than o	fficers, directors, t		es an	d kev
	employees) who each received more tha								
			(b) Title and average	(c) C	Compensation	(d) Contributions to		Expen	
	(a) Name and address of each employee paid more than \$100,000)	hours per week devoted to position			employee benefit plans & deferred compensation		count a allowa	
						<u> </u>			
	none		1						
			1						
			1						
			1						
			1						
f	Total number of other employees paid o	ver \$10	0,000			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
51	Complete this table for the organization			pende	ent contracto	ors who each rec	eived	more	than
•	\$100,000 of compensation from the org	anizatio	on If there is none, enter "N	one "					
						(c) Co	mpensa	ation	
	noue								
	· · · · · · · · · · · · · · · · · · ·								
						_			
						T			
d	Total number of other independent cont	ractors	each receiving over \$100,0	. 00	▶				
52	Did the organization complete Schedule	A? Not	e. All section 501(c)(3) orga	ınızatı	ons and 494	7(a)(1)			
	nonexempt charitable trusts must attach	a com	pleted Schedule A .		<u> </u>	▶ [Yes		No
	penalties of perjury, I declare that I have examined this prrect, and complete Declaration of preparer (other th						dge an	d belief	f, it is
	- 110 0					, 1			
0:	Mala	cup			†	4/11/11			
	Sign Signature of officer Date								
Here	Here Clem Molon, board secretary/treesurer								
	Type or print name and title	410	7/1			<u> </u>	-		
<u></u>	Prot/Time property name	Prepa	arer's signature		Date	Chock C .	PTIN		
Paid						Check if self-employed			
Prep	1 =		,		·	Firm's EIN ▶			
use	Only Firm's name Firm's address F					Phone no			
N.A Al	the IDC discuss this return with the proper	or chow	n above? See instructions		<u></u>		7 V a a	. \Box	No

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification number

OMB No 1545-0047

Name of the organization Seaport Industrial Association	Employer identification number 58 - 2676159
2000	
Part I, Line 10, Grants paid; total:	\$1,475
-R.C. Lifte League (\$325)	,
- Asipa Shriners, Santhafes (500)	
- RCEducation Foundation (150)	
- Sanklateo Co. College " (150)	
- Rotary Foundation (150)	
- RC Library " (100)	
- Youther Family Enrichment Services (100)	
Part I, line 16, Other expenses -insurance, office, advertising	#8,07/
-insurance, office, advertising	·
Part 2, Line 24, Other assets -accounts receivable	\$6,250
-accounts receivable	,

Part 2 Line 26. Total liabilities	# 1,005
Part 2, Line 26, Total liabilities - a counts payable	······································
······	