- The	The information provided will enable you to file a more complete return and reduce the chances the IRSM need 20 1 3 0 5												
					Short					Ī	OMB No. 1545	-0047	
Form 990-ÉZ			Retur	n of Organ	ization Ex	cempt Fro	m Ir	ncome	Tax	F	202	<u> </u>	
	•		Under section 50	1(c), 527, or 4947	(a)(1) of the Inte	rnal Revenue Co	ode (ex	cept private	foundation	ons)		<u> </u>	
			► Do no	t enter social sec	curity numbers o	on this form, as	it may	be made pu		\ 0	Open to Public		
Department of the Treasury Internal Revenue Service			► Go to www.irs.gov/Form990EZ for instructions and the latest information.						Inspecti	on			
A F	or the	2020 calend	ar year, or tax yea		1/1/19	,2	2)2 0, a	nd ending	11/39	/20	,,20		
	heck if ap	`	C Name of organiza	/		1	-		D Emplo		ntification numb	er 🔼	
==	ddress d	•	Seapor			tssociate			58		76159		
=	lame cha nitiai retur	_		or P.O. box if mail is	/ .1	reet address) 🔣	!	Room/suite	E Teleph				
		n/terminated	19661	nenalt			1				3-388		
Amended return Application pending			City or town, state or province, country, and ZIP or foreign postal code Neuro Park CA 94025 Number Number					•					
G A	ccount	ing Method:	Cash	ocrual Other (s	specify) >			Н	Check ▶	Mi	the organization	n is not	
l Website: ►						 			required (o atta	ch Schedule B	?	
J Ta	x-exen	pt status (ch	eck only one) —	501(c)(3) 🔀 501	(c) (6) ◀ (ins	ert no.) 🔲 4947(a	a)(1) or	□ 527	(Form 99	0, 990-	EZ, or 990-PF)	
			: Corporation	☐ Trust	Assoc								
			7b to line 9 to det				00 or m	ore, or if tota	ai assets				
	(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ												
Pa	Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I												
17:90	_						stion in	this Part	'		<u> </u>	<u>. Ц</u>	
?	1		ons, gifts, grants				• •	• • • •	· · · -	1	 		
3	2	•	ervice revenue ir	• •	HEHR IEES AND	contracts .	• •			2	0/0	<u></u>	
	4						4	<u>96, 9.</u>	20				
떙	5a		ount from sale of	accete other the	an inventor		5a		· }-	-			
	Ja	GIUSS AITIC	Julia Holli Sale Ol		an miveritory	• • • •	oa						

Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 6b Less; direct expenses from gaming and fundraising events . . 6с Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract **6d** Gross sales of inventory, less returns and allowances 7a 7a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 Grants and similar amounts paid (list in Schedule O) 10 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 2 12 Expenses 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping. 15 15 Other expenses (describe in Schedule O) 16 16 17 Total expenses. Add lines 10 through 16 . 17 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2020)

		<u></u>			_		r ago 🕳			
3	Part II	Balance Sheets (see the instructions for					<u> </u>			
	Check if the organization used Schedule O to respond to any question in this Part II									
	22 Cas	b actings and intrastructor		}-	(A) Beginning of year		(B) End of year			
		h, savings, and investments		}	17,536	22	18,730			
		er assets (describe in Schedule O)				24				
		al assets			17,536	25	18,730			
		al liabilities (describe in Schedule O)			8.652	26	8,652			
	27 Net	assets or fund balances (line 27 of column	(B) must agree with	line 21)	8,884	27	10,078			
3	Part III	Statement of Program Service Accomp	•		Part III)					
		Check if the organization used Schedule	O to respond to ar	y question in this	Part III 🔲	/	Expenses			
	What is the	organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)			
		ne organization's program service accomplis					nizations; optional for			
		ed by expenses. In a clear and concise manager and concise manager and other relevant information for ea		services provided	I, the number of	othe	rs)			
<u></u>	28 Dr	tricipated in city planni				\vdash				
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	② (Gran	ts \$) If this amount	includes foreign gra	nts. check here .	• 🗇	28a	required	7		
	29 1	ticipated in freight-rai	lalannina	meeting	<u> </u>	1	 			
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	(Gran		includes foreign gra		<u></u> ▶ ∐	30a				
		r program services (describe in Schedule O)					•			
	(Gran	ns \$ friths amount program service expenses (add lines 28a t	includes foreign gra	nts, cneck nere .	··· • • 💾	31a 32				
	Part IV	List of Officers, Directors, Trustees, and Key					ations for Part IVA			
	rartiv	Check if the organization used Schedule				iisiiu	\square			
	•		(b) Average	(c) Reportable	(d) Health benefits,	T				
		(a) Name and trile	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Estimated amount of other compensation			
			devoted to position	(if not paid, enter -0-)						
	Jill	Rodby, board president			0					
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	Dale.	Kendall, board vice pres.	-0	-0	-	1	0			
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	Clove 1	Molowy board searthery				\top				
	(u)	Molony, board secretary		-6	-		-			
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Form 99	0-EZ (2020))	P	age 3	}
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		e		•
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No X	-
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	- 17
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×	•
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		K	-
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		X	- 0
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a			
b 39 a b	If "Yes," complete Schedule L, Part II, and enter the total amount involved				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4955 ▶				The Hardin
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit 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			<u> </u>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				Nieraciana en
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				Saletena
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		X	# # # # # # # # # # # # # # # # # # #
41 42a	List the states with which a copy of this return is filed The organization's books are in care of Clen Molony Telephone no. >650	2-3	32-	388	Ā
b	Located at \(\begin{align*} 1966 \text{Mene Ho Ase Menis Park, CA} \\ ZIP + 4 \right* 94 \\ 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)? If "Yes," enter the name of the foreign country \(\begin{align*} \)	42b		•	1 1 1848.5
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				S. January S.
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c	12 (328.)	K	-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	· ·		► □	 -
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	Yes	No X	<u>स</u>
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	懿	K	Tara L
q	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		X	
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a		X	- ITEMPTE

2

45b

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? if "ves," complete Schedule C, Part 1 All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? if "ves," complete Schedule C, Part II It is is the organization and section 1 section 170(b)(1)(A)(6)? if "ves," complete Schedule E It is is the organization as echical section 507 organization? It is is the organization as echical section 507 organization? It is is the organization as echical section 507 organization? It is is the organization as echical section 507 organization? It is is the organization as echical section 507 organization? It is is the organization as echical section 507 organization? It is is the organization organization as echical section 507 organization? It is is the organization organization as echical section 507 organization? It is is the organization organization as echical section 507 organization? It is is the organization organization organization? Sive highest compensation from the organization. (4) Health benefits organiza		2020)		· · · · · · · · · · · · · · · · · · ·					Page 4	
To cardinates for public amove in "ves," complete Schedule C, Part I All section 501(c)(3) organizations Only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Ves," complete Schedule C, Part I Ibid the organization a school as desoribed in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E Ibid the organization a school as desoribed in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E Ibid the organization a school as desoribed in section 527 organization? Ibid the organization as school as desoribed in section 527 organization? If "Ves," complete Schedule E Ibid the organization as school as desoribed in section 527 organization? If "Ves," complete Schedule E Ibid the organization is section 527 organization? If "Ves," complete Schedule E Ibid the organization is section 527 organization? If "Ves," complete Schedule E Ibid the organization is the highest compensation from the organization. If there is none, enter "None." Ibid the organization organization is the highest compensation from the organization. If Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 organization from the organization. If there is none, enter "None." If Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 organization from the organization. If there is none, enter "None." If Total number of other independent contractors each receiving over \$100,000 If Total number of other independent contractors each receiving over \$100,000 If Total number of other independent contractors each receiving over \$100,000 If Total number of other independent contractors each recei	16 Did t	he organization engage, directly or i	ndirectly, in political o	ampaign activities on	behalf of or i	n opposit	ion	+	NO	
All section 501 (c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Tyee, "complete Schedule C, Part III Ves.," complete Schedule E 48 47 49b 49a 47 47 47 47 47 47 47 4				, Part I	· · · ·	• • •	. 46	and the second	X	
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax Yes No Yes No Yes Ye	art VI	All section 501(c)(3) organization 50 and 51.	s must answer que			plete the	e tables 1	or lin	es	
Total number of other employees paid over \$100,000 Mame and business address of each independent contractors who each received more than \$100,000 of compensation from the organization to more than \$100,000 of compensation from the organization complete Schedule F. All Average		Oncor ii die organization useu oc	nedule o to respond	To any question in t	ilis Fart VI	<u>· · · · · · · · · · · · · · · · · · · </u>	• • •	Yes	No.	
If "Yee," was the related organization a school as described in section 170(b)(1)(A)(ii)? If "Yee," complete Schedule E Bid the organization as chool as described in section 527 organization? Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees, and few employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Name and title of each employee (c) Name and title of each employee (c) Name and title of each employee (other than officers, directors, trustees, and few employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (c) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Name and business address of each independent contractors (e) Type of sentice (f) Compensation (e) Type of sentice (f) Compensation (g) Type of sentice (g) Compensation must attach a complete Schedule A? Note: All section \$510(3) organizations must attach a complete Schedule A? Note: All section \$510(3) organizations must attach a complete Schedule A? Note: All section \$510(3) organizations must attach a complete Schedule A? Note: All section \$510(3) organizations must attach a complete Schedule A? Note: All section \$510(3) organizations must attach a complete Schedule A? Note: All section \$510(3) organizations must attach a complete Schedule A? Note: All section \$510(3) organizations must attach a complete Schedule A line and complete Schedule A? Note: All section \$510(3) organizations must attach a complete Schedule A line and complete Schedule A? Note: All section \$510(3) organizations must attach a complete Schedule A? Note: All section \$510(3) organizations must attach a complete Schedule A? Note: All section \$510(3) organizations must attach a complete Schedule A? Note: All sectio	7 Did t year							1.50	×	
b if "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours per week devoted to position (c) Reportable complete from W-2/1039-MISC) (d) Reach benefits, combinations to employee benefit plans, and deferred compensation from the organization. If there is none, enter "None." (e) Name and title of each employees paid over \$100,000 (f) Total number of other employees paid over \$100,000 (e) Estimated amount of other completes this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (e) Name and business address of each independent contractor (e) Type of service (e) Compensation d Total number of other independent contractors each receiving over \$100,000 A Total number of other independent contractors each receiving over \$100,000 (e) Fearth benefits, complete service of the contractors who each received more than \$100,000 organization from the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A									K	
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d Total number of other employees paid over \$100,000			(b) Average hours per week	(c) Reportable compensation	(d) Health b contributions to	enefits, employee	(e) Estimat	ed amo	unt of	
f Total number of other employees paid over \$100,000		Δ	devoted to position	(Forms W-2/1099-MISC)						
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? der 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 e, correct, and complete. Declarationary preparer (other than officer) is based ag all information of which preparer has any knowledge. Signature of officer Type or print name and title Proparer's signature Date Check if PTIN		•••••								
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(e) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ► 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A:					contractors	who each	received	more	than	
d Total number of other independent contractors each receiving over \$100,000 ▶ 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	\$100	,000 of compensation from the orga	nization. If there is no	ne, enter "None."					- 111001	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	(a)	Name and business address of each indepen	dent contractor	(b) Type of sen	(b) Type of service (c)) Compensation		
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gn ere Proparer's name Proparer's signature Proparer's signature Proparer's signature Proparer's signature Proparer's signature Date Check if self-employed			ule A? Note: All s	ection 501(c)(3) orga	nizations mu	st attach			No	
aid reparer Print/Type preparer's name Preparer's signature Date Check if self-employed Print Pr							nowledge an	d belief	, rt rs	
Type or print name and title Clem Molony Doerd Secretary Treasure Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self-employed Self-employed Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Ty	ian	Signatural officer 4/5					101			
aid reparer Print/Type preparer's name Preparer's signature Date Check if self-employed		Clem Molos	secretar		sure					
reparer		Print/Type preparer's name	Preparer's signature	Da	ite		#			
	•	1			F		,~			

Firm's name Firm's address ▶

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

► ☐ Yes ☐ No

Phone no.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**20**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization Seaport Industrial Association	Employer identification number 58 2676159
Jeafort Industries Association	20 20 1019 1
Part 1, line 10, Grants paid -attachment	#3,450
-attachment	u · · · · · · · · · · · · · · · · · · ·
Part 1, Line 16, Other expenses -insurance, office, advertising	5,549
-insurance office, advertising	
Part 2, Line 26, Liabilities -accts payable	8,652
-accts payable	
/ (
Part 5, Line 35b, Unrelated income	0
-none	

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