

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SEASIDE SUSTAINABILITY, INC		D Employer identification number 47-4993870
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 9788799769
	City or town, state or province, country, and ZIP or foreign postal code ESSEX, MA 01929		F Group Exemption Number ▶
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ WWW.SEASIDESUSTAINABILITY.ORG			
J Tax-exempt status (check only one) – <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 44,473.			

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	23,285.
	2 Program service revenue including government fees and contracts	2	21,188.
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	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		
c 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		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	44,473.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	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	4,474.
	14 Occupancy, rent, utilities, and maintenance	14	8,760.
	15 Printing, publications, postage, and shipping	15	146.
	16 Other expenses (describe in Schedule O) See Line 16. Stmt	16	34,859.
17 Total expenses. Add lines 10 through 16 ▶	17	48,239.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-3,766.
	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	11,324.
	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 ▶	21	7,558.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	8,057.	22 6,332.
23 Land and buildings		23
24 Other assets (describe in Schedule O)	3,267.	24 1,226.
25 Total assets	11,324.	25 7,558.
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,324.	27 7,558.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Part III Stmt

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 "SEASIDE EDUCATION ADVENTURE" IS DESIGNED TO ALLOW LOCAL YOUTH TO LEARN ABOUT OCEANOGRAPHY & MARINE STEWARDSHIP. SCIENCE DIVISION PERFORMS RESEARCH, AND LEGISLATIVE DIVISION ADVOCATES TO PROTECT ENVIRONMENT (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	32,818.
29 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) _____	32	32,818.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ALAN MCCOY PRESIDENT	3.00	0.	0.	0.
LAWRENCE PIHL TREASURER	2.00	0.	0.	0.
ASHLEY DESROSIERS DIRECTOR	1.00	0.	0.	0.
CHRIS GAUTHIER DIRECTOR	1.00	0.	0.	0.
DALCIONE VALLINK DIRECTOR	1.00	0.	0.	0.
JESSE DEBENEDICTIS DIRECTOR	1.00	0.	0.	0.
JOHN RUSSO DIRECTOR	1.00	0.	0.	0.
RON MAGERS DIRECTOR	1.00	0.	0.	0.
ERIC MAGERS EXECUTIVE DIRECTOR	40.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and governance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI 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 used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	
50 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 compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 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
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ **Yes** **No**

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.

Sign Here	▶ Signature of officer	Date
	ERIC MAGERS, EXECUTIVE DIRECTOR	
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ELLEN ROSE, CPA	Preparer's signature	Date 06/24/2021	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00651089
	Firm's name ▶ ELLEN ROSE, CPA			Firm's EIN ▶ 04-3395785	
	Firm's address ▶ 15 SOUTH MAIN STREET, IPSWICH, MA 01938			Phone no. (978) 356-1008	

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

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Line 16: Other Expenses

Continuation Statement

Description	Amount
ADVERTISING & MARKETING	3,882.
BANK CHARGES	1,973.
DUES, SUBSCRIPTIONS, MEMBERSHIPS	1,804.
INSURANCE	2,953.
MEALS	391.
OFFICE	3,831.
PROGRAM EXPENSES	14,223.
SUPPLIES	305.
REPAIRS AND MAINTENANCE	1,016.
TRAVEL	91.
TELECOMMUNICATIONS/INTERNET/WEBSITE	2,349.
Depreciation	2,041.
Total	34,859.

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Part III: Purpose

Continuation Statement

Organization's Primary Exempt Purpose
SEASIDE SUSTAINABILITY OPERATES EXCLUSIVELY
FOR CHARITABLE AND EDUCATION PURPOSES.
THE MISSION OF THE ORGANZIATION IS TO EDUCATE
REGARDING PROTECTION OF OCEAN RESOURCES.