Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No 1545-0047

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For t	he 2020 calendar year, or tax year beginning , 2020	, and ending		,
В	Check	ıf applicable: C		D Emp	loyer identification number
	Addres	ss change		,	•
	Name	change San Bruno Mountain Watch			-3235791
	Initial	return P.O. Box 53		E Tele	phone number
-		Brisbane, CA 94005		41	5 467-6631
=		ded return ation pending			up Exemption
			1		nber •
		unting Method: X Cash Accrual Other (specify) ►site: ► www.mountainwatch.org	H Check	` ▶	of the organization is not
					ttach Schedule B 90-EZ, or 990-PF).
K	Form	of organization: Corporation Trust Association Other			
	asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 9	= \$200,000 or more, or i	f total	►\$ 175,030.
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Ba	lances (see the ins	tructio	ns for Part I)
		Check if the organization used Schedule O to respond to any question in the	SHaMEU		í X
	1	Contributions, gifts, grants, and similar amounts received Attorney C			1 88,125.
	2	Program service revenue including government fees and contracts			2 67,790.
	3	Membership dues and assessments. NOV	1.6 2021		3
	4	Investment income	THE ESTATE OF THE STATE OF THE	····-	4 14.
	5a	Gross amount from sale of assets other than inventory	b.5al· · · → 10.1	01 F	14.
	b	Gross amount from sale of assets other than inventory Registry of Less: cost or other basis and sales expenses	The line Indeed 11,3	20	•
		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	11/	20.	5c 7.773
	6	Gaming and fundraising events:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····-	5c 7,773.
9	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a		**
Ē		Gross income from fundraising events (not including \$ 1,843			
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
	С	Less: direct expenses from gaming and fundraising events	6 c	28.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).			6d -28.
	7 a	Gross sales of inventory, less returns and allowances	7 a		20.
	b	Less: cost of goods sold	7 b		
1	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		· · · · · · · · · · ·	7 c
	8	Other revenue (describe in Schedule O).			8
İ	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9 163,674.
	10	Grants and similar amounts paid (list in Schedule O)		1	103,074.
	11	Benefits paid to or for members		1	11
န္	12	Salaries, other compensation, and employee benefits			101, 202.
Expenses	13	Professional fees and other payments to independent contractors		_	13 490.
8	14	Occupancy, rent, utilities, and maintenance			170.
பி					10,021.
	16	Printing, publications, postage, and shipping Other expenses (describe in Schedule O)	ee Schedule O		1,331.
	17	Total expenses. Add lines 10 through 16.			17/000.
	18	Excess or (deficit) for the year (subtract line 17 from line 9).			200,000.
ets		•			27,038.
SS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (figure reported on prior year's return)	(must agree with end-of		120.804
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			120,804.
z	21	Net assets or fund balances at end of year. Combine lines 18 through 20		▶ 2	147,842.
BAA	For	Paperwork Reduction Act Notice, see the separate instructions.		· / •	Form 990-EZ (2020)

	Check if the organization used Sche	edule O to respond to any qu	estion in this Part II		,	X
				(A) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments			127,222	. 22	169,399.
23		•• • • • • • • • • • • • • • • • • • • •			23	
24	Other assets (describe in Schedule O)				24	
25	Total liabilities (describe in Schedule O)	Soo Sahadul		127,222	_	169,399.
26	Iotal liabilities (describe in Schedule O)	see schedur	e U	6,418		21,557.
27	Net assets or fund balances (line 27 of			120,804	. 27	147,842.
Par	t III Statement of Program Service Ac	complishments (see the inst	tructions for Part III)			Expenses
What Desc	Check if the organization used Sci is the organization's primary exempt purpose? See cribe the organization's program service a sured by expenses. In a clear and concise	Schedule O			(c)(3) organ	uired for section 501 and 501(c)(4) nizations; optional
bene	sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servi each program title.	ces provided, the nu	mber of persons	for ot	thers.)
28						
29		is amount includes foreign g			28 a	57,446.
						
	(Grants \$) If thi	is amount includes foreign g			29 a	20 605
30					23 a	20,695.
	(Grants \$) If thi	is amount includes foreign g	rants, check here.		30 a	20,695.
31	Other program services (describe in Sch	edule O)				
	(Grants \$) If thi	is amount includes foreign g	rants, check here	▶ ∐	31 a	
32	Total program service expenses (add lin	nes 28a through 31a)		· · · · · · · · · · · · · · · · · · ·	32	98,836.
Par	t IV List of Officers, Directors, 1	Trustees, and Key Emp	loyees (list each one	even if not compensated — s	ee the ii	nstructions for Part IV)
	Check if the organization used Sci	hedule O to respond to any	question in this Part	IV		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defo compensation	vee	(e) Estimated amount of other compensation
Mic	thele Salmon					
	e President Ta Freedman	2		0.	0.	0.
	esident	2			_	
		2		0.	0.	<u> </u>
	an Parish	2		_		0
	Vinchen			0.	0.	0.
	retary	2		0.	0.	0
	el Cherbowsky Corkidi			0.	0.	<u> </u>
	cutive Dir.	40	51,73	6 9	00.	0.
		40	31,73	0	00.	<u> </u>
					-	
DAA		TEE 0.00121 0	1/28/21			E 000 ET (0000)

33				
	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Did the organization engage in any significant activity not previously reported to the IRS?	·	Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33	1.00	X
34		34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions▶ 37a 0.	, ,		
20	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved	` .	-	
39	Section 501(c)(7) organizations. Enter:	, 45.		
	a Initiation fees and capital contributions included on line 9 39a 0.			
	b Gross receipts, included on line 9, for public use of club facilities	ľ		,
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		,,	
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		,	
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 • 0.	,		
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		·	
				,
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		X
41				
	List the states with which a copy of this return is filed None			
42	a The organization's	67-6	621	
42	a The organization's books are in care of ► Brian Parish, Treasurer Telephone no. ► 415 4	67-6	<u>631</u>	
	a The organization's books are in care of ► Brian Parish, Treasurer Located at ► 44 Visitacion Ave Ste 206 Brisbane CA Telephone no. ► 415 4 ZIP + 4 ► 94005	67-6 	631_ Yes	
	a The organization's books are in care of ► Brian Parish, Treasurer Telephone no. ► 415 4	67-6 42 b		
	a The organization's books are in care of ► Brian Parish, Treasurer Located at ► 44 Visitacion Ave Ste 206 Brisbane CA Telephone no. ► 415 4 ZIP + 4 ► 94005			No X
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43	a The organization's books are in care of Parian Parish, Treasurer Located at 44 Visitacion Ave Ste 206 Brisbane CA Brian Parish, Treasurer JIP + 4 94005 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42 b	Yes	X X N/A
43	Telephone no. A The organization's books are in care of Brian Parish, Treasurer Located at 4 Visitacion Ave Ste 206 Brisbane CA Tolephone no. 415 4 2IP + 4 94005 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42 b	Yes	X X N/A N/A
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43	a The organization's books are in care of Brian Parish, Treasurer Located at 44 Visitation Ave Ste 206 Brisbane CA Tip+4 94005 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 15 July 15 July 15 July 15 July 15 July 16 July 17 July 18 J	42 b	Yes	X N/A N/A No
43	a The organization's books are in care of Brian Parish, Treasurer Located at 44 Visitacion Ave Ste 206 Brisbane CA ZIP + 4 94005 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. D Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. D Did the organization receive any payments for indoor tanning services during the year?.	42 b 42 c 44 a 44 b 44 c	Yes	X N/A N/A No X
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43 44	a The organization's books are in care of Brian Parish, Treasurer Telephone no. 415 4 Located at 4 Visitacion Ave Ste 206 Brisbane CA ZIP+4 94005 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year?. d If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' Porm 990 must be completed in Schedule O. a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42 b 42 c 44 a 44 b 44 c	Yes	X N/A N/A No X
43 44	a The organization's books are in care of ▶ Brian Parish, Treasurer Telephone no. ▶ 415 4 Located at ▶ 44 Visitacion Ave Ste 206 Brisbane CA IIP+4 ▶ 94005 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)? If 'Yes,' enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 □ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	42 b 42 c 44 a 44 b 44 c 44 d	Yes	X N/A N/A No X X

Form 990-	EZ (2020) San Bruno Mountain	Watch		94-323	35791	Р	Page 4
46 Did t	he organization engage, directly or indirec	ctly, in political campa	aign activities on behalf o	of or in opposition to		Yes	No
cand	idates for public office? If 'Yes,' complete	Schedule C, Part I			46		X
Part VI	Section 501(c)(3) Organizations All section 501(c)(3) organization for lines 50 and 51.	s Only ons must answer o	questions 47-49b and	d 52, and complete	the table	es:	
	Check if the organization used S	Schedule O to res	pond to any questio	n in this Part VI		<u> </u>	
47 Did th	ne organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(l	n) election in effect during	the tax year? If 'Yes,'	. 47	Yes	No X
•	e organization a school as described in se				48		X
	he organization make any transfers to an				49 a		Х
50 Comp	es,' was the related organization a section plete this table for the organization's five high oyees) who each received more than \$100,00	nest compensated empl	ovees (other than officers.	directors, trustees, and k	. 49 b key		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
None_							
51 Comp	number of other employees paid over \$1 olete this table for the organization's five high bensation from the organization. If there is	nest compensated indep	pendent contractors who ea	ch received more than \$	100,000 of		
	(a) Name and business address of each independent co	ontractor	(b) Type o	of service	(c) Comp	ensation	n
None			-				
			-				
			-				
			-				
52 Did th	number of other independent contractors he organization complete Schedule A? No bleted Schedule A	_			► X Yes		No
Under penaltie true, correct, a	es of perjury, I destare that I have examined this return, and complete. Declaration of prebarer (other than officer	including accompanying sch	edules and statements, and to the	e best of my knowledge and be			
Sign	Signature of officer	, , , , , , , , , , , , , , , , , , , ,	or more property flat any filters.		202	L(
Here	Brian Parish Type or print name and title	\bigcirc		Treasurer			
	Print/Type preparer's name	Preogrer's sygnature	Date	, \	TIN		
Paid	Iris Gallagher	Tris Gallaghe	r / 1, /12	Check I if P	0133460	2	
raiu Preparer	Firm's name > Iris Gallagher			100			
Use Only	Firm's address ► 44 Visitacion Av			Firm's EIN			
	Brishana CA 940	105		Phone no /115	160E0E2		

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

BAA

... ► X Yes No
Form 990-EZ (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number San Bruno Mountain Watch 94-3235791 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(bX1XAXvi)**. (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E)

TEEA0401L 09/14/20

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
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 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	Land 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		!		444	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				·		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		-	,	,		
12	Gross receipts from related activ	ities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati stop here	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	▶ 🔲
Sec	tion C. Computation of Pul	blic Support P	Percentage				
	Public support percentage for 20 Public support percentage from 2						%
	- · · · · · · · -				· · · · · · · · · · · · · · · · · · ·		%
16a	33-1/3% support test—2020. If the and stop here. The organization	ne organization d qualifies as a pul	id not check the b blicly supported oi	ox on line 13, and ganization	I line 14 is 33-1/3	% or more, chec	k this box ▶
	33-1/3% support test—2019. If the and stop here. The organization	qualifies as a pu	blicly supported o	rganization			
1 /a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	ind-circumstances	test check this b	ox and stop here	. Éxplain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-a	ind-circumstances	test, check this b	ox and stop here	. Explain in Part	VI how the
18	Private foundation. If the organization	zation did not che	eck a box on line 1	13, 16a, 16b, 17a,	or 17b, check thi	s box and see in	structions

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		. =				
	dar year (or fiscal year beginning 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 'unusual grants.')						
2	Gross receipts from admissions.	74,109.	75,572.	76,318.	91,471.	86,285.	403,755.
_	merchandise sold or services						
	performed, or facilities furnished in any activity that is						
	related to the organization's						
_	tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
5	its behalf The value of services or						0.
5	facilities furnished by a						
	governmental unit to the organization without charge						•
6	Total. Add lines 1 through 5.	74 100	75 572	76 210	01 471	06 205	0.
	Amounts included on lines 1,	74,109.	75,572.	76,318.	91,471.	86,285.	403,755.
	2, and 3 received from disqualified persons		_	_	_	_	_
h	Amounts included on lines 2	0.	0.	0.	0.	0.	0.
U	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	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)				,		403,755.
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
	Amounts from line 6	74,109.	75,572.	76,318.	91,471.	86,285.	403,755.
10a	Gross income from interest, dividends, payments received on securities loans,					T	
	rents, royalties, and income from						
h	Unrelated business taxable		130.		219.	7,787.	8,136.
_	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	0.	130.	0.	219.	7,787.	8,136.
	Net income from unrelated business		200.	<u> </u>	217.	.,,,,,,,	0,100.
	activities not included in line 10b, whether or not the business is						
	regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						
12	Part VI.)						0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	74,109.	75,702.	76,318.	91,690.	94,072.	411,891.
14	First 5 years. If the Form 990 is f	or the organization	n's first, second.	third, fourth, or fi	fth tax vear as a s	section 501(c)(3)	▶□
Sec	organization, check this box and tion C. Computation of Pub						
	Public support percentage for 202			ne 13 column (fl)			98.02 %
	Public support percentage from 2						99.91 %
	tion D. Computation of Inve						99.91 0
	Investment income percentage for				mn (f))	17	1.98 %
	Investment income percentage fr					18	0.09 %
	33-1/3% support tests-2020. If the	he organization did	d not check the b	ox on line 14, and	d line 15 is more	than 33-1/3%, and	line 17
	is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	rted organization.	► X
a	33-1/3% support tests—2019. If the line 18 is not more than 33-1/3%,	ne organization did , check this box ar	not check a box nd stop here . The	on line 14 or line or line organization out	e 19a, and line 16 alifies as a publich	is more than 33-1. v supported organi	/3%, and ration ►
20	Private foundation. If the organiz						

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 Suppor	ting Organizations
-----------------------	--------------------

			Yes	No
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.	1		
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).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
	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.	3b		,
	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.	3с		
4	a 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.	4 a		
	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.	4b		
	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.	4c		
5	a 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).	5a		
	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?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
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).	7		
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).	8		
9	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 .	9a	•	
	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 .	9b		
•	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.	9c		
10:	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
	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.).	10b		

Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a 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		-
	c 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		
<u> </u>	ction B. Type I Supporting Organizations			T
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
	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		The second secon
2		. ,		
	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		WWW.
Sec	ction C. Type II Supporting Organizations	L	l	I
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported exercise time to the first description of the CCU.	· · · · · · · · · · · · · · · · · · ·	Yes	No
·	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (I) a written notice describing the type and amount of support provided during the prior tax year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	,	,
3	By reason of the relationship described 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.	3		And the state of t
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).			
i	The organization satisfied the Activities Test. Complete line 2 below.			
ı	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
(The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uction:	s).
_			, ·	,
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	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		-
i	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.	` .	,	,
ā	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		
	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in it 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		
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		
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):	-	,	,
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	A STATE OF THE STA	
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		1, -	Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	,	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inter(see instructions).	grated	Type III supporting org	panization
DAA				

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Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations <i>(cont</i>	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
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	
_7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

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	, ,		
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			v ,
3 Excess distributions carryover, if any, to 2020		*	· · · · · · · · · · · · · · · · · · ·
a From 2015	***************************************	·	- Arthur
b From 2016	, , , , , , , , , , , , , , , , , , , ,		, '
c From 2017	,		
d From 2018	. **	,	, , ,
e From 2019	,	1	, , ,
f Total of lines 3a through 3e		· ·	
g Applied to underdistributions of prior years			*
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)		f	3 p
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		•	,
4 Distributions for 2020 from Section D, line 7: \$		1	
a Applied to underdistributions of prior years			· , .
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.		•	
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.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			^ =
8 Breakdown of line 7:	1		-
a Excess from 2016	(> f	- F. &	* " · · ·
b Excess from 2017			
c Excess from 2018		,	*
d Excess from 2019			•
e Excess from 2020		· · · · · · · · · · · · · · · · · · ·	*

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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 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

San Bruno Mountain Watch

Employer identification number

94-3235791

Form 990-EZ, Part I, Line 5c **Net Gain (Loss) from Noninventory Sales**

Publicly Traded Securities

Gross Sales Price: Cost or Other Basis: 19,101.

11,328.

Total Gain (Loss) Publicly Traded Securities $\overline{\$}$ 7,773. Total Net Gain (Loss) From Noninventory Sales \$ 7,773.

Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion.	\$	1,017.
Bank Charges&Credit Card Fees	·	['] 931.
CA Dept of Food & Agriculture		150.
CA Registry of Charitable Tr		50.
Information Technology		3,802.
Insurance.		9,623.
Membership, Dues&Subscrip		410
Office Expenses		246.
Payroll Processing Fees.		432.
Program Expense		3,035.
Secretary of State		3,033. 10.
Travel		
Travel	<u> </u>	180.
Total	Ş	19,886.

Form 990-EZ. Part II. Line 26 **Total Liabilities**

	Bec	ginning	 Ending
Accounts Payable and Accrued Expenses	\$	1,169.	\$ 0.
Accrued Wages.		2,585.	1,743.
Payroll Taxes Payable		2,664.	1,879.
PPP Loan		0.	 17,935.
Total	\$	6,418.	\$ 21,557.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To preserve and protect the native ecosystems of San Bruno Mountain through environmental education, community-based ecological restoration, the operation of the Mission Blue Nursery, and conservation advocacy.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Mission Blue Nursery Program

Employer identification number

94-3235791

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

flora of San Bruno Mountain. In 2020, San Bruno Mountain Watch continued hosting programs at the nursery for the public to participate in plant propagation and maintenance activities. Nursery volunteers contributed 646 hours of service at the nursery during this year. Group volunteer events were suspended in mid-March due to the coronavirus pandemic; in July, volunteer opportunities resumed in the form of individual activity shifts for one person or small household group at a time. The nursery supplied native plants to various restoration projects on San Bruno Mountain and other parks throughout the San Francisco Peninsula. These habitat restoration projects were carried out by multiple agencies, including San Bruno Mountain Watch, the San Mateo County Parks, and the City of South San Francisco. Plants were also provided to urban restoration and urban greening projects, such as the Sunset Boulevard Pilot Gardens carried out by the California Native Plant Society's Yerba Buena Chapter and Climate Action Now!, the Dogpatch and Northwest Potrero Hill Green Benefit District's Potrero Gateway Eco-Patch Test Garden project, the Crown Colony Homeowners Association native landscaping project, the Portola Neighborhood Association's Burrows Pocket Park project, and the Friends of Oak Woodlands restoration project at Golden Gate Park. In addition, plants were grown for the purpose of landscaping a kiosk exhibit about San Bruno Mountain at the Genesis North Tower in South San Francisco adjoining the mountain. The nursery was only able to host one public plant sale prior to the closures necessitated by the pandemic. In response to this, a digital ordering menu featuring the nursery's plant inventory, called the Mission Blue Menu, was created and hosted on the San Bruno Mountain Watch website, along with a system of individual plant sale pickup appointments. This allowed the public to continue to acquire plants from our nursery while maintaining social distancing protocols. The nursery also provided plants to schools such as a biology class from Westmoor High School for the

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

purpose of providing students with plants to grow and observe from home during the era of remote, distance learning. The organization also initiated the Environmental Justice Fund at Mission Blue Nursery, soliciting donations for the purpose of providing native plants for free to organizations that cultivate environmental equity through community gardens; Kapwa Gardens was the first partner organization to receive plants as part of this initiative.

Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Education Program

San Bruno Mountain Watch's education program connects the public with the cultural and natural history of San Bruno Mountain through field trips, presentations, digital resources, and service-learning opportunities.

In response to the coronavirus pandemic and the limits it placed on in-person educational opportunities, San Bruno Mountain Watch launched the San Bruno Mountain Digital Learning Initiative. As part of this initiative, online curriculum and activities were developed for youth, with multiple videos and presentations exploring different themes. This included navigable online slideshows, videos, interactive online worksheets, and stories hosted on the organization's website.

Furthermore, San Bruno Mountain Watch began developing a mobile application that will provide the public with self-guided interpretive walking tours of trails on San Bruno Mountain and its surroundings. Additionally, San Bruno Mountain Watch continued expanding and adding materials to the San Bruno Mountain Archives, a digital history project; three new collections were added to the archives. San Bruno Mountain Watch also served as a co-host of the San Bruno Mountain Conference in April of 2020, which transitioned from an in-person event into a virtual

Mountain.

Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Mountain from a variety of speakers including ecologists, botanists, natural resource managers, and passionate students of local environmental history. The fifteen lectures were recorded and together amount to over 5.5 hours.

In the fall of 2020, San Bruno Mountain Watch helped edit, publish and distribute over 200 copies of Earth's Own Animal, a book by a founder of the organization, David Schooley, that included more than 250 pages of San Bruno Mountain art and

poetry plus historical essays about the people's movement to save San Bruno

lecture series. The conference highlighted the ecology and history of San Bruno

San Bruno Mountain Watch also designed and developed a series of ten interpretive panels covering a range of topics about San Bruno Mountain that were installed in an outdoor kiosk at the Genesis North Tower in South San Francisco. One of the panels, focused on the mountain's indigenous heritage, was written by the Association of Ramaytush Ohlone. Only a few guided hikes and field trips took place during the first two months of the year, as other planned outings had to be cancelled due to the pandemic.

Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

Ecological Restoration Program

San Bruno Mountain Watch leads ecological restoration efforts in collaboration with community volunteers, students, corporate groups, park agencies, and local cities. Volunteers contributed 1,839 hours to community-based ecological restoration efforts led by our organization in 2020. Group volunteer events had to be suspended in mid-March due to the coronavirus pandemic, yet some individual volunteer efforts were able to continue throughout the year. San Bruno Mountain Watch continued grassland restoration efforts as part of the San Bruno Mountain

Name of the organization

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Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

Habitat Conservation Plan, leading planting events to improve habitat for the mountain's endangered mission blue and callippe silverspot butterflies. Invasive plant removal efforts continued in areas like the San Bruno Mountain Dunes, the site of the San Bruno Mountain Botanical Garden, and on the south slopes of the mountain through the efforts of the South San Francisco Weed Warriors.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No

Client SBMTN San Bruno Mountain Watch 11/11/21 Contributions, Gifts, and Grants Other contributions, gifts, grants, etc.	94-3235791 08:20PN 46, 205. 4, 435. 35, 642. 86, 282.
Contributions, Gifts, and Grants Other contributions, gifts, grants, etc. Donations-Individuals	46,205. 4,435. 35,642.
Office expenses Office Supplies	
Information technology Phone/DSL/Cable\$	192. 54. 246.
Donor Software/Database Email Marketing Software Accounting Software. GPS Guided Software. Other Software Total	1,697. 403. 59. 540. 75. 718. 310. 3,802.