Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.
► Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public

Α	For the	he 2020 calen	dar year, or tax year begin	nning	, 2020, and endi				. 20
		if applicable:	C	ninig .	, 2020, and end	iig T	D Employ	uau talama	, ZU lification number
		ddress change	T .	AND C LIAMOU					
	\vdash	_	WATSONVILLE WETI PO BOX 1239	LANDS WATCH				0519	
	\vdash	ame change	FREEDOM, CA 9501	١۵			E Teleph	one num	ber
	Hini	itial return	TIMEDON, CA 9501	19			(83	1) 7	28-11 56
	Fin	nal return/terminated							
	Ar	mended return					G Gross	eceipts	\$ 885,900.
	Ap	oplication pending	F Name and address of princip	al officer: JONATHAN PILC	4	H(a) Is this a	group retu	rn for sul	
	_		SAME AS C ABOVE	OOMIIIMM TIEC	11	H(b) Are ali :	subordinate	s include	
ī	Tax-	exempt status;	X 501(c)(3) 501(c) () ◀ (insert no.) 494	7(a)(1) or 527	- If "No,"	attach a lisi	t. See ins	structions — —
J	Wel	bsite: ► WW	W.WATSONVILLEWET		(4)(1) 41 62)	H(c) Group e	vernetion n	umbor 🕨	•
K		of organization:	X Corporation Trust	Association Other	1 Vanu et tauna				
		Summar		Association	L Year of forma	110n: 1990)	State of	egal domicile: CA
	1	Briefly descri	y he the organization's miss	sion or most significant activit	OC: UN TICOMULT	T to same	A NIINC	LIA III C	T 3 DITTO THE C
	!	FOD WE'T	AND TECTIES EDITO	TATES THE COLOCIE AND	S-MATZONATT	<u> </u>	<u>־אַאַד</u>	WAIU	H ADVOCATES
Governance		TON WELL	WID DOEGEDITES	ATES IN SCHOOLS AND WETLANDS OF THE PA	7 TN TUE FO	BTTC WK	ENA, I	4F21	JKES DEGRADED _
둳		TIVDITIVIO	Y WIND LYESEVAES	METTANDS OF THE EW	NATO ANTIET				
를	2	Check this bo	Tif the ergeniantia						
- ခြ	3		oting members of the gove	on discontinued its operations erning body (Part VI, line 1a).	or disposed of m	ore than 25	o% of its		
•ಕ		Number of in	dependent voting member	rs of the governing body (Part	· VI_line 1h\			3 4	13
<u>e</u> .	5	Total number	of individuals employed in	n calendar year 2020 (Part V,	line 2a)			5	13 15
Activities &	6	Total number	of volunteers (estimate if	necessary)				6	1,000
支	7a	Total unrelate	ed business revenue from	Part VIII, column (C), line 12				7a	1,000
_	b	Net unrelated	l business taxable income	from Form 990-T, Part I, line	11			7b	0.
		-	· ***				ior Year		Current Year
-	8	Contributions	and grants (Part VIII, line	: 1h)			255,1	24	875,526.
Ę				e 2g)			495,3		073,320.
Revenue	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)				.00.	2,301.
쮼				nes 5, 6d, 8c, 9c, 10c, and 11				23.	8,073.
				(must equal Part VIII, colum			762,1		885,900.
				IX, column (A), lines 1-3)			22,0		29,315.
				X, column (A), line 4)		I	22,0	,,,,,,	27,313.
				e benefits (Part IX, column (A			528,0	101	632,309.
es				column (A), line 11e)			320,0	101.	032,309.
Expenses							- 4.7 dig	LBSANC CONSTRUCTION	CERTIFIED - CATOR
<u>.</u> 8			sing expenses (Part IX, co		58,757.		144		FIGURE ES
-				ines 11a-11d, 11f-24e)			305,2	250.	277,926.
				equal Part IX, column (A), lin			855,3	36.	939,550.
	19	Revenue less	expenses. Subtract line 1	18 from line 12			-93,2	29.	-53,650.
0,						Beginning	of Curren		End of Year
Net Assets or Fund Balances	20	Total assets ((Part X, line 16)				,820,2		2,752,006.
Ass							78,0		58,753.
Net English	22	Net assets or	fund balances. Subtract li	ine 21 from line 20		2	,742,2		2,693,253.
		Signatur				· <u> </u>	, 144,2	.55.	2,093,233.
			···						
comp	olete. De	eclaration of prepa	rer (other than officer) is based on	urn, including accompanying schedules all information of which preparer has a	and statements, and to ny knowledge.	the best of my	y knowleage	and be	ier, it is true, correct, and
				· · · · · · · · · · · · · · · · · · ·	•				
Sic	ın	Signatu	re of officer	YS 5514 Y		Date)		
Sig He	jii re	TONE	ATHAN PILCH	J 63 14434 a) T D	
110			print name and title			EXECU	TIVE I	JIK.	
			reparer's name	Preparer's signature	Date			11	DEIM
			•		Date	[9	Check	J"	PTIN
Pai			A SAID, CPA	KIMBRA SAID, CPA			self-employ	ed	P01596055
	pare			ND BLOODGOOD LLP	· · · · · · · · · · · · · · · · · · ·				
US	e On	ly Firm's addre	ess <u>579 AUTO CEN</u>	TER DRIVE			Firm's EIN	95-	-0858589
			WATSONVILLE,	CA 95076			Phone no.	(831	
May	the I	RS discuss th		shown above? See instruction	inc .	1		<u> </u>	X Yes No

-			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8		8		Х
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? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			1
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
t	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	Λ	Х
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.	11 c		Х
C	I 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	11 d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	Х	
t	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	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		Х
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
	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		X
	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		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	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		Х

Form 990 (2020) WATSONVILLE WEILANDS WATCH

Part V Checklist of Required Schedules (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	Х	
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? <i>If 'Yes,' complete Schedule J.</i>	23		х
24	a 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	i	
ı	c 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		
25	a 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		Х
	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		Х
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	i	Х
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		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
١	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash 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 contributions? If 'Yes,' complete Schedule M	30	:	Х
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 Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
I	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· · · · · · ·	Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
ЗАА	TEEA0104L 10/07/20		990 (20201

Form 990 (2020) WATSONVILLE WELLANDS WATCH

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a		- 12. - 12.	i i				
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	77420						
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х				
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0.	3 b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
	b If 'Yes,' enter the name of the foreign country►	3.0	i ii ii	,				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х				
- 1	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
		5 c						
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X				
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		٠.				
7	Organizations that may receive deductible contributions under section 170(c).							
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	F.A.	X				
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b						
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c						
(d if 'Yes,' indicate the number of Forms 8282 filed during the year		1	ē.				
€	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X				
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		. X				
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g						
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			•				
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h						
	organization have excess business holdings at any time during the year?	8		: :				
9	Sponsoring organizations maintaining donor advised funds.			(i)				
á	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b						
	Section 501(c)(7) organizations. Enter:	7.5	6.3					
ä	a Initiation fees and capital contributions included on Part VIII, line 12							
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			1				
11	Section 501(c)(12) organizations. Enter:							
ŧ	a Gross income from members or shareholders							
ŧ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
ŀ	of Yes,' enter the amount of tax-exempt interest received or accrued during the year	7 - 2						
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
ā	Is the organization licensed to issue qualified health plans in more than one state?	13 a						
	Note: See the instructions for additional information the organization must report on Schedule O.	7). 1						
i	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			5.7				
	Enter the amount of reserves on hand			3. 1				
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X				
Ł	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b						
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х				
	If 'Yes,' see instructions and file Form 4720, Schedule N.	j.	34					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16	7,	X				
				X 200				

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.

Sec	tion A. Governing Body and Management				11				
				Yes	No				
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	3						
	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 O.		Secretary (
	Enter the number of voting members included on line 1a, above, who are independent		3						
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, trustees, or key employees to a management company or other person	ne direct supervision	. 3		x				
4	Did the organization make any significant changes to its governing documents								
_	since the prior Form 990 was filed?				X				
2	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?				X				
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or more							
	members of the governing body?		. <u>7 a</u>		X				
k	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?	mbers,	. 7 Б		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year by							
_	the following:								
	The governing body?			X	ļ				
	Each committee with authority to act on behalf of the governing body?		. 8b	Х	<u> </u>				
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Х				
Sec	tion B. Policies (This Section B requests information about policies not req	uired by the Internal i	Reveni		ode.)				
	District the second of the sec			Yes	No				
	Did the organization have local chapters, branches, or affiliates?		10 a		X				
t	olf 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, a operations are consistent with the organization's exempt purposes?	and branches to ensure their	. 10 ь						
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?	. 11 a		Х				
t	Describe in Schedule O the process, if any, used by the organization to review this Form 990). SEE SCHEDULE O							
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13		. 12a	X					
t	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	could give rise	. 12b	Х					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Schedule O how this was doneSEE. SCHEDULE.O	Yes,' describe in	12 c	Х					
13	Did the organization have a written whistleblower policy?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 13	Х					
14	Did the organization have a written document retention and destruction policy?		. 14		X				
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and de			3					
a	The organization's CEO, Executive Director, or top management official SEE . SCHEDULE	O	. 15 a	Х					
k	Other officers or key employees of the organizationSEE.SCHEDULE.O	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 15b	Х					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).								
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?		. 16a		X				
k	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalual participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	to safeguard the	. 16b		<u>₩</u>				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed CA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable available for public inspection. Indicate how you made these available. Check all that apply.		DU1(C)(s)s on	∃ y)				
		er (explain on Schedule O)							
19	the public during the tax year. SEE SCHEDULE O								
20	State the name, address, and telephone number of the person who possesses the organization's bo								
	JONATHAN PILCH 500 HARKINS SLOUGH RD WATSONVILLE CA 95076	(831) 728-1156							

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Form 990 i	/2በ2በነ	WATSONVILLE	LIE ANTIC	בורים ווי מכנו
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Form 990 (2020)

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

- 1 a 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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

BAA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
				(C))				****	
(A) Name and title	(B) Average hours per	thai i:	n one s bath dir	box,	unles	,	Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other	
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JONATHAN PILCH	40	ļ							•	
EXECUTIVE DIR.	0			X			88,361.	0.	11,277.	
(2) MICA J. HALL	4									
SECRETARY	0	X		Х			0.	0.	0.	
(3) DONNA BRADFORD	5									
PRESIDENT	0	X		Х			0.	l o.i	0.	
(4) BOB CULBERTSON	2									
DIRECTOR	0	Х					0.	0.1	0.	
(5) TERESA DELFINO	4									
TREASURER	0	X		Х			0.	o.l	0.	
(6) SAM EARNSHAW	2									
DIRECTOR		X					O.	l o.	0.	
(7) DAWN REIS	2		-							
DIRECTOR	- 	Х					0.	0.	0.	
(8) DOBIE JENKINS	2				-					
DIRECTOR	-	X					0.	0.	0.	
(9) CHRIS JOHNSON-LYONS	2				-		-	0.	<u> </u>	
DIRECTOR	-	X					0.	0.	0.	
(10) PATRICK FITZ	2	1		_			· · · · · ·	0.	<u> </u>	
DIRECTOR		Х					0.	o.!	0.	
(11) ALEXA ROSENDALE	2	1					<u> </u>	0.1	<u> </u>	
DIRECTOR		Х					0.	o.l	0.	
(12) JERRY THOMAS	4	1	-				 	0.	<u> </u>	
VICE PRESIDENT		Х		Х			0.	0.1	0.	
(13) SARAH G. LOPEZ	2								<u> </u>	
DIRECTOR		Х					0.	o.	0.	
(14) KARINA MORENO	2						1	0.	<u> </u>	
DIRECTOR		Х					0.	o.	0.	
D11	<u> </u>						٠.	<u> </u>		

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Page 8

Tale vie Section A. Officers, Directors, Tit		Ney				es,	am	u nignest con	ipensated Emp	loyees (continued)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	, unle cer ar	check ess pe	sition more erson direct	the solution of the solution o	th an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)							- 			
(16)					····					
(17)										
(18)										
									*··	
(19)										
(20)										
(21)						-				
(22)										
(23)										
(24)										
(25)									*****	
1 b Subtotal	on A						A	88,361. 0. 88,361.	0. 0. 0.	11,277. 0. 11,277.
2 Total number of individuals (including but not limited from the organization ► 0										pensation
 3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of the organization and related organizations greated such individual. 	<i>h individu</i> reportabl	<i>al</i> le cor	npe	nsa	i tion	and	oth	er compensation		Yes No
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e compen	satio	n fro	om a	any	unre	late	ed organization or	individual	•
Section B. Independent Contractors										. 5 X
Complete this table for your five highest compensation from the organization. Report compensation.	sation for t	epend the ca	dent	cor dar y	ntrac /ear	ctors endi	tha ng v	vith or within the on	ganization's tax year	•
(A) Name and business addr	ess				·			(B) Description of	of services	(C) Compensation
Visit in the state of the state								100		
O. Tatal number of father and a transfer for the		Lal	11-						11	S vie V
Total number of independent contractors (including b \$100,000 of compensation from the organization.)		iea to	tno:	se II	sted	abo	ve) י	wno received more	tnan	
BAA		TEEA0	108L	10/0	7/20					Form 990 (2020)

		Check if Schedu	ile O contains	a respo	onse or note to ar	ny line in this Part V	ЧГ <i>.</i>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaig	gns	1 a		6 <u>2</u> 5 - 3			
E P	b	Membership dues.		1 b				4.16.4	5 DOV 53
S. C.	c	Fundraising events		1 c					
a ∰	d	Related organization	ons	1 d					
S.E	e	Government grants (con-	tributions)	1 e	514,136.		7.00	3.6	
8 2	f	All other contributions, of						37-30	- Ser 7
돌		similar amounts not incl		1 f	361,390.		37		7 8
E 5	g	Noncash contributions in lines 1a-1f	ncluded in	1 g				Marian	
퉛	l h	Total. Add lines 1a			-	075 526			
		1012117100 101			Business Code	875,526.			
Program Service Revenue	2a			H		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		SET TO SUS OF	
<u>\$</u>	ь		· 						
g	۔ ا						·		
Ž	4						<u> </u>		***************************************
က္ည	ľ				····		<u>"</u> -		
ᇤ	٠,	All other program s		·	·				
5		Total. Add lines 2a							
	3	Investment income (other similar amou	(including divide nts)	nds, int	terest, and	2 201			0 201
	4		•			2,301.			2,301.
	4 Income from investment of tax-exem 5 Royalties								
	,	(i) Real			(ii) Personal	r ne nomeno ace au	1.00 m		
	6.2	Gross rents	6a		(ii) i diddiidi				
		Less: rental expenses	6b					- K 200	- 等性
		•							
		Rental income or (loss)							40 at 100
	a	Net rental income of	(i) Secur		(ii) Other				
	7 a	Gross amount from	(i) Secui	lues	(II) Other			42 - 22	
		sales of assets other than inventory	7a						
	b	Less: cost or other basis							
	_	and sales expenses	7b						
		Gain or (loss)	7c ·				元科等	37 Tel 3	
		Net gain or (loss).					ing A - inches con	710 710	
Ë	8a	Gross income from fund	raising events						
en		(not including \$	l on line 1eV	-					
é		of contributions reported							
Other Reven		See Part IV, line 18		8 a					
the .		Less: direct expens		8 b			a standard	WEXT.	# A1
0		Net income or (loss		sing ev	/eπts ►		学 徒		
	9 a	Gross income from gami	ing activities.						<u> </u>
		See Part IV, line 19		9 a					
		Less: direct expens		9 b			2.1.2	5, S	
		Net income or (loss	-	activii	ties	BU TO THE STATE OF	- 1946AC		
	10 a	Gross sales of inventory, returns and allowances .	, less				1.0		
				10a	0,0,0,				- 文 教 3 9
		Less: cost of goods		<u> 10b</u>		**:	1.0		262 19 33
	C	Net income or (loss	s) from sales o	Inven		8,073.	8,073.		
S	44	_ ~.			Business Code		जाता ।	e de la companya de	(
ଷ ଅ	11 a						·		
	b								
scellaneo Revenue	C	T							
Miscellaneous Revenue		All other revenue							
		Total. Add lines 11:						禁 整	
	12	Total revenue. See	instructions		· · · · · · · · · · · · · · · · · · ·	885,900.	8,073.	0.	2,301.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				V V					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	29,315.	29,315.	100 Control 100 Co						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members			ME 17 19 17 17 17						
5	Compensation of current officers, directors, trustees, and key employees	99,638.	53,805.	45,833.	0.					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.					
7	Other salaries and wages	392,390.	290,630.	66,514.	35,246.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	332, 390.	290,030.	00,314.	33,246.					
9	Other employee benefits	89,132.	67,499.	16,369.	5,264.					
10	Payroll taxes	51,149.	33,517.	14,636.	2,996.					
11	}-	/	23,017.	11,000.	2,000.					
á	ı Management									
	Legal		· · · · · · · · · · · · · · · · · · ·	**********						
	: Accounting.									
	Lobbying.									
	Professional fundraising services. See Part IV, line 17		The state of the s							
	Investment management fees		*************************************		17.4					
	•									
12	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5CH. O Advertising and promotion	125,098.	100,778.	16,677.	7,643.					
13	L									
14	Office expenses	10,371.	123.	10,248.						
					··					
15	Royalties									
16 17	Occupancy	40.051								
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	10,051.	9,436.	615.						
19 20	Conferences, conventions, and meetings									
21	Payments to affillates									
22		14 007	10.700							
	Depreciation, depletion, and amortization	14,027.	12,798.	1,229.						
23 24	Insurance Other expenses. Itemize expenses not	10,388.	2,748.	7,640.						
	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 O.)				ž į					
а	CLASSROOM_SUPPLIES	39,573.	38,601.	972.	94E 3E 3					
_	FIELD AND PLANT SUPPLIES	33,723.	31,237.	2,486.						
	FACILITIES/EQUIP/MAINTENANCE	8,613.	7,553.	1,060.	~					
	TELEPHONE & INTERNET	6,423.	6,004.	1,000.	419.					
	All other expenses.	19,659.	95,591.	-83,121.	7,189.					
	Total functional expenses. Add lines 1 through 24e	939,550.	779,635.	101,158.	58,757.					
	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	700,000	7.13,7000	2027 2001	30,137.					
	SOP 98-2 (ASC 958-720)									
BAA		TEEA0110L 10/	/07/20		Form 990 (2020)					

Part X Balance Sheet

		Check if Schedule O contains a response or note t	o any III	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			83,412.	1	91,222.
	2	Savings and temporary cash investments			223,863.	2	164,201.
	3	Pledges and grants receivable, net			8,000.	3	2,000.
	4	Accounts receivable, net		,	166,087.	4	169,001.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner office I contrib rsons	er, director, outor, or 35%		5	
	6	Loans and other receivables from other disqualified p				MS .	
		section 4958(f)(1)), and persons described in section	4958(c)	(3)(B)		6	j
	7	Notes and loans receivable, net				7	
<u>Ş</u>	8	Inventories for sale or use			1,356.	8	1,470.
Assets	9	Prepaid expenses and deferred charges			6,716.	9	6,803.
¥		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		603,191.	\$		
Ì	b	Less: accumulated depreciation	10 b	107,638.	509,580.	10c	495,553.
	11	Investments – publicly traded securities		· · · · · · · · · · · · · · · · · · ·	11		
	12	Investments - other securities. See Part IV, line 11		, , , , , , , , , , , , , , , ,		12	
	13	Investments - program-related. See Part IV, line 11.		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	1,821,283.	15	1,821,756.		
	16	Total assets. Add lines 1 through 15 (must equal line	33)		2,820,297.	16	2,752,006.
	17	Accounts payable and accrued expenses		46,637.	17	17,077.	
	18	Grants payable			18		
	19	Deferred revenue	U.	15,300.	19	25,000.	
_{(A}	20	Tax-exempt bond liabilities			20		
Ë	21	Escrow or custodial account liability. Complete Part I		1		21	· Service Control of the Control of
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ticer, aii utor, or rsons	rector, trustee, 35%	The second secon	22	
-	23	Secured mortgages and notes payable to unrelated the	nird part	ies	7**************************************	23	
	24	Unsecured notes and loans payable to unrelated third	d parties	b		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			16,101.	25	16,676.
	26	Total liabilities. Add lines 17 through 25			78,038.	26	58,753.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X			
<u>a</u>	27	Net assets without donor restrictions		L	321,467.	27	299,162.
8	28	Net assets with donor restrictions			2,420,792.	28	2,394,091.
Net Assets or Fund Balanc		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
9	29	Capital stock or trust principal, or current funds		A SAMES AND A SAME AND A SAME AND A SAME AS A SAME	29		
ets	30	Paid-in or capital surplus, or land, building, or equipment of the surplus of the	d		30		
SS	31	Retained earnings, endowment, accumulated income	· · · · · · · · · · · · · · · · · · ·	31			
t A	32	Total net assets or fund balances		2,742,259.	32	2,693,253.	
ž	33	Total liabilities and net assets/fund balances			2,820,297.	33	2,752,006.
BA	4		TEEA011	1L 10/07/20	, , ,		Form 990 (2020)

ADDRESS AS A	The state of the s	0010) O Z	1 1	age iz
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1		885,	
2	Total expenses (must equal Part IX, column (A), line 25)			939,	
3	Revenue less expenses. Subtract line 2 from line 1	1 - 1		-53,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		742,	
5	Net unrealized gains (losses) on investments	5			475.
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). SEE SCHEDULE O	9		-3,	831.
10	Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line 32.				
ъ.	column (B))	10	2,	593,	<u> 253.</u>
Fa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	, ,			🔲
	<u>_</u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			77.1	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 2		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:				Į.
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2t	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ	ate		100	
	basis, consolidated basis, or both:				7 1
	X Separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	,	20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	, İ	
BA/	TEEA0112L 10/19/20		Forr	n 990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

	<u>'SONVILLE WETLANDS WA</u>					77-051988	2
Par	t Reason for Public Ch	arity Status. (All o	organizations must	compl	ete thi	s part.) See instruc	ctions.
The o	organization is not a private foun						
1	A church, convention of churc					(i) .	
2	A school described in section						
3	A hospital or a cooperative						
4	A medical research organiza	ation operated in conj	unction with a hospital	describe	ed in sec	ction 1 70(b)(1)(A)(iii) . E	nter the hospital's
_	name, city, and state:	<u>-</u>	·				
5	An organization operated fo section 170(b)(1)(A)(iv). (Co	r the benefit of a colle omplete Part II.)	ege or university owned	l or oper	ated by	a governmental unit de	escribed in
6 7	A federal, state, or local gov						
•	X An organization that normally in section 170(b)(1)(A)(vi).	(Complete Part II.)			ental un	it or from the general put	olic described
8	A community trust described			•			
9	An agricultural research organ or university or a non-land-grauniversity;	nization described in se ant college of agriculture	ction 170(b)(1)(A)(ix) oper e (see instructions). Enter	ated in o	onjunctione, city,	on with a land-grant colle and state of the college o	ge or
10	An organization that normal from activities related to its investment income and unre June 30, 1975. See section	exempt functions, sub elated business taxable	bject to certain exception le income (less section	ins: and	(2) no z	more than 33-1/3% of it	e cunnort from arose
11	An organization organized a	and operated exclusive	ely to test for public saf	ety. See	section	1 509(a)(4).	
12	An organization organized a or more publicly supported or lines 12a through 12d that d	and operated exclusive organizations describe lescribes the type of s	ely for the benefit of, to ed in section 509(a)(1) of supporting organization	perform or sectio and con	the fun n 509(a	ictions of, or to carry ou)(2). See section 509(a) nes 12e 12f and 12g	ut the purposes of one (3). Check the box in
а		ion operated, supervise egularly appoint or elec	ed or controlled by its sur	anorted o	rganizat	ion(s) typically by giving	the supported
b		zation supervised or o	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizati	naving control or on(s). You
C	Type III functionally integrated	I. A supporting organiza	tion operated in connectio	n with, ar	nd function	onally integrated with, its	supported
	organization(s) (see instruct	tions). You must com	plete Part IV, Sections .	A, D, an	d E.	-	•
d	Type III non-functionally integ functionally integrated. The instructions). You must com	rated. A supporting org organization generally plete Part IV, Section	ganization operated in cor y must satisfy a distribu is A and D, and Part V.	nnection tion requ	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see
е	Check this box if the organiz integrated, or Type III non-fu	zation received a writt	ten determination from	the IRS			
f	Enter the number of supported	J					
	Provide the following information	Т	d organization(s).				
((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
	· · · · · · · · · · · · · · · · · · ·			res	INO		
(A)							
(B)		:					
(C)							
(D)							
<u>-, </u>			1				
(E)							
Total				10: 40:			
, otal		E-MI-Pu	THE TOTAL SEC.	: t' <u>=</u>			

Page 2

Part | 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	a failad ta avalificua	مطلكا اللالمسام
foortbicte offia if And checken the	box of the 5, 7, or 6 of care of a the organization	ii ialleu to qualliy uri	dei Part III. II trie
araanization faila ta avalifu vad	er the tests listed below, please complete Part	111.5	
uruanization falis to qualify bingi	er ine tests listen below, blease comblete Part	111 3	

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusuai grants.')	555,279.	195,573.	527,856.	255,124.	875,526.	2,409,358.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	62,503.	62,503.	62,503.	62,503.	62,503.	312,515.
4	Total. Add lines 1 through 3	617,782.	258,076.	590,359.	317,627.	938,029.	2,721,873.
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)						0.
	Public support. Subtract line 5 from line 4	Marian Day	100 E				2,721,873.
Sec	tion B. Total Support	· · · · · · · ·					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(1) Total
7	Amounts from line 4	617,782.	258,076.	590,359.	317,627.	938,029.	2,721,873.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,937.	11,695.	14.	2,100.	2,301.	21,047.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.		,				0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						2,742,920.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)				0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						99.23%
	Public support percentage from 2	•	•				99.17%
16a	16a 33-1/3% support test—2020. 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						
ь	b 33-1/3% support test—2019. 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 and stop here. The organization qualifies as a publicly supported organization						
1 7 a	7a 10%-facts-and-circumstances test—2020. 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-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						
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-ar	nd-circumstances	test, check this b	oox and stop here	. Explain in Part '	VI how the
18	Private foundation. If the organization	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions 🟲 🗌
BAA					Sch	edule A (Form 90	00 or 990-EZ) 2020

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.)

Sec	tion A. Public Support						
Calend 1	dar year (or fiscal year beginning in) > Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
2	any 'unusual grants.')			·			
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization'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						
	Total. Add lines 1 through 5 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						
С	Add lines 7a and 7b		"				_
	Public support. (Subtract line 7c from line 6.)			eren de Santa en		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6		•				
1 0 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in 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 assets (Explain in Part VI.)			and the state of t			
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul			10		·	
	Public support percentage for 20 Public support percentage from 3				•		
	tion D. Computation of Inv				······································		
	Investment income percentage f				umn (f))		ષ્ટ
	Investment income percentage f						
	33-1/3% support tests-2020. If it						
	is not more than 33-1/3%, check 33-1/3% support tests—2019. If t	this box and sto	p here. The organ	nization qualifies a	as a publicly supp	orted organization.	▶ 📋
	line 18 is not more than 33-1/3% Private foundation. If the organic	, check this box	and stop here. Th	e organization qu	ialifies as a public	oly supported organi	zation
BAA			TEEA0403L			chedule A (Form 99	0 or 990-F7) 2020
** *							

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 filling 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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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10b		

Pa	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
	b A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations	.1		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 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, or controlled the supporting organization.	2		ii ii
Sec	ction C. Type II Supporting Organizations			
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 the supported organization(s).	1	Yes	No
Sec	ction D. All Type III Supporting Organizations			
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	Yes	No
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 in 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.	з		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		·	
	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.	•		
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	a instri	uction	s)
	The organization dappoints a governmental diving, becomes my art in non-you dappoints a governmental and you	, ,,,,,,,,,		<i></i>
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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.	2a		
	b Did the activities described in 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			1
	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.	3a		\$ 1.
	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.	3b		i į

WATSONVILLE WETLANDS WATCH

Pa	↑ V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	st on N ns mu	Nov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	tion 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	-,1.0. 11 -	
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	-11.	
Sec	tion 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):			
ā	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
· ·	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		
Sec	tion 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	1 1	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	20 M	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		,
	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 inte (see instructions).	grate		
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	ns,	Market and the second	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
4 Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions.			6	1
7 Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	details 8	
9	Distributable amount for 2020 from Section C, line 6	**	9	
10	Line 8 amount divided by line 9 amount		10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6		10 Mar 1 Mar	
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			14.V. 1
3 Excess distributions carryover, if any, to 2020	100		20. 2E 1/2
a From 2015		10-30 3.00	
b From 2016	14 - M-		100 - 2 July - 3 July
© From 2017		16.4	
d From 2018	10 Table 1 Table 1		
e From 2019	15.7		
f Total of lines 3a through 3e		7.5 (1.14) \$20.	\$ 2
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		- 10/No 10	A VIVI
4 Distributions for 2020 from Section D, line 7: \$	767 - Alice 1986 -		
a Applied to underdistributions of prior years	3000	Cont. This All this is	
b Applied to 2020 distributable amount	14.4	- EL26	
c Remainder. Subtract lines 4a and 4b from line 4.		. 510. 25.00 m. c.	
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		- 25.7.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		127	
8 Breakdown of line 7:			
a Excess from 2016	100		
b Excess from 2017	14.17.1		
c Excess from 2018			V. j
d Excess from 2019		1 - 50 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	T :
e Excess from 2020			7.7

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

WATSONVILLE WETLANDS WATCH 77-0519882 Organization type (check one): Filers of: Section: X 501(c)(3) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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. **General Rule** 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 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 or 990-EZ), 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, 990-EZ, or

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

990-PF), 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, 990-EZ, or 990-PF).

1

Name of organization

WATSONVILLE WETLANDS WATCH

Employer identification number

77-0519882

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	DAVID & LUCILE PACKARD FOUNDATION 343 SECOND STREET LOS ALTOS, CA 94022	\$_ -	20,000.	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	COMMUNITY FOUNDATION - MONTEREY CO 2354 GARDEN ROAD MONTEREY, CA 93940	- - -	36,000.	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	RESOURCES LEGACY FUND 555 CAPITOL MALL SACRAMENTO, CA 95814	- \$_ -	25,000.	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
4	SMALL BUSINESS ADMINISTRATION (PPP) 409 3RD ST, SW WASHINGTON, DC 20416	\$_ -	108,619.	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
5	NATIONAL OCEANIC AND ATMOSPHERIC 1401 CONSTITUTION AV, NW 5128 WASHINGTON , DC 20230	\$	6 <u>4,553.</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
6	CALIFORNIA DEPT OF FORESTRY & FIRE PO_BOX 944246	\$_	64,045.	Person X Payroll Noncash (Complete Part II for
	WEST SACRAMENTO, CA 95605	_		noncash contributions.)

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WATSONVILLE WETLANDS WATCH

Employer Identification number

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Farti	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CITY OF WATSONVILLE		Person X
	250 MAIN STREET	\$135,546.	Payroll Noncash
	WATSONVILLE, CA 95076	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	LAND TRUST OF SANTA CRUZ COUNTY		Person X
	617 WATER ST	\$54,368.	Payroll
	SANTA CRUZ, CA 95060		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	PAJARO UNIFIED SCHOOL DISTRICT		Person X
	294 GREEN VALLEY ROAD	\$ 88,220.	Payroll Noncash
	WATSONVILLE, CA 95076		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	RESOURCE CONSERVATION DISTRICT SCC		Person X
	820 BAY AVE #136	\$34,767.	Payroll Noncash
	CAPITOLA, CA 95010		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	CALIFORNIA RELEAF		Person X
	2115 J ST, SUITE 213	\$32,296.	Payroll Noncash
	SACRAMENTO, CA 95816		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
	r	1	
	·		(Complete Part II for noncash contributions.)

WATSONVILLE WETLANDS WATCH

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	Noticasti Property (see instructions). Ose duplicate copies of Part II if additional s	T	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		
		\$	
(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.	(b)	(c)	(4)
(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
			- er oft-
		\$	
BAA	Sche	dule B (Form 990, 990-F2	7 or 990-PE\ (2020)

Employer identification number 77-0519882

escription of how gift is held
ransferor to transferee
escription of how gift is held
ansferor to transferee
escription of how gift is held
ransferor to transferee
escription of how gift is held
ransferor to transferee
a

SCHEDULE C (Form 990 or 990-EZ)

Pontical Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

_ • 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Name	of organization			Employer identific	atlon number
	SONVILLE WETLANDS			77-051988	2
		rganization is exempt under secti			zation.
1	Provide a description of the (See instructions for definition	organization's direct and indirect political on of 'political campaign activities')	campaign activities in	Part IV.	
		xpenditures (See instructions)			
		campaign activities (See instructions)			
Pai		rganization is exempt under secti			· · · · · · · · · · · · · · · · · · ·
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	> \$	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?		, , , , , , , , , , , , , , ,		·····Tyes No
	If 'Yes,' describe in Part IV.				
Pai	t I-C Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3).	
		pended by the filing organization for section			
2	Enter the amount of the filing 527 exempt function activities	g organization's funds contributed to other	organizations for sec	etion ▶\$	
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	Print in the second sec
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	 amount of political contribution 	and employer identification number (EIN) s. For each organization listed, enter the a s received that were promptly and directly del action committee (PAC). If additional span	ivered to a separate or	olitical organization, such	as a senarate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if section 501(the organization h)).	on is exempt under se	ction 501(c)(3) and	d filed Form 5768 (ele	ection under				
		ngs to an affiliated group (and	l list in Part IV each affili	ated group member's name					
address, EIN, expenses, and share of excess lobbying expenditures).									
B Check ► if the filing	ng organization che	ecked box A and 'limited co	ontrol' provisions apply.						
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals				
1 a Total lobbying expenditu	ires to influence p	ublic opinion (grassroots lo	bbying)						
b Total lobbying expenditu	ires to influence a	legislative body (direct lob	bying)		****				
c Total lobbying expenditu	ires (add lines la	and 1b)	*****		· · · · · · · · · · · · · · · · · · ·				
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
e Total exempt purpose e	xpenditures (add li	ines 1c and 1d)							
f Lobbying nontaxable am both columns	nount. Enter the ar	mount from the following ta	ble in						
If the amount on line 1e, colu	umn (a) or (b) is:	The lobbying nontaxable	amount is:	in the second se					
Not over \$500,000	_	20% of the amount on line 1e.							
Over \$500,000 but not over \$1,	000,000	\$100,000 plus 15% of the excess	s over \$500,000.						
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	s over \$1,000,000.		· · · · · · · · · · · · · · · · · · ·				
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.	V (115 (6)					
Over \$17,000,000									
_		of line 1f)		1					
		ss, enter -0							
i Subtract line 1f from line	e 1c. If zero or les	s, enter -0							
j If there is an amount othe section 4911 tax for this	r than zero on eithe year?	r line 1h or line 1i, did the or	ganization file Form 4720	reporting	Yes No				
<u></u>	·	4-Year Averaging Period	Under Section 501(h)						
(Some		at made a section 501(h) e elow. See the separate ins	lection do not have to						
	Lobi	bying Expenditures During	4-Year Averaging Per	iod					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total				
2a Lobbying nontaxable amount									
b Lobbying celling amount (150% of line 2a, column (e))									
c Total lobbying expenditures	4								
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
f Grassroots lobbying expenditures									
BAA	•			Schedule C (Form	990 or 990-EZ) 2020				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description		(a)			(b)		
of ti	e lobbying activity.	Yes	No	Ā			
1	SEE PART IV During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
	a Volunteers?	Х	E-10/14-2447-1-10-10-1				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х				
	: Media advertisements?		X		Walter Street	41.45	
	Mailings to members, legislators, or the public?		Х				
	Publications, or published or broadcast statements?		X				
	Grants to other organizations for lobbying purposes?		Х				
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
	Other activities?		X				
	Total. Add lines 1c through 1i					0.	
	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	300 P. S. 2000	X			1 3	
	If 'Yes,' enter the amount of any tax incurred under section 4912	G.		X:17		e v. rezimbenista	
	If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				- 14	(V	
	TIII-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or				
	section 501(c)(6).	/\-/	,				
		·			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the I	orior y	ear?		3		
	Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part I	, or s II-A,	ection line 3,	501(c) is		
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
	a Current year	[2 a				
	Carryover from last year		2 b				
	: Total		2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (See instructions)	İ	5				

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

DURING THE 2020 CALENDAR YEAR, WATSONVILLE WETLANDS WATCH ENDORSED THE WATSONVILLE PLANNED GROWTH AND FARMLAND PROTECTION INITIATIVE. A DESCRIPTION OF THIS ACTIVITY IS AS FOLLOWS:

IN FEBRUARY OF 2020, THE WATSONVILLE WETLANDS WATCH PLANNING AND CONSERVATION

COMMITTEE, WHICH IS A VOLUNTEER COMMITTEE THAT SUPPORTS THE BOARD OF DIRECTORS MET

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY (CONTINUED)

TO MAKE A RECOMMENDATION TO THE BOARD OF DIRECTORS THAT THE BOARD ENDORSE THE WATSONVILLE PLANNED GROWTH AND FARMLAND PROTECTION INITIATIVE. THIS INITIATIVE WOULD EXTEND THE DEADLINES OF THE MEASURE U ESTABLISHED URBAN GROWTH BOUNDARIES FOR THE CITY OF WATSONVILLE, FROM 2022 AND 2027, TO ONE NEW DEADLINE OF 2040. AT THE FEBRUARY BOARD OF DIRECTORS MEETING, THE BOARD APPROVED THIS ENDORSEMENT AND NOMINATED THREE BOARD MEMBERS TO SERVE ON A PLANNING COMMITTEE FOR THIS INITIATIVE. WATSONVILLE WETLANDS WATCH WORK DURING THE YEAR 2020 ON THIS INITIATIVE INCLUDED VOLUNTEER TIME SPENT BY THE DESIGNATED COMMITTEE MEMBERS TO ATTEND COMMITTEE MEETINGS, HELD ON AN APPROXIMATELY BIMONTHLY BASIS AND PREPARATION TIME FOR SUCH MEETINGS. VOLUNTEER TIME SPENT ALSO INCLUDED TIME SPENT TO REPORT ACTIVITIES TO THE PLANNING AND CONSERVATION COMMITTEE AND BOARD OF DIRECTORS ON A MONTHLY TO QUARTERLY BASIS. ADDITIONAL VOLUNTEER WORK DURING THE 2020 YEAR ALSO INCLUDED SEVERAL STRATEGY PHONE CALLS BETWEEN BOARD MEMBERS AND LEGAL CONSULTANTS AS THE CAMPAIGN PLANNING EFFORT WAS DEVELOPING. IN TOTAL, VOLUNTEERS SPENT APPROXIMATELY 150 - 200 HOURS, WORKING ON BEHALF OF WATSONVILLE WETLANDS WATCH ON THIS EFFORT DURING THE 2020 YEAR.

AS A REFERENCE FOR THE AMOUNT OF VOLUNTEER TIME DEDICATED TO THE ABOVE DESCRIBED ACTIVITY, IN TOTAL VOLUNTEERS PROVIDED JUST OVER 6,000 HOURS DURING 2020 TOWARD THE MISSION OF THE ORGANIZATION, SUCH AS SUPPORTING EDUCATIONAL FIELD TRIPS AND HABITAT RESTORATION PLANTINGS.

STAFF TIME WAS LIMITED TO BEING PRESENT AT THE BOARD MEETING AT WHICH THIS ENDORSEMENT WAS MADE AND THE MONTHLY PLANNING AND CONSERVATION COMMITTEE. NO STAFF RESOURCES WERE SPENT ATTENDING CAMPAIGN COMMITTEE MEETINGS OR OTHERWISE WORKING TO SUPPORT THE COMMITTEE. NO ORGANIZATIONAL RESOURCES WERE SPENT DURING 2020, FOR MARKETING, PUBLIC PROMOTION OF THE CAMPAIGN, OR OTHERWISE PUBLICIZE THE CAMPAIGN. NO OTHER WORK WAS DONE DURING THE 2020 CALENDAR YEAR RELATED TO POLITICAL CAMPAIGNS

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WAT	SONVILLE WETLANDS WATCH	77~0519882
	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	
		unds 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 writing that the assets held in donor advised are the organization's property, subject to the organization's exclusive legal control?	funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose cor impermissible private benefit?	ed only nferring Yes No
Par	til Conservation Easements.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	rically important land area
	Protection of natural habitat Preservation of a certif	fied historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation of the tax year.	
		leld at the End of the Tax Year
	a Total number of conservation easements	
	Total acreage restricted by conservation easements	
•	Number of conservation easements on a certified historic structure included in (a)	
C	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic	
2	structure listed in the National Register	n divina the
•	tax year	in daining the
4	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of viol	ations.
	and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easemers.	ents during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(and section 170(h)(4)(B)(ii)?	4)(B)(i) · · · · · · Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense strinclude, if applicable, the text of the footnote to the organization's financial statements that describes the	atement and balance sheet, and organization's accounting for
Par	conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin	ıilar Assets.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and historical treasures, or other similar assets held for public exhibition, education, or research in furtherance Part XIII the text of the footnote to its financial statements that describes these items.	balance sheet works of art, e of public service, provide in
t	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ball historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public following amounts relating to these items:	ic service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	►\$
	(ii) Assets included in Form 990, Part X	▶\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provamounts required to be reported under FASB ASC 958 relating to these items:	vide the following
а	Revenue included on Form 990, Part VIII, line 1	
,	Assets included in Form 990. Part X	►\$

Part I Organizations Mainta	ining Collec	tions o	of Art, Histo	rical	Treasures, o	r Othe	r Similar Ass	ets (c	ontinu	ıed)
3 Using the organization's acquisition items (check all that apply):	n, accession, and	d other re	ecords, check ar	ny of tl	he following that n	nake sigr	nificant use of its	collection	on	
a Public exhibition			d Loan o	r exc	hange program					
b Scholarly research			e Other							
c Preservation for future generations										
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1 a Is the organization an agent, trus	stee, custodian	or other	· intermediary f	or co	ntributions or oth	ner asset	s not included ,			
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XIII and complete the following table:										
				_				Amoun	t	
c Beginning balance						1	С			
d Additions during the year							d		70	·
e Distributions during the year							е			
f Ending balance							- 1		***************************************	
2a Did the organization include an a								Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. Cl	neck her	e if the explana	ation	has been provide	ed on Pa	art XIII		[
Part V Endowment Funds. C				swer			<u>0, Part IV, Iir</u>	<u>e 10.</u>		
	(a) Current ye		(b) Prior year		(c) Two years bac) Three years back	(e)	Four year	
1 a Beginning of year balance	85,4	404.	75,96	56.	85,81	8.	78,458.		77,	633.
b Contributions										
c Net investment earnings, gains,		47.	12.0	, ,	- 4-	_		ļ		• • •
and losses	8,4	475.	13,84	13.	-5,45	5.	11,674.		4,	929.
d Grants or scholarships										
e Other expenditures for facilities and programs	3,0	051.	3,19	93.	3,16	8.	3,094.		2.	958.
f Administrative expenses		120.	1,21	_	1,22		1,220.			146.
g End of year balance	89,7		85,40	_	75,96		85,818.			458.
2 Provide the estimated percentage							03,010.	J	70,	450.
a Board designated or quasi-endowm		•	8							
b Permanent endowment ▶	72.4 6%	·····			•					
c Term endowment ► 27	7.54%									
The percentages on lines 2a, 2b, ar		ual 100%.								
23 Are there endoument funds not in t	 	f Alexandra	:		l and admitstration	1.6				
3a Are there endowment funds not in to organization by:	ne possession o	i the orga	anization that ar	е пек	and administered	a for the		Γ	Yes	No
(i) Unrelated organizations								3a(i)	Х	
(ii) Related organizations						, , ,		3a(ii)		Х
b If 'Yes' on line 3a(ii), are the rela								3b		
4 Describe in Part XIII the intended								1		<u> </u>
Part VI Land, Buildings, and					7					
Complete if the organi		ered 'Y	es' on Form	1 990), Part IV, line	e 11a. :	See Form 996). Par	t X. li	ne 10.
Description of property) Cost o	r other basis	(b)	Cost or other	(c) A	ccumulated		Book va	
1 a Land	•	(inve	stment)	b	asis (other)	de	preciation			000
					475,000.				4/5	,000.
b Buildings	<u> </u>									000
c Leasehold improvements	<u> </u>				38,277.		28,246.			<u>, 031 .</u>
d Equipment	<u> </u>				60,792.		56,236.			<u>, 556.</u>
e Other			000 5 11	- (29,122.		23,156.			<u>,966.</u>
Total. Add lines 1a through 1e. (Colum	ın (a) must equ	ai Form	990, Part X, co	olumn	1 (B), line 10c.)					553.
BAA							Schedu	ie D (Fo	orm 990) 2020

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description
(b) Book value
(1)
1, 669, 545.
(2) PROMISED USE OF BUILDING
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)

Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)

1, 821, 756.

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYROLL LIABILITIES 15,290. (3) SALES TAX PAYABLE 1,386. (4)(5) (6) (7)(8)(9)(10)(11)Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 16,676.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.	,
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	953,047.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		733,047.
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	'	
	+	
c Recoveries of prior year grants		
e Add lines 2a through 2d.	2 е	67,147.
3 Subtract line 2e from line 1	3	885,900.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		003,900.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	. 10	
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		885,900.
	., -	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Retur	1
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	r Returi	1.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		1.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		1,002,053.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	. 1	1.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 1	1.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	. 1	1.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 62,503	. 1	1.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.). 2 d	. 1	1,002,053.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 to Cother losses. 2 cother losses.	. 1 . 2e	1,002,053. 62,503.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	. 1 . 2e	1,002,053.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e 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: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	. 1 . 2e	1,002,053. 62,503.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e 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: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). 4 a b Other (Describe in Part XIII.). 4 b	. 1 . 2e . 3	1,002,053. 62,503.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e 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: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b.	2 e 3	1,002,053. 62,503.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e 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: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). 4 a b Other (Describe in Part XIII.). 4 b	2 e 3	1,002,053. 62,503.

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ORGANIZATION HAS TWO ENDOWMENTS FUNDS TO PROVIDE INCOME FOR THE ORGANIZATIONS ACTIVITIES, PROGRAMS AND OPERATIONS, AND PROVIDE INCOME FOR SCHOLARSHIPS AND STIPENDS MADE.

PART X - FASB ASC 740 FOOTNOTE

MANAGEMENT HAS EVALUATED THE ORGANIZATIONS TAX POSITIONS AND CONCLUDED THEY TOOK NO UNCERTAIN TAX POSITIONS REQUIRING AN ADJUSTMENT TO THE FINANCIAL STATEMENTS TO

COMPLY WITH THE PROVISIONS ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD Schedule D (Form 990) 2020

BAA

77-0519882

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

CONTRIBUTION - BUILDING USE.....

TOTAL \$ 58,672.

BAA

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

2

Employer identification number X Yes 77-0519882 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 I General Information on Grants and Assistance WATSONVILLE WETLANDS WATCH Name of the organization

ss' on	(h) Purpose of grant or assistance
tion answered 'Ye space is needed.	(g) Description of noncash assistance
ete if the organizal cated if additional	(book, FMV, appraisal,
rnments. Comple art II can be dupli	(e) Amount of non-cash assistance
nd Domestic Gove ore than \$5,000. F	(d) Amount of cash grant
Organizations at that received m	(c) IRC section (if applicable)
nce to Domestic , for any recipien	(p) EIN
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 or government

(h) Purpose of grant or assistance			1 1 10 10 10 10 10					0	Schedule I (Form 990) 2020
(g) Description of noncash assistance								A	Schedu
(f) Method of valuation (book, FMV, appraisal, other)									07/15/20
(e) Amount of non-cash assistance									TEEA3901L 07/15/20
(d) Amount of cash grant								listed in the line 1 table	
(c) IRC section (if applicable)								rganizations listed in	s for Form 990.
(b) EIN) and government o	ons listed in the line see the Instruction
(a) Name and address of organization or government	(n)	(2)	(3)	 	(9)	<u></u>	(8)		S Enter total number of other organizations listed in the line I table

Schedule I (Form 990) 2020

Parting Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WATSONVILLE WETLANDS WATCH

Employer identification number

77-0519882

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

WATSONVILLE WETLANDS WATCH ADVOCATES FOR WETLAND ISSUES, EDUCATES IN SCHOOLS AND IN THE PUBLIC ARENA, RESTORES DEGRADED HABITATS, AND PRESERVES WETLANDS OF THE PAJARO VALLEY, ESPECIALLY INVOLVING MEMBERS OF THE WATSONVILLE COMMUNITY AND THE STUDENTS OF THE PAJARO VALLEY UNIFIED SCHOOL DISTRICT.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

MANAGEMENT REVIEWS BEFORE FILING; FINANCE COMMITTEE AND BOARD REVIEW AFTER FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

DONE ON AN AS-NEEDED BASIS VIA DISCUSSION AT MEETINGS OF THE BOARD OF DIRECTORS AS APPROPRIATE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT COMPENSATION FOR THE EXECUTIVE DIRECTOR IS CONSIDERED BY THE PERSONNEL COMMITTEE PRIOR TO A RECOMMENDATION TO THE BOARD OF DIRECTORS. REVIEW OF THIS COMPENSATION IS MADE WITH AN EFFORT TO REFLECT COMPETITIVE COMPENSATION WITH SIMILAR POSITIONS IN THE REGION, FUNDING PERMITTED.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

KEY EMPLOYEE SALARY AND CORRESPONDING PAY INCREASES ARE SET UP BY THE EXECUTIVE

DIRECTOR. THIS IS DETERMINED BASED ON COMPARABLE DATA SUCH AS THE NON-PROFIT

COMPENSATION REPORT. THE BOARD OF DIRECTORS AND PERSONNEL COMMITTEE REVIEW THIS

DATA DURING THE ANNUAL BUDGETING PROCESS. CHANGES IN SALARY AS RECOMMENDED ARE

INCORPORATED INTO THE BUDGET PROCESS AND ADOPTED BY THE BOARD OF DIRECTORS ANNUALLY.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

Name of the organization
WATSONVILLE WETLANDS WATCH

NET DONATED USE OF BUILDING.....

Employer Identification number

77-0519882

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

PROFESSIONAL SERVICES	TOTAL <u>\$</u>	(A) TOTAL 125,098. 125,098.	(B) PROGRAM SERVICES 100,778. \$ 100,778.	(C) MANAGEMENT & GENERAL 16,677. \$ 16,677.	(D) FUND- RAISING 7,643. \$ 7,643.
FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES					