Form 990

Т

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. /Form990 for instructions nd the lat

23 **Open to Public**

Depa Interr	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
A For the 2023 calendar year, or tax year beginning and ending						
	heck if pplicab		ne of organization D Employer identification			
	Addre	SEASIDE SUSTAINABILITY, INC.				
	Name			47-4993870		
	Initial		Room/suit			
	Final return	107 ΓΛ ΟΠΕΟΝΙ ΑΥΕΝΙΙΕ	236	978-381-33	02	
	termir			G Gross receipts \$	132,499.	
	Amen return			H(a) Is this a group retur		
	Applic tion			for subordinates?		
	pendi	^{ing} 127 EASTERN AVENUE #236, GLOUCESTER,	, MA 019			
11	ax-ex	xempt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 494	7(a)(1) or 📃 52			
J /	Vebsi			H(c) Group exemption n	umber	
KF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Yea	ar of formation: 2015 M Si	tate of legal domicile: MZ	
Pa	art I	Summary				
•	1	Briefly describe the organization's mission or most significant activities: \underline{T}				
Governance		WORLD'S OCEANS, SEAS, WETLANDS, AND ES	STUARIES	BY MOTIVATING	CITIZENS	
rna	2	Check this box if the organization discontinued its operations or	disposed of more	re than 25% of its net assets	i.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			4	
	4	Number of independent voting members of the governing body (Part VI, line			3	
es {		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			1	
Activities &		Total number of volunteers (estimate if necessary)			0	
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.	
				Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		126,576.	131,945.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Bev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		138.	419.	
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		126,714.	132,364.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	315,511. 0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		72,184.	71,310.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5-10)	0.	0.	
Expenses	168	Professional fundraising fees (Part IX, column (A), line 11e)	8 171		0.	
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		75,850.	75,591.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		148,034.	462,412.	
	18 19	Revenue less expenses. Subtract line 18 from line 12		-21,320.	-330,048.	
- 2				Beginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		381,908.	55,179.	
Asse Bals	20			35,214.	35,100.	
Net ,	22 I Total liabilities (Part X, line 26)			346,694.	20,079.	
	art II	Signature Block		,	_0,0,0	
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying sc	chedules and stater	ments, and to the best of mv kno	owledge 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	Signature of officer			Date			
Here ERIC MAGERS, EXECUTIVE DIRECTOR							
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	BRENDA M. HILTZ, CPA	BRENDA M. HILTZ, CI	PA 11/14	/24 self-employed	P00149615		
Preparer	Firm's name ANTHONY & DODGE P	.C.		Firm's EIN 04-	3256180		
Use Only	Firm's address 227 WILLOW STREET	SUITE B101					
	SOUTH HAMILTON, MA 01982-2289 Phone no.978-468-7338						
May the I	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332001 12-21-23	3		Form 990 (2023)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Pa		7
1	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
•	TO PRESERVE AND PROTECT THE WORLD'S OCEANS, SEAS, WETLANDS, AND	
	ESTUARIES BY MOTIVATING CITIZENS TO EVALUATE THE CRITICAL ISSUES	
	FACING THE WATER ENVIRONMENT, EDUCATING THE PUBLIC ON BEST PRACTICES	_
	FOR SUSTAINABILITY, AND PROVIDING GUIDANCE FOR TAKING EFFECTIVE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	vrior Form 990 or 990-EZ? X Yes N	0
	f "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0
4	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	evenue, if any, for each program service reported.	
4a	Code:) (Expenses \$ 34,396. including grants of \$) (Revenue \$)
	SEASIDE EDUCATION ADVENTURE (SEA) INCORPORATES MARINE ECOLOGY THEMES	
	INTO HANDS-ON INVESTIGATIONS DESIGNED TO EXPOSE LOCAL YOUTH TO THE	
	SHORT AND LONG TERM EFFECTS OF A VARIETY OF OCEAN THREATS. THESE	
	BOAT-BASED INQUIRIES TAKE PARTICIPANTS OUT ONTO THE WATER TO EXPLORE	
	TOPICS IN OCEANOGRAPHY, MARINE STEWARDSHIP AND ECOSYSTEM BALANCE.	
		—
		_
4b	Code:) (Expenses \$336,149. including grants of \$315,511.) (Revenue \$	_)
	THE SCIENCE DIVISION AIMS TO ILLUMINATE AND ADDRESS MARINE	
	ENVIRONMENTAL ISSUES THROUGH YOUTH-DRIVEN RESEARCH AND ACTION. OUR	—
	DUR OCEANS AND SHORELINES AND PERFORM A MULTITUDE OF OTHER RESEARCH	—
	TASKS, SUCH AS INVASIVE GREEN CRAB MITIGATION, AND MUDFLAT	
	ACIDIFICATION TESTING.	_
	SEASIDE SUSTAINABILITY PARTNERED WITH BLACK EARTH COMPOST, LLC TO	
	DEVELOP THE NORTH SHORE REGIONAL COMPOST FACILITY IN	
	MANCHESTER-BY-THE-SEA ON THE FORMER LANDFILL TO REDUCE THE ENVIRONMENTAL IMPACT OF FOOD WASTE ON THE NORTH SHORE OF MASSACHUSETTS.	
	ENVIRONMENTAL IMPACT OF FOOD WASTE ON THE NORTH SHORE OF MASSACHOSETTS.	—
4c	Code:) (Expenses \$ 13,758 . including grants of \$) (Revenue \$)	<u> </u>
	DUR LEGISLATURE DIVISION WORKS WITH LOCAL CITIES AND GOVERNMENT	- '
	OFFICIALS TO ENACT LEGISLATION TO REDUCE THE USE OF SINGLE-USE PLASTIC	_
	ITEMS, WHICH NEGATIVELY IMPACTS OUR ENVIRONMENT, HEALTH AND OCEANS. WE	
	ACT AS A LIAISON BETWEEN COMMUNITIES, CITIES, AND TOWNS TO PRESERVE THE	
	NATURAL BEAUTY OF OUR HOME.	
		_
4d	Other program services (Describe on Schedule O.)	
	Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 384,303.	
4e	Total program service expenses 384,303. Form 990 (20)	221
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 SEASIDE SUSTAINABILITY, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV	9		- 21
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		.,	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u> </u>
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
54		34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		- 23
U		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
ı al				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
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-orm	990 (2023) SEASIDE SUSTAINABILITY, INC.	47-4993	870	Р	age
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1		Yes	N
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 1			
L	filed for the calendar year ending with or within the year covered by this return		0	х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax return Did the organization have unrelated business gross income of \$1,000 or more during the year?		2b 3a	- 12	Z
		<u>^</u>	3b		1
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to <i>line 3b, provide an explanation on Schedule</i> At any time during the calendar year, did the organization have an interest in, or a signature or other a		30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		2
h	If "Yes," enter the name of the foreign country		та		
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAB)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		2
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		+
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
ou			6a		:
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or aifts			<u> </u>
D			6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		
b			7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				┢
Ŭ	to file Form 8282?	·	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		F
۵ ۵	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	• •	7e		
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		┢
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		┢
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		┢
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•			8		Г
9	Sponsoring organizations maintaining donor advised funds.		-		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b		\vdash
0	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
-	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.		100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
~	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
4a		•	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		<u> </u>
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				┢
5			15		:
	excess parachute payment(s) during the year?		13		f
		income?	16		
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	Income?	16		Ľ
6	If "Vaa " complete Form 1720. Schodule O				
6	If "Yes," complete Form 4720, Schedule O.	tivition			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		47		
6 7			17		

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Check if Schedule O contains a response of hote to any line in this Part Vi	

X

Sec	tion A. Governing Body and Management					
		ı.	4		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	4			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				v	
-	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the					v
				3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	-		_		v
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					v
•	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		v	
a	The governing body?			8a	X	x
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					x
500	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		_ A
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Vee	Na
10-	Did the experimetion have lead charters, branches, or affiliates?			100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•		104		
44.			o filing the form?	<u>10b</u> 11a	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body				~	
b 100	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	х	
12a	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y				- 23	
С				12c	x	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13		x
14				14		X
15	Did the organization have a written document retention and destruction policy?					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	прупп	dependent			
-	The organization's CEO, Executive Director, or top management official			15a		х
a b				15a		X
D	Other officers or key employees of the organization			155		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nont w	ith a			
104	touch a white during the upper			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					L
17	List the states with which a copy of this Form 990 is required to be filedMA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		. (000000000000000000000000000000000000	, e j)	ar ana.	
	Own website Another's website X Upon request Other (explain)	on Si	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	l finan	cial	
	statements available to the public during the tax year.		and policy, and			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records			
	ERIC MAGERS - 978-381-3302					
	127 EASTERN AVENUE #236, GLOUCESTER, MA 01930					
332006	12-21-23			Form	990	(2023)
	7					,/

F

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title Average hours per vector Description builty and a metabolisment of mode income and a metabolisment from from from from from organization (1) ERIC MAGERS Reportable (0) (1) PRICE Reportable (0) (1) PRICE Estimated and a metabolisment (1) PRICE Estimated and metabolisment (1) PRICE Estimated an	(A)	(B)	(C)					(D)	(E)	(F)			
hours per (list any bourses) bours per (list any bourses) bours for the generation and alreaded organizations compensation from the organizations compensation the organizations compensation the organizations (1) ERIC MAGERS 40.00 x 65,631. 0. 0. (2) ROM MAGERS 2.00 x 0. 0. 0. (3) LAMEERS PITLI 2.00 x 0. 0. 0. (3) LAMEERS PITLI 2.00 x 0. 0. 0. (3) LAMEERS PITLI 2.00 x 0. 0. 0. (4) JESSE DEBENDICTIS 2.00 x 0. 0. 0. (4) JESSE DEBENDICTIS 2.00 x 0. 0. 0. (4) JESSE DEBENDICTIS 0. 0. 0. 0. 0.	Name and title	Average	(do					ne	Reportable	Reportable			
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(3) LAWRENCE PIHL 2.00 X X X 0. 0. 0. (4) JESED DEBNEDICTIS 2.00 X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. Image: State of the s	(2) RON MAGERS	2.00											
TERASURER & CLERK X X X 0. 0. 0. U(4) JESSE DEENEDICTIS 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. Image: Second Seco	DIRECTOR		Х						0.	0.	0.		
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DIRECTOR X 0 0. 0. 0.	TREASURER & CLERK		Х		Х				0.	0.	0.		
	(4) JESSE DEBENEDICTIS	2.00											
	DIRECTOR		Х						0.	0.	0.		
			<u> </u>			<u> </u>							
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332007 12-21-23

Form 990 (2023)

Form 990		SUSTAINA	BI	LI	ΤY	· ,	IN	с.		47-49	938	370	Pa	.ge 8
Part VI	Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average			Posi				Reportable	Reportable		Est	imate	d
		hours per					than o s both		compensation	compensation		amount of		
		week					or/trust		from	from related		other		
		(list any	tor					the	organizations	;		pensat	ion	
		hours for	direc				ę		organization	(W-2/1099-MIS			om the	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		orga	anizati	on
		organizations	trust	altru		yee	m pe		1099-NEC)				relate	
		below	dual	ution	5	nplo	st co oyee	er	,				nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0		
			-		0	×	1 0							
1b Sub	ototal								65,631.		0.			0.
	al from continuation sheets to Part VI								0.		0.			0.
	al (add lines 1b and 1c)								65,631.		0.			0.
	al number of individuals (including but n							n re		00 of reportable				-
	· · ·		030	1131.00	uau	000	<i>y</i> win	510						0
COL	pensation from the organization												Yes	No
											г		res	NO
3 Did	the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on				
line	1a? If "Yes," complete Schedule J for su	uch individual										3		X
	any individual listed on line 1a, is the su													
	related organizations greater than \$150											4		Х
	any person listed on line 1a receive or a										····			
												-		Х
rend Section	dered to the organization? <i>If "Yes," com</i>	plete Schedule	e J to	or su	ich r	pers	on .					5		л
	B. Independent Contractors													
	nplete this table for your five highest cor										ensat	ion fro	m	
the	organization. Report compensation for t	he calendar ye	ear e	ndin	ig wi	ith c	or wit	hin	the organization's tax ye	ear.				
	(A)								(B)			(C)	
	Name and business	address	NC	ONE	2				Description of s	ervices	C	ompen	satior	I
								_						
								1						
0 -								1						
	al number of independent contractors (ir	•	στ lin	nited	1 to 1			ed	above) who received mo	ore than				
\$10	0,000 of compensation from the organiz	ation				0	J					_		
												Form S	990 (2	2023)

Ра	rt V									
			Check if Schedule O co	ntains a resp	onse	or note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	D
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
(0, (0	-	_	Federated campaigns	1a						300110113 0 12 0 14
ants	'									
ភ្លូត្ត			Membership dues Fundraising events							
ΓÅ,			Related organizations							
ia i			Government grants (contribu							
Sins			All other contributions, gifts, gr	,						
her		•	similar amounts not included at			131,945.				
etrib		g	Noncash contributions included in line			/				
Contributions, Gifts, Grants and Other Similar Amounts		•	Total. Add lines 1a-1f				131,945.			
<u> </u>						Business Code				
Ð	2	а								
, vic		b								
Ser		с								
eve		d								
Program Service Revenue		е								
Å		f	All other program service re-	venue						
		g	Total. Add lines 2a-2f							
	3		Investment income (includin	ng dividends,	intere	st, and				
			other similar amounts)				554.			554.
	4		Income from investment of t							
	5		Royalties							
				(i) Re	al	(ii) Personal				
	6			6a						
				6b						
			· · · _	6c						
			Net rental income or (loss)	(1) 0		('') Others				
	7	а	Gross amount from sales of	(i) Secu	rities	(ii) Other				
				7a						
•		D	Less: cost or other basis	. 1	35.					
Revenue		_		7 <u>b 1</u> 7c -1	35.					
eve			· · · · · · · · · · · · · · · ·				-135.			-135.
			Net gain or (loss) Gross income from fundraising				155.			155.
Other	0	a	including \$							
0			contributions reported on lir							
			Part IV, line 18	-	8a					
		b	Less: direct expenses							
			Net income or (loss) from fu		· –					
			Gross income from gaming	0						
	_		Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from ga		·					
			Gross sales of inventory, les							
			and allowances		10a					
		b	Less: cost of goods sold							
		с	Net income or (loss) from sa	ales of invent	ory					
s						Business Code				
Miscellaneous Revenue	11	а								ļ
ane		b								ļ
scellaneo Revenue		С								
Mis			All other revenue							
			Total. Add lines 11a-11d				120 264	0	0	410
	12		Total revenue. See instructions	s			132,364.	0.	0.	<u>419.</u>
33200	9 12-	21-	23							Form 990 (202

Form 990 (2023)

47-4993870 Page 9

SEASIDE SUSTAINABILITY, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do n	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	315,511.	315,511.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	65,631.	32,816.	19,689.	13,126
	Compensation not included above to disqualified		,	,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	5,679.	2,840.	1,704.	1,135
		5,013.	4,040.	<u> </u>	т,тээ
	Fees for services (nonemployees):	2 752		3,753.	
	Management	3,753. 2,909.			
	Legal	3,650.		2,909. 3,650.	
	Accounting	3,050.		3,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	0.41		0.41	
	Investment management fees	241.		241.	
-	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
	Advertising and promotion	2,012.		233.	1,779
13	Office expenses	5,213.		4,228.	985
4	Information technology	6,644.		6,257.	387
15	Royalties				
16	Occupancy	9,295.		9,295.	
7	Travel	2,313.		1,254.	1,059
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	90.	90.		
	Insurance	5,103.		5,103.	
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	DIRECT PROGRAM EXPENSES	33,046.	33,046.		
	TELECOMMUNICATIONS	940.		940.	
	DUES, SUBSCRIPTIONS, ME	382.		382.	
		JUZ•		JU2•	
d					
	All other expenses	160 110	201 202	E0 620	10 / 71
	Total functional expenses. Add lines 1 through 24e	462,412.	384,303.	59,638.	18,471
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10031114 805028 SEA3870

SEASIDE	SUSTAINABILITY,	INC
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47-4993870 Page 11

	Check if Schedule O contains a response or no			(A)		(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing			358,337.	1	28,087.
2			-	2	-	
3					3	
4					4	
5						
	trustee, key employee, creator or founder, sub	stantial contri	butor, or 35%			
	controlled entity or family member of any of the	ese persons			5	
6	Loans and other receivables from other disqua	lified persons	(as defined			
	under section 4958(f)(1)), and persons describe	ed in section 4	l958(c)(3)(B)		6	
<u>ო</u> 7	Notes and loans receivable, net				7	
Assets					8	
¶ 8					9	
10	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	10,205.			
	b Less: accumulated depreciation		10,205.	90.	10c	0 .
11	Investments - publicly traded securities				11	
12				23,481.	12	27,092
13	Investments - program-related. See Part IV, line	e 11			13	
14	Intangible assets			14		
15				15		
16				381,908.	16	55,179
17	Accounts payable and accrued expenses	114.	17	0		
18	Grants payable		18			
19					19	
20					20	
21	Escrow or custodial account liability. Complete	Part IV of Sc	hedule D		21	
ທ 22	Loans and other payables to any current or for	mer officer, di	rector,			
litie	trustee, key employee, creator or founder, sub	stantial contri	butor, or 35%			
Liabilities	controlled entity or family member of any of the	ese persons			22	
⊐ ₂₃	Secured mortgages and notes payable to unre	lated third pa	rties		23	
24	Unsecured notes and loans payable to unrelate	ed third partie	s	35,100.	24	35,100
25	Other liabilities (including federal income tax, p	ayables to rel	ated third			
	parties, and other liabilities not included on line	es 17-24). Con	nplete Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			35,214.	26	35,100
	Organizations that follow FASB ASC 958, ch	eck here				
Ces	and complete lines 27, 28, 32, and 33.					
<u>ŭ</u> 27	Net assets without donor restrictions				27	
8 28	Net assets with donor restrictions				28	
	Organizations that do not follow FASB ASC	ere X				
۲ ۲	and complete lines 29 through 33.					
ວັ ທີ 29				0.	29	0.
te 30				0.	30	0
Net Assets or Fund Balances 87 05 65 05 05 15 05 05 15	0 /			346,694.	31	20,079.
1 2 32	Total net assets or fund balances		·····	346,694.	32	20,079.
33	Total liabilities and net assets/fund balances			381,908.	33	55,179.

Form **990** (2023)

Form 990 (2023) SEASIDE Part X Balance Sheet

Form	990 (2023) SEASIDE SUSTAINABILITY, INC.	47-49938	70	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)			,364.
2	Total expenses (must equal Part IX, column (A), line 25)	2	462	,412.
3	Revenue less expenses. Subtract line 2 from line 1	3 –	330	,048.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,694.
5	Net unrealized gains (losses) on investments	5	3	<u>,433.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	20	<u>,079.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
		_	Y	es No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.		
2a			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?	· · · · · · · · · · · · · · · · · · ·	2c	_
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	······· -	3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public

Inspection Employer identification number

Name of the organization

				NABILITY, INC					7-4993870		
Pa	rt I	Reason for Public C				nis part.) S	ee instructions				
The 1 2 3 4 5	organ	 anization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 									
6 7 8 9	X	 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 									
10		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:									
11 12 a		An organization organized a An organization organized a more publicly supported or lines 12a through 12d that o Type I. A supporting orga	and operated exclusi ganizations described describes the type of	vely for the benefit of, to d in section 509(a)(1) o f supporting organizatior	perform th r section and comp	he functior 5 09(a)(2) . plete lines	ns of, or to carr See section 50 12e, 12f, and 1	.)9(a)(3). (2g.	Check the box on		
b		 the supported organization organization. You must of Type II. A supporting org control or management or organization(s). You must organization (s). 	complete Part IV, Se anization supervised f the supporting orga	ctions A and B. or controlled in connect anization vested in the sa	ion with its	s supporte	d organization(s), by hav	ing		
с		Type III functionally inte its supported organization					-	integrate	ed with,		
d e		 Type III non-functionally that is not functionally int requirement (see instructionally int Check this box if the organization) 	r integrated. A supp egrated. The organiz ons). You must con	orting organization oper ation generally must sat nplete Part IV, Sections	ated in cor isfy a distri A and D,	nnection with the second se	vith its supporte quirement and a V.	an attentiv			
		functionally integrated, or	Type III non-functior				, , , , , , , , , , , , , , , , , , ,	51	[]		
T g		er the number of supported on vide the following informatior	•	d organization(s).							
		i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of r support (see ins		(vi) Amount of other support (see instructions)		
Tota	al						1		1		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	18,410.	23,285.	54,041.	126,576.	131,945.	354,257.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	18,410.	23,285.	54,041.	126,576.	131,945.	354,257.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4.						354,257.	
See	ction B. Total Support	,			[
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	18,410.	23,285.	54,041.	126,576.	131,945.	354,257.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots				138.	419.	557.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						354,814.	
12	,		,			12		
13	First 5 years. If the Form 990 is for the	-		•				
0	organization, check this box and stop	<u>o here</u>						
	ction C. Computation of Publi		-				00.04	
	Public support percentage for 2023 (I					14	<u>99.84</u> % 99.94%	
	Public support percentage from 2022					15		
168	16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization X							
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
47-	and stop here. The organization qualifies as a publicly supported organization							
1/8	17a 10% - facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and simultaneous test should this here and simultaneous test should the be a second simultaneous test should be a second simultaneous test second							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
Ŀ		-			-	7a and line 15 is :		
	 10% -facts-and-circumstances test more, and if the organization meets th 	-					1070 01	
	organization meets the facts-and-circu					otion		
18	-		•					
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

332022 12-21-23

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

300	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst second third	fourth or fifth tax	vear as a section 5		ization
		8	, , ,	,		()()	<i>,</i>
Sec	ction C. Computation of Public						
	Public support percentage for 2023 (column (f))		15	%
	Public support percentage from 2022					16	<u> </u>
<u>16</u> Sec	ction D. Computation of Invest						90
	•			no 10 oclumn (f))		47	0/
	Investment income percentage for 20					17	<u>%</u>
	18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
198							
	more than 33 1/3%, check this box at						
b	33 1/3% support tests - 2022. If the	-					
~~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
33202	23 12-21-23		1 -			Sched	ule A (Form 990) 2023
			16				

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Yes No

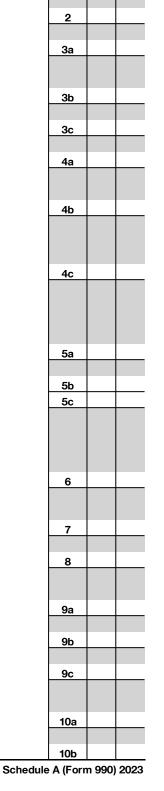
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Form 990)	2023	SEASIDE	SUSTAINABILITY,	INC
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2

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among organization.</i>	ïcers, orted		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	┢──┤	
2	Did the organization operate for the benefit of any supported organization other than the supported			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	<u>l. or controlled the s</u>	upporting organization.
Section C. T	vpe II Supportir	ng Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed
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	Section D.	All Typ	e III Sup	porting	Organizations
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			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
	 ······································	Describe in a second you supported a governmental entity (see instruction <u>s).</u>

18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

Schedule A (Form 990) 2023

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Schedule A	(Form	990) 2023
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 Schedule A (Form 990) 2023
 SEASIDE SUSTAINABILITY, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

332026 12-21-23

d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

Section D - Distributions

2

3

6

7

8

	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				

SEASIDE SUSTAINABILITY, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

4 Amounts paid to acquire exempt-use assets

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

1

2

3 4

5 6

7

~

Current Year

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	SEASIDE	SUSTAINA	BILITY,	INC.	47-4993870 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provi , 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the explanation c, 5a, 6, 9a, 9b, 9c art IV, Section E, lir	s required by c, 11a, 11b, ar nes 1c, 2a, 2b	Part II, line 10; F nd 11c; Part IV, S , 3a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, rt V, line 1; Part V, Section B, line 1e; Part V, rt for any additional information.
332028 12-21-2	3					Schedule A (Form 990) 2023
				21		

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

Section:

SEASIDE SUSTAINABILITY

527 political organization

 \mathbf{X} 501(c)(3) (enter number) organization

501(c)(3) exempt private foundation

501(c)(3) taxable private foundation

General Rule

Form 990-PF

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Department	of the	Treasury	

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

INC.

4947(a)(1) nonexempt charitable trust not treated as a private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

2023

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990) (2023)

47-4993870

Schedule B	
(Form 990)	

Internal Revenue Service

Form 990 or 990-EZ

Filers of:

Name of organization

Employer identification number

47-4993870

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMBINED FAMILY FOUNDATION127 EASTERN AVENUE STE 236GLOUCESTER, MA 01930	\$63,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BERKSHIRE BLANKET 44 EAST MAIN STREET WARE, MA 01082	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CELL SIGNALING TECHNOLOGY 3 TRASK LANE DANVERS, MA 01923	\$6,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BLACK EARTH COMPOST 2 HILLSIDE ROAD GLOUCESTER, MA 01930	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

Schedule B	(Form	990)	(2023)
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Name of organization

Employer identification number

47-4993870

SEASIDE SUSTAINABILITY, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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Schedule	B (Form 990) (2023)		Page 4				
Name of o	organization		Employer identification number				
SEASI	DE SUSTAINABILITY, INC.		47-4993870				
			ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or l	ess for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	 t				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	t				
	Transferee's name, address, a		Relationship of transferor to transferee				
		[
(a) No. from							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	t				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(-,	(-, 3	(
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
323454 12-26	6-23		Schedule B (Form 990) (2023)				

Schedule B (Form 990) (2023)

10031114 805028 SEA3870

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

INC.



Department of the Treasury Internal Revenue Service

Name of the organization

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

SEASIDE SUSTAINABILITY,

Employer identification number

47-499	3870
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Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Acc	ounts. Complete if the
	,,	(a) Donor advised funds	(b	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be	e used onl	у
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferrin	g
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	of a histori	cally important land area
	Protection of natural habitat	Preservation of	of a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	of a cons	ervation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		Г	2a
b	<u> </u>			2b
с	Number of conservation easements on a certified historic stru	cture included on line 2a	Γ	2c
d	Number of conservation easements included on line 2c acquir	ed after July 25, 2006, and not	Γ	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			tion during the tax
	year		•	-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		-	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation ease	ments during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 🗌 No
9	In Part XIII, describe how the organization reports conservatio			nt and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	nents that	describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Sir	nilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement	and balan	ce sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in f	urtheranc	e of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iter	ms.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and	balance s	heet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	therance c	f public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			ovide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023
	09-28-23			- , , , ,
		26		

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Sche		SUSTAINABI							93870		age 2
Par	t III Organizations Maintaining C	ollections of Art	, Histor	ical Tre	easures, or	r Other S	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	, check a	ny of the t	following that	: make sigi	nificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	d	L Lo	an or exc	hange progra	am					
b	Scholarly research	е	01	her							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they	further th	ne organizatio	on's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	f art, histo	orical treas	sures, or othe	er similar a	ssets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		e if the or	ganizatior	n answered "	Yes" on Fo	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1 a	Is the organization an agent, trustee, custodi		•					_	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing tab	le:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
t	Ending balance						1f		7.,		.
	Did the organization include an amount on F						/?	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if										
1 41		(a) Current year	(b) Price		(c) Two year		d) Three ye	are hack	(a) Four	Veare	hack
4.0	Designing of year balance	(a) ourient year	(6)110	Ji yeai						yours	DUCK
1a 5	Beginning of year balance										
u o	Contributions										
C d	Net investment earnings, gains, and losses										
u	Grants or scholarships										
е	Other expenditures for facilities										
f	and programs										
	Administrative expenses End of year balance										
g 2	End of year balance Provide the estimated percentage of the curr	ent year end balance	(line 1 a	column (a)) bold as:						
2	Board designated or quasi-endowment	•	%	Solumin (a	<i>))</i> Helu as.						
h	Permanent endowment	%	_/0								
° C		%									
•	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse		tion that a	ire held ar	nd administer	ed for the					
	organization by:	oololi ol ullo olgulliza							ſ	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, I	ine 11a. S	See Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or ot	her	(b) Cost	t or other	(c) Acc	cumulated	t l	(d) Bool	< value	e
		basis (investm	nent)	basis	(other)	depr	eciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
<u>e</u>	Other			1	0,205.		10,20	5.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part >	K. line 10c	. column	<i>(B))</i>						0.
	· · · · ·								D (Form	1 990)	2023

	SUSTAINABILITY,	INC. 4	7-4993870 Page 3
Part VII Investments - Other Securitie	S		
Complete if the organization answered	"Yes" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of sec	curity) (b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) ESSEX COUNTY COMMUNITY			
(B) FOUNDATION RESERVE FUN	D 27,092.	END-OF-YEAR MARKE	T VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (l	3)) 27,092.		
Part VIII Investments - Program Relate			
Complete if the organization answered		11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(8)</u>			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (I Part IX Other Assets	3))		
Complete if the organization answered	"Vos" on Form 990 Part IV line	11d Soc Form 990 Part X line 15	
	(a) Description	11d. See 1 0111 930, 1 art A, inte 13.	(b) Book value
	(a) Description		
(1)			
(2)			
<u>(3)</u>			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line	15, col. (B))		
Part X Other Liabilities			
Complete if the organization answered	res" on Form 990, Part IV, line	TTE OF TIT. SEE FORM 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line .	25, col. (B))		
2. Liability for uncertain tax positions. In Part XIII, p			s that reports the
organization's liability for uncertain tax positions	under FASB ASC 740. Check he	ere if the text of the footnote has been p	provided in Part XIII

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 SEASIDE SUSTAINABILITY,	INC.	47-4993870 Page 4
_	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.	<u>)</u>	
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u>8.)</u>	
Fa	t XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

SCHEDULE I			rants and Oth					OMB No.	1545-0047				
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.												
Department of the Treasury		•••••		Attach to Form		,		Opent	o Public				
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest information	ation.		Insp	ection				
Name of the organization													
Dant L O			LITY, INC.					47-49	93870				
						f							
•			•		• • • •	v							
Part II Grants and G	Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	Complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any					
		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance						
								REDUCE THE ENVIR	ONMENTAL				
BLACK EARTH COMPOST	, LLC							IMPACT OF FOOD W	ASTE ON				
Name of the organization Employer identification Yes Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (f applicable) (d) Amount of cash grant (f) Method of valuation (book, FMV, appraisal, or assistance (g) Description of noncash assistance (h) Purpose of grant or assistance													
GLOUCESTER, MA 0193	0	46-1406035		315,511.	0.			MASSACHUSETTS.					
2 Enter total number	of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table	•			·	1.				

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Page 2

Schedule I (Form 990) 2023

Part III

SCHEDULE O (Form 990) 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. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



47-4993870

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SEASIDE SUSTAINABILITY,

TO EVALUATE THE CRITICAL ISSUES FACING THE WATER ENVIRONMENT, EDUCATING

THE PUBLIC ON BEST PRACTICES FOR SUSTAINABILITY, AND PROVIDING GUIDANCE

FOR TAKING EFFECTIVE ACTION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACTION.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

SEASIDE SUSTAINABILITY PARTNERED WITH BLACK EARTH COMPOST, LLC TO

DEVELOP THE NORTH SHORE REGIONAL COMPOST FACILITY IN

MANCHESTER-BY-THE-SEA ON THE FORMER LANDFILL TO REDUCE THE

ENVIRONMENTAL IMPACT OF FOOD WASTE ON THE NORTH SHORE OF MASSACHUSETTS.

FORM 990, PART VI, SECTION A, LINE 2:

A DIRECTOR IS THE FATHER OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY SEPARATE COMMITTEES THAT HOLD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE TAX RETURN IS REVIEWED BY THE BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

AT LEAST ANNUALLY AT A BOARD MEETING ALL MEMBERS ARE REQUIRED TO DIVULGE

ANY CONFLICTS THAT EXIST AND ARE REMINDED THAT SHOULD A CONFLICT ARISE IT

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

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Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
SEASIDE SUSTAINABILITY, INC.	47-4993870
SHOULD BE DIVULGED IMMEDIATELY.	
FORM 990, PART VI, SECTION C, LINE 19:	
RECORDS ARE AVAILABLE UPON REQUEST.	
332212 11-14-23	Schedule O (Form 990) 2023
33	

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	BOAT TRAILER	06/15/16	SL	5.00		16	2,500.				2,500.	2,500.		٥.	2,500.
2	WSI METER AND PROBES	06/15/16	SL	5.00		16	4,000.				4,000.	4,000.		٥.	4,000.
3	MANTRA TRAWL	05/16/16	SL	5.00		16	1,200.				1,200.	1,200.		0.	1,200.
4	LAPTOP	05/17/16	SL	5.00		16	750.				750.	750.		٥.	750.
5	LAPTOP	05/17/16	SL	5.00		16	850.				850.	850.		0.	850.
6	KETCHAM TRAPS * 990 PAGE 10 TOTAL PROGRAM	06/28/18	SL	5.00		16	905.				905.	815.		90.	905.
	SERVICES * GRAND TOTAL 990 PAGE 10						10,205.				10,205.	10,115.		90.	10,205.
	DEPR						10,205.				10,205.	10,115.		90.	10,205.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

SEASIDE SUSTAINABILITY, INC.

Asset No.	Description	Dat Acqui	te ired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES												
		0615	516	SL	5.00	16	2,500.			2,500.	2,500.		0.
	WSI METER AND PROBES	0615	516	SL	5.00	16	4,000.			4,000.	4,000.		0.
3	MANTRA TRAWL	0516	516	SL	5.00	16	1,200.			1,200.	1,200.		0.
4	LAPTOP	0517	716	SL	5.00	16	750.			750.	750.		0.
5	LAPTOP	0517	716	SL	5.00	16	850.			850.	850.		0.
	KETCHAM TRAPS * 990 PAGE 10 TOTAL	0628	318	SL	5.00	16	905.			905.	815.		90.
	PROGRAM SERVICES						10,205.		0.	10,205.	10,115.		90.
	* GRAND TOTAL 990 PAGE 10 DEPR						10,205.		0.	10,205.	10,115.		90.

328102 04-01-23

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction