

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	SAVE MOUNT DIABLO 1901 OLYMPIC BOULEVARD #320 WALNUT CREEK, CA 94596	94-2681735
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(925) 947-3535
<input type="checkbox"/> Final return/terminated		G Gross receipts \$ 6,635,204.
<input type="checkbox"/> Amended return		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer: EDWARD SORTWELL CLEMENT, JR	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.SAVEMOUNTDIABLO.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1971 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	1,545
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	393.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,314,762.	3,688,923.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	121,091.	146,008.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,882.	22,798.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	153,799.	209,053.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,608,534.	4,066,782.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	11,028.	8,597.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,317,230.	1,406,813.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 736,008.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,146,637.	1,863,119.
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,474,895.	3,278,529.
	19 Revenue less expenses. Subtract line 18 from line 12	1,133,639.	788,253.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	19,440,593.	20,990,704.
22 Net assets or fund balances. Subtract line 21 from line 20	611,995.	568,449.	
		18,828,598.	20,422,255.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	EDWARD SORTWELL CLEMENT, JR	EXECUTIVE DIR.			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RONALD A. LEY	RONALD A. LEY			P00054151
	Firm's name ▶ DAMORE HAMRIC & SCHNEIDER INC				
	Firm's address ▶ 1515 RIVER PARK DR STE 150 SACRAMENTO, CA 95815-4606	Firm's EIN ▶ 94-2769017	Phone no. (916) 481-2856		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PRESERVE LAND ON AND AROUND MOUNT DIABLO TO ENSURE HEALTHY ECOSYSTEMS AND CONTINUED ACCESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 884,564. including grants of \$) (Revenue \$)

LAND ACQUISITION:

SAVE MOUNT DIABLO ACQUIRES 95-ACRE ANDERSON RANCH, ENDING FOUR DECADES OF DEVELOPMENT THREATS. SIZE: 95 ACRES | IN A HISTORIC TRANSACTION MARKED BY YEARS OF EFFORT, SAVE MOUNT DIABLO PURCHASED THE BEAUTIFUL AND SOUGHT-AFTER ANDERSON RANCH IN MORGAN TERRITORY.

(CONTINUED ON SUPPLEMENTAL SCHEDULE O)

4b (Code:) (Expenses \$ 637,227. including grants of \$) (Revenue \$)

LAND USE PLANNING & STEWARDSHIP:

LAND USE PLANNING:

SAVE MOUNT DIABLO REGULARLY MONITORS THE AGENDAS OF 50 DIFFERENT PLANNING COMMITTEES AND PUBLIC AGENCIES. THIS WORK CAN TAKE TIME AS WE RESEARCH, WRITE LETTERS, TESTIFY AND COLLABORATE ON SOLUTIONS. WE RESPONDED TO 30 LAND USE PROJECTS IN 2017.

(CONTINUED ON SUPPLEMENTAL SCHEDULE O)

STEWARDSHIP:

SAVE MOUNT DIABLO CURRENTLY OWNS AND/OR MANAGES 18 PROPERTIES-TOTALING 1,980 ACRES. SAVE MOUNT DIABLO ALSO MONITORS PERPETUAL CONSERVATION EASEMENTS ON 2 PROPERTIES, TOTALLING 22 ACRES.

(CONTINUED ON SUPPLEMENTAL SCHEDULE O)

4c (Code:) (Expenses \$ 462,579. including grants of \$) (Revenue \$)

EDUCATION & RECREATION:

FROM LAND MANAGEMENT PROJECTS TO SUPPORTING OFFICE OPERATIONS, EVENTS, COMMUNITY OUTREACH AND RECREATION, 1,545 VOLUNTEERS COMPLETED OVER 8,000 HOURS OF SERVICE IN 2017.

(CONTINUED ON SUPPLEMENTAL SCHEDULE O)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,984,370.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		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? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
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? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part I.</i>		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? <i>If 'Yes,' complete Schedule D, Part II.</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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>	X	
b 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? <i>If 'Yes,' complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions).		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? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 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):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2017)

Part V 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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 22		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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. 21		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 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?	X	
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7 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?	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?		
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13 c	Enter the amount of reserves on hand.		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included in line 1a... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... X; 6 Did the organization have members or stockholders?... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body?... X; 8b Each committee with authority to act on behalf of the governing body?... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?... X; 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?...; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O; 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... SEE SCHEDULE O... X; 13 Did the organization have a written whistleblower policy?... X; 14 Did the organization have a written document retention and destruction policy?... X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O... X; 15b Other officers or key employees of the organization. SEE SCHEDULE O... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?... X; 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?...

Section 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [X] Other (explain in Schedule O) SEE SCH. O
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 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 books and records: MONICA OEI 1901 OLYMPIC BOULEVARD SUITE 320 WALNUT CREEK CA 94596 (925) 947-3535

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT HEIN PRESIDENT	4 0	X		X				0.	0.	0.
(2) AMARA MORRISON SECRETARY	4 0	X		X				0.	0.	0.
(3) BURT BASSLER TREASURER	4 0	X		X				0.	0.	0.
(4) HEATH BARTOSH DIRECTOR	2 0	X						0.	0.	0.
(5) JOE CANCIAMILLA DIRECTOR	2 0	X						0.	0.	0.
(6) JOHN GALLAGHER DIRECTOR	2 0	X						0.	0.	0.
(7) CLAUDIA HEIN DIRECTOR	2 0	X						0.	0.	0.
(8) SUE OHANIAN DIRECTOR	2 0	X						0.	0.	0.
(9) BOB MARX DIRECTOR	2 0	X						0.	0.	0.
(10) MALCOLM SPROUL DIRECTOR	2 0	X						0.	0.	0.
(11) JEFF STONE DIRECTOR	2 0	X						0.	0.	0.
(12) JIM FELTON DIRECTOR	2 0	X						0.	0.	0.
(13) LIZ HARVEY DIRECTOR	2 0	X						0.	0.	0.
(14) EDWARD SORTWELL CLEMENT, JR EXECUTIVE DIR.	40 0			X				147,815.	0.	7,254.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) SETH ADAMS LAND CONSERV. DIR.	40 0				X		97,076.	0.	15,134.
(16) MEREDITH HENDRICKS LAND PROG. DIR.	40 0				X		110,139.	0.	5,661.
(17) MONICA OEI FINANCE&ADMIN DIR.	40 0				X		83,748.	0.	11,652.
(18) DEBORAH WHITE DEVELOPMENT DIR.	40 0				X		110,167.	0.	15,685.
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							548,945.	0.	55,386.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							548,945.	0.	55,386.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	3								

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
B&W 1901 OLYMPIC BLVD, LLC 1777 OAKLAND BLVD, STE 100 WALNUT CREEK,	OFFICE RENT	146,772.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	1	

Part VIII Statement of Revenue

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

		(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 campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 271,380.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 3,417,543.				
	g Noncash contributions included in lines 1a-1f: \$	243,195.				
	h Total. Add lines 1a-1f	▶ 3,688,923.				
Program Service Revenue	2 a PROGRAM EVENTS		Business Code			
		900099	131,407.	131,407.		
	b LAND REVENUE & MGMT FEES	900099	11,849.	11,849.		
	c MANAGEMENT FEES	900099	2,752.	2,752.		
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f	▶ 146,008.					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	▶ 23,780.			23,780.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	393.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	393.			
	d Net rental income or (loss)	▶ 393.		393.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,567,440.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	2,568,422.			
		c Gain or (loss)	-982.			
	d Net gain or (loss)	▶ -982.		-982.		
	8 a Gross income from fundraising events (not including \$ 271,380. of contributions reported on line 1c). See Part IV, line 18	a	184,430.			
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶ 184,430.			184,430.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	24,230.			24,230.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	▶ 24,230.					
12 Total revenue. See instructions	▶ 4,066,782.	145,026.	393.	232,440.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,597.	8,597.		
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				
5 Compensation of current officers, directors, trustees, and key employees	155,069.	63,578.	38,767.	52,724.
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	1,251,744.	501,644.	429,161.	320,939.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	111,359.	70,030.	23,151.	18,178.
12 Advertising and promotion				
13 Office expenses	143,453.	38,697.	1,690.	103,066.
14 Information technology	12,337.	475.	163.	11,699.
15 Royalties				
16 Occupancy	157,089.	62,461.	39,566.	55,062.
17 Travel	46,335.	36,159.	3,140.	7,036.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	88,098.	83,693.	4,405.	
23 Insurance	39,583.	30,692.	3,787.	5,104.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>ACQUISITION-CONSERVATION LAND</u>	884,564.	884,564.		
b <u>OUTSIDE SERVICES</u>	210,715.	116,662.	240.	93,813.
c <u>EQUIPMENT/MAINTENANCE/RENTAL</u>	55,795.	18,301.	9,604.	27,890.
d <u>PRINTING AND PUBLICATIONS</u>	54,914.	27,637.	520.	26,757.
e All other expenses	58,877.	41,180.	3,957.	13,740.
25 Total functional expenses. Add lines 1 through 24e	3,278,529.	1,984,370.	558,151.	736,008.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	2,526,348.	1	2,962,937.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	473,550.	3	1,281,591.
	4 Accounts receivable, net	70,685.	4	16,688.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	34,554.	9	46,095.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 232,654.		
	b Less: accumulated depreciation	10b 174,613.	24,758.	10c 58,041.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11	1,611,370.	12	1,492,123.
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,699,328.	15	15,133,229.
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,440,593.	16	20,990,704.	
Liabilities	17 Accounts payable and accrued expenses	164,069.	17	160,484.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	447,926.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	407,965.
	26 Total liabilities. Add lines 17 through 25	611,995.	26	568,449.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,698,123.	27	17,730,387.
	28 Temporarily restricted net assets	1,130,475.	28	2,143,348.
	29 Permanently restricted net assets		29	548,520.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	18,828,598.	33	20,422,255.
	34 Total liabilities and net assets/fund balances	19,440,593.	34	20,990,704.

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Form 990 (2017)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,066,782.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,278,529.
3	Revenue less expenses. Subtract line 2 from line 1	3	788,253.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,828,598.
5	Net unrealized gains (losses) on investments	5	31,696.
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 in Schedule O) SEE SCHEDULE O	9	773,708.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,422,255.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	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?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form 990 (2017)

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

2017

Open to Public Inspection

Name of the organization SAVE MOUNT DIABLO	Employer identification number 94-2681735
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Part I 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)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 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(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college 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)**.
- 12 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, 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	(ii) EIN	(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 support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	6,435,384.	2,696,603.	2,205,719.	3,285,286.	3,575,194.	18,198,186.
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.						0.
4 Total. Add lines 1 through 3.	6,435,384.	2,696,603.	2,205,719.	3,285,286.	3,575,194.	18,198,186.
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).						4,975,074.
6 Public support. Subtract line 5 from line 4.						13,223,112.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	6,435,384.	2,696,603.	2,205,719.	3,285,286.	3,575,194.	18,198,186.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	63,008.	44,602.	29,691.	15,911.	23,780.	176,992.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	34,684.	50,692.	46,547.	95,828.		227,751.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	100,055.	95,928.	175,530.	142,039.	184,430.	697,982.
11 Total support. Add lines 7 through 10.						19,300,911.
12 Gross receipts from related activities, etc. (see instructions)					12	1,177,240.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	68.51 %
15 Public support percentage from 2016 Schedule A, Part II, line 14.	15	62.82 %

16a **33-1/3% support test—2017.** 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. ▶

b **33-1/3% support test—2016.** 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. ▶

17a **10%-facts-and-circumstances test—2017.** 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 test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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. ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or 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.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>			

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2017

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
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)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

BAA

Schedule A (Form 990 or 990-EZ) 2017

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.)

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>
FUNDRAISING EVENTS	\$ 184,430.	\$ 142,039.	\$ 175,530.	\$ 95,928.	\$ 100,055.
TOTAL	<u>\$ 184,430.</u>	<u>\$ 142,039.</u>	<u>\$ 175,530.</u>	<u>\$ 95,928.</u>	<u>\$ 100,055.</u>

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

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
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

2017

Name of the organization

SAVE MOUNT DIABLO

Employer identification number

94-2681735

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (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, 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 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).

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) (2017)

Name of organization SAVE MOUNT DIABLO	Employer identification number 94-2681735
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 75,389.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 545,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 109,746.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 104,965.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAVE MOUNT DIABLO	Employer identification number 94-2681735
---	--

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	SECURITIES ----- ----- -----	\$ 109,746.	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	

Name of organization SAVE MOUNT DIABLO	Employer identification number 94-2681735
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public Inspection

Name of the organization

Employer identification number

SAVE MOUNT DIABLO

94-2681735

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input checked="" type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a 2
b Total acreage restricted by conservation easements	2 b 20
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **SEE PART XIII** Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 15

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 588.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. **SEE PART XIII**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 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? Yes No

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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	0.	0.	0.	0.	0.
b Contributions	752,202.				
c Net investment earnings, gains, and losses	168.				
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	752,370.	0.	0.	-16,595.	0.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 0.27 %
 - b Permanent endowment ▶ 0.73 %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		213,422.	155,381.	58,041.
e Other		19,232.	19,232.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 58,041.

BAA

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other CERTIFICATES OF DEPOSIT	1,236,841.	END OF YEAR MARKET VALUE
(A) MUTUAL FUNDS	196,541.	END OF YEAR MARKET VALUE
(B) EXCHANGE TRADED FUNDS	49,175.	END OF YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	1,492,123.	

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. N/A

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

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) CHARITABLE REMAINDER TRUST	1,020,393.
(2) CONSERVATION LAND	12,976,314.
(3) CONSERVATION LAND HELD FOR SALE	12,300.
(4) CONSERVATION LAND STRUCTURES	919,778.
(5) DEED OF CONSERVATION EASEMENT	3.
(6) DEPOSIT	8,892.
(7) LAND PURCHASE OPTION	195,549.
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	15,133,229.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CRT DISTRIBUTION PAYABLE	407,965.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	407,965.

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 FIN 48 (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 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	4,095,530.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	
	b Donated services and use of facilities	2b	28,748.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	28,748.
3	Subtract line 2e from line 1	3	4,066,782.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,066,782.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,278,529.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,278,529.
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	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,278,529.

Part XIII Supplemental Information.

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

PART II, LINE 5 - SUMMARIZED POLICY

SAVE MOUNT DIABLO HAS AN SMD BOARD AND LAND TRUST ALLIANCE ACCREDITATION COMMISSION-APPROVED CONSERVATION EASEMENT ENFORCEMENT POLICY WHICH OUTLINES ANNUAL MONITORING, LAND OWNER RELATIONSHIPS, VIOLATION PROTOCOLS AND ENFORCEMENT GUIDELINES. SAVE MOUNT DIABLO ALSO MAINTAINS A LEGAL DEFENSE FUND AND HOLDS TERRA FIRMA CONSERVATION INSURANCE.

Part XIII Supplemental Information (continued)**PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS**

DEED OF CONSERVATION EASEMENT: A PERPETUAL CONSERVATION EASEMENT IS A VOLUNTARY LEGAL AGREEMENT BETWEEN A LANDOWNER AND A QUALIFIED ORGANIZATION, SUCH AS A LAND TRUST, TO PROTECT THE NATURAL OR CULTURAL RESOURCES OF THAT LAND FOREVER. THE CONSERVATION EASEMENT WILL PROTECT THE RESOURCES SMD PURCHASED THE PROPERTY TO SAVE, BY HAVING THE LANDOWNER HELP STEWARD THE LAND WHILE ALSO ALLOWING THEM TO LIVE ON THE LAND THEY LOVE WHEN APPLICABLE. THE AGREEMENT LIMITS THE LANDOWNERS' RIGHTS ON THE PROPERTY IN ORDER TO PROTECT THE LAND'S CONSERVATION VALUES. IN 2016, THE ORGANIZATION ACQUIRED ITS FIRST CONSERVATION EASEMENT IN CONNECTION WITH THE SALE OF THE CURRY CREEK 2 PROPERTY, TOTALING 4.9 ACRES. THE EASEMENT HAS NO FINANCIAL VALUE SINCE ZONING PERMITS A MINIMUM PARCEL SIZE OF 5 ACRES, LIMITING DEVELOPMENT VALUE TO THE EXISTING, SINGLE HOME SITE. THE ORGANIZATION HAS VALUED THE EASEMENT AS \$1 IN THE FINANCIAL STATEMENTS.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE LONG-TERM GOAL OF SAVE MOUNT DIABLO'S ("SMD") STEWARDSHIP ENDOWMENT FUND IS TO FINANCIALLY SUPPORT, IN PERPETUITY, SMD'S STEWARDSHIP OBLIGATIONS FOR ITS CONSERVED LANDS AND OTHER PROPERTIES UNDER ITS CARE. TO FULFILL ITS STEWARDSHIP OBLIGATIONS, SMD MUST HAVE THE RESOURCES TO PERFORM ACTIVITIES SUCH AS THE FOLLOWING:

- PERIODICALLY MONITOR AND VISIT EACH PROTECTED PROPERTY;
- MAINTAIN SMD FEE SIMPLE OWNED PROPERTY INFRASTRUCTURE;
- PRESERVE NATURAL AND CULTURAL RESOURCES THROUGH ADAPTIVE MANAGEMENT;
- ADDRESS SAFETY RISKS AND REDUCE LIABILITY;
- RESPOND TO LANDOWNER INQUIRIES ON SMD CONSERVATION EASEMENT LANDS;
- MAINTAIN RELATIONS WITH NEIGHBORS OF SMD FEE SIMPLE OWNED PROPERTIES, AND PARTICIPATE IN LANDOWNER COLLABORATIONS SUCH AS ROAD ASSOCIATIONS;
- MAINTAIN RELATIONS WITH LANDOWNERS OF SMD CONSERVATION EASEMENT LANDS;
- RESPOND TO REQUESTS FOR APPROVAL OF PERMITTED ACTIVITIES ON SMD CONSERVATION EASEMENT LANDS;

Part XIII Supplemental Information (continued)**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)**

- RESPOND TO REQUESTS TO AMEND A CONSERVATION EASEMENT;
- RESPOND TO CONSERVATION EASEMENT VIOLATIONS TO ADDRESS PROBLEMS AND AVOID LITIGATION;
- CONDUCT HABITAT RESTORATION AND CLIMATE RESILIENCY WORK ON FEE SIMPLE OWNED LANDS;
- CONDUCT FIRE ABATEMENT ACTIVITIES ON SMD FEE SIMPLE LANDS;
- NUMEROUS OTHER STEWARDSHIP ACTIVITIES SUCH AS MANAGING CONSERVATION GRAZING PROGRAMS AND OTHER OUTSIDE SERVICES ON SMD CONSERVED LANDS;
- RESPOND TO NATURAL DISASTERS SUCH AS FLOODS AND FIRES;
- PAY APPLICABLE TAXES AND FEES ASSOCIATED WITH THE PROPERTY OR PROPERTY INTEREST OWNERSHIP; AND
- ANY OTHER STEWARDSHIP MATTERS AND COSTS THAT COME UP FOR SMD'S CONSERVED LANDS AND PROPERTIES UNDER ITS CARE.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SAVE MOUNT DIABLO

Employer identification number

94-2681735

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA AR GA MA MD MO NC NJ NY OH OR TN WA WI PA NM

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	MOONLIGHT MOUN (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
1 Gross receipts	455,810.			455,810.
2 Less: Contributions	271,380.			271,380.
3 Gross income (line 1 minus line 2)	184,430.			184,430.
DIRECT EXPENSES	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses			
	10 Direct expense summary. Add lines 4 through 9 in column (d)			
11 Net income summary. Subtract line 10 from line 3, column (d)				184,430.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue			
DIRECT EXPENSES	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 9** Enter the state(s) in which the organization conducts gaming activities: _____
- a** Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b** If 'No,' explain: _____
-
- 10 a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b** If 'Yes,' explain: _____
-

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **SAVE MOUNT DIABLO**

Employer identification number
94-2681735

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ----- -----							
(2) ----- -----							
(3) ----- -----							
(4) ----- -----							
(5) ----- -----							
(6) ----- -----							
(7) ----- -----							
(8) ----- -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **0**

3 Enter total number of other organizations listed in the line 1 table ▶ **0**

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 MARY BOWERMAN SCIENCE RESEARCH	6	8,597.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

SAVE MOUNT DIABLO'S STEWARDSHIP AND OUTREACH COORDINATOR STAFFS THE MARY BOWERMAN SCIENCE AND RESEARCH PROGRAM. THE COORDINATOR IS RESPONSIBLE FOR OVERSEEING THAT ALL OF THE GRANT REQUIREMENTS ARE MET. AS A CONDITION OF THE FUNDING, AWARDEES ARE RESPONSIBLE FOR PRESENTING AT THE ANNUAL MARY BOWERMAN SCIENCE AND RESEARCH COLLOQUIUM IN DECEMBER. STAFF COORDINATES THIS EVENT AND TRACKS WHAT AWARDEES PRESENT IN THE GIVEN YEAR. IF THERE IS A CONFLICT WITH COLLOQUIUM SCHEDULING, AWARDEES CAN SUBMIT A WRITTEN REPORT BY THE END OF THE CALENDAR YEAR.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/form990 for instructions and the latest information

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

SAVE MOUNT DIABLO

Employer identification number

94-2681735

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4 a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4 b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4 c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5 a**
- b** Any related organization? **5 b**
- If 'Yes' on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6 a**
- b** Any related organization? **6 b**
- If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III. **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. **8**

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1 b		
2		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
EDWARD SORTWELL CLEMENT, JR 1 EXECUTIVE DIR.	(i)	137,315.	10,500.	0.	0.	7,254.	155,069.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

Employer identification number

SAVE MOUNT DIABLO

94-2681735

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	8	243,195.	
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2017)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

SAVE MOUNT DIABLO

94-2681735

FORM 990, PART I, LINE 1

ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES:

OUR MISSION IS TO FOREVER PRESERVE THE REMAINING 70,000 ACRES OF NATURAL LANDS AROUND MOUNT DIABLO THROUGH A CONSERVATION APPROACH THAT INTEGRATES PERPETUAL LAND PRESERVATION, ADVOCACY, STEWARDSHIP, LAND USE PLANNING, AND EDUCATION PROGRAMS. WE WORK TO PRESERVE MOUNT DIABLO'S PEAKS, SURROUNDING FOOTHILLS, AND WATERSHEDS THROUGH LAND ACQUISITION AND PRESERVATION STRATEGIES DESIGNED TO PROTECT THE MOUNTAIN'S NATURAL BEAUTY, BIOLOGICAL DIVERSITY, AND HISTORICAL AND AGRICULTURAL HERITAGE; ENHANCE OUR AREA'S QUALITY OF LIFE, AND PROVIDE RECREATIONAL OPPORTUNITIES CONSISTENT WITH THE PROTECTION OF NATURAL RESOURCES.

FORM 990, PART III, LINE 4A (CONTINUED)

LAND ACQUISITION (CONTINUED):

SAVE MOUNT DIABLO ACQUIRED THE 95 ACRES ON NOVEMBER 28, 2017, FOR \$800,000. ANDERSON RANCH HAS RANKED HIGH ON SAVE MOUNT DIABLO'S WISH LIST FOR FORTY YEARS BECAUSE OF ITS UNRIVALED VALUE FOR NATIVE PLANTS AND WILDLIFE, ITS CRITICAL LOCATION, AND THE THREAT OF DEVELOPMENT THAT HAD LOOMED OVER IT FOR DECADES. HIGHLY VISIBLE FROM THE MARSH CREEK ROAD "SCENIC ROUTE," THE PROPERTY SITS ON A STUNNING PLATEAU IN OUR TOP PRIORITY ACQUISITION AREA AT THE NORTH END OF MORGAN TERRITORY RIDGE, EAST OF CLAYTON AND IN A LOCATION WITH UNUSUAL GEOLOGY—SMALL VOLCANIC DOMES. IT IS CLOSE TO TWO OF OUR OTHER PROPERTIES, ALLOWING US TO RECONNECT HABITAT. THE PROPERTY IS ONE OF THE RARE PLACES IN CONTRA COSTA COUNTY OUTSIDE OF THE URBAN LIMIT LINE WHERE A SIGNIFICANT MAJOR SUBDIVISION WAS STILL BEING CONSIDERED, AS IT HAD INCLUDED AN APPROVED 40-UNIT SUBDIVISION. RECENTLY, IT HAD BECOME MUCH MORE VISIBLE TO POTENTIAL BUYERS DUE TO NEWLY OPENED TEMPORARY ACCESS FROM THE MORGAN TERRITORY ROAD CLOSING.

Name of the organization

Employer identification number

SAVE MOUNT DIABLO

94-2681735

FORTUNATELY, SAVE MOUNT DIABLO'S PURCHASE OF THE PROPERTY WILL END THAT LARGE-SCALE DEVELOPMENT THREAT FOREVER.

SAVE MOUNT DIABLO PROTECTS 17-ACRE MARSH CREEK 2 WITH CONSERVATION EASEMENT

SIZE: 17 ACRES | WE SOLD 17-ACRE MARSH CREEK 2, LOCATED AT 12271 MARSH CREEK ROAD, TO PRIVATE BUYERS IN THE SPRING AS A PART OF OUR EXPANDED CONSERVATION BUYER PROGRAM. THE MAJORITY OF THE PROPERTY IS NOW PROTECTED BY A PERPETUAL CONSERVATION EASEMENT HELD BY SAVE MOUNT DIABLO AND HAS A ONE-ACRE BUILDING ENVELOPE THAT ALLOWS THE NEW OWNERS TO BUILD A HOME. CONNECTED TO ANOTHER SMD-OWNED PROPERTY BY A SEVEN-FOOT TALL CATTLE TUNNEL ESSENTIAL TO WILDLIFE MOVEMENT UNDER THE ROAD, IT HAS OUTSTANDING VIEWS OF MOUNT DIABLO. IT IS CONSIDERED PART OF DARK CANYON WITH IMPORTANT HABITAT CONNECTIVITY TO MARSH CREEK AND BLUE OAK WOODLAND TRAILING UP THE FLANKS OF THE HILLS. THE PROPERTY HAS THE POTENTIAL TO BE PART OF ANY FUTURE TRAIL SYSTEM ALONG THE MARSH CREEK CORRIDOR, AND TO CONNECT TO EAST BAY REGIONAL PARK DISTRICT'S CLAYTON RANCH AND BLACK DIAMOND MINES REGIONAL PRESERVE TO THE NORTH AND TO MOUNT DIABLO STATE PARK TO THE SOUTH. SAVE MOUNT DIABLO RESERVED TRAIL RIGHTS ON THE PROPERTY SO AS NOT TO LOSE FUTURE CONNECTIVITY. WE ARE EXCITED TO PARTNER WITH THE NEW OWNERS IN THE PROTECTION OF THIS PROPERTY FOR YEARS TO COME.

FORM 990, PART III, LINE 4B (CONTINUED)

LAND USE PLANNING (CONTINUED):

UPDATES—WE CONTINUED TO RESPOND TO UPDATES OF THE ANTIOCH GENERAL PLAN, WHICH LED TO THE UPDATE BEING TABLED.

CONCORD NAVAL WEAPONS STATION REUSE PLAN—WE SET GOALS TO ACHIEVE IN THE FORTHCOMING SPECIFIC PLAN FOR THE PROJECT AND MADE SURE THE PLAN CONTINUES TO BUILD ON PAST VICTORIES.

Name of the organization

Employer identification number

SAVE MOUNT DIABLO

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ANTIOCH—WE HELPED LAUNCH A FORMAL COALITION IN ANTIOCH FOCUSED ON PROTECTING THE SAND CREEK FOCUS AREA, WHICH HAS THOUSANDS OF ACRES OF BEAUTIFUL HILLS, CREEK AND WILDLIFE HABITAT IN SOUTH ANTIOCH. COALITIONS—WE CONTINUED COALITION WORK IN RESPONSE TO ONGOING EFFORTS AT THE CONCORD NAVAL WEAPONS STATION AND STRENGTHENED OUR COALITION IN ANTIOCH FOR A 2018 CAMPAIGN. URBAN LIMIT LINES—WE CONTINUED TO WATCH FOR THREATS TO THE URBAN LIMIT LINE (ULL) AND SET A GOAL TO MAKE THE ULL PERMANENT (ONLY CHANGEABLE BY A VOTE OF THE PEOPLE) IN ANTIOCH. LEGAL REVIEW—WE SPONSORED LEGAL REVIEW OF THE ANTIOCH GENERAL PLAN UPDATE WHICH CONTRIBUTED TO THAT UPDATE BEING POSTPONED.

EAST CONTRA COSTA COUNTY HABITAT CONSERVANCY PLAN— WE PARTICIPATED IN THE PUBLIC ADVISORY COMMITTEE OF THE HCP/NCCP AND ENCOURAGED CREATION OF AN HCP/NCCP IN ANTIOCH.

STEWARDSHIP:

VOLUNTEERS—A DEDICATED AND TALENTED VOLUNTEER POOL SUPPORTED LAND MANAGEMENT AND EDUCATION ACTIVITIES THROUGHOUT THE YEAR. 33 PROPERTY MONITORS, 26 WORK PROJECT STEWARDS, AND 28 HIKE LEADERS COMPLETED 4,754 HOURS OVER 67 WORK PROJECTS AND 24 HIKES.

BIOBLITZ—SAVE MOUNT DIABLO HOSTED ITS TENTH ANNUAL BIOBLITZ IN MARSH CREEK STATE HISTORIC PARK AND MARSH CREEK RESERVOIR. WITH THE HELP OF SCIENTIFIC EXPERTS, NATURALISTS, AND ENTHUSIASTIC VOLUNTEERS, WE RECORDED 348 TOTAL SPECIES.

Name of the organization

SAVE MOUNT DIABLO

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NON-NATIVE REMOVAL—24 WORKDAYS WERE ORGANIZED TO TREAT NON-NATIVE, INVASIVE SPECIES ON SAVE MOUNT DIABLO PROPERTIES USING AN INTEGRATED PEST MANAGEMENT APPROACH.

RIPARIAN RESTORATION PROJECTS—WITH THE SUPPORT OF THE EAST CONTRA COSTA HABITAT CONSERVANCY, SAVE MOUNT DIABLO STAFF AND VOLUNTEERS BROKE GROUND ON A NEW RIPARIAN RESTORATION PROJECT IN THE IRISH CREEK CORRIDOR, DOWNSTREAM FROM THE IRISH CANYON PLANTING SITES. VALLEY OAK ACORNS AND BUCKEYE NUTS WERE COLLECTED AND 140 TOTAL PLANTING SITES WERE ESTABLISHED ACROSS 5 PLANTING AREAS. WE ALSO CONTINUED TO MAINTAIN THREE OTHER RESTORATION SITES ON SAVE MOUNT DIABLO PROPERTIES ALONG MARSH CREEK AND SECURED A GRANT FROM THE CONTRA COSTA COUNTY FISH AND WILDLIFE COMMITTEE TO INITIATE AN ADDITIONAL RESTORATION PROJECT ON MARSH CREEK 7.

DEBRIS REMOVAL—CLEANUP EFFORTS CONTINUED ON CURRY CANYON RANCH, MANGINI RANCH, MARSH CREEK, AND KIRKER CREEK. CONTRACTORS REMOVED A LARGE, FAILED CONCRETE CULVERT FROM GALINDO CREEK ON MANGINI RANCH AND REMOVED A MODULAR HOME FROM MARSH CREEK 7. SAVE MOUNT DIABLO HOSTED AN ANNUAL CALIFORNIA COASTAL CLEANUP EVENT REMOVING OVER 150 POUNDS OF TRASH FROM THE BANKS OF KIRKER CREEK.

MAPS AND TRAILS—WE CONVENED AN INTERAGENCY WORKING GROUP TO UPDATE SAVE MOUNT DIABLO'S REGIONAL TRAIL MAP RESULTING IN A REPRINT OF THE WATER-PROOF, TEAR-PROOF MAP POPULAR WITH HIKERS, BIKERS, AND COMMUNITY MEMBERS OF ALL KINDS. THE REPRINT WAS SUPPORTED BY FREMONT BANK AND OVER 1,000 COPIES WERE GIVEN AWAY FREE OF CHARGE.

EDUCATION & OUTREACH EFFORTS—STAFF AND VOLUNTEERS PARTICIPATED IN 35 TABLING AND SPEAKING ENGAGEMENTS ACROSS 13 CITIES IN CONTRA COSTA COUNTY.

FORM 990, PART III, LINE 4C (CONTINUED)

EDUCATION & RESEARCH (CONTINUED) :

VOLUNTEERS—OUR VOLUNTEERS ARE THE HEROES AND HEROINES OF LAND PRESERVATION. THEY MAKE OUR EVENTS POSSIBLE, WHETHER IT BE BY BECOMING A HIKE LEADER, ASSISTING WITH EVENT

Name of the organization

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SAVE MOUNT DIABLO

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REGISTRATION, STAFFING AID STATIONS, TAKING PHOTOS OR SETTING UP EQUIPMENT. THEIR HARD WORK AND GENEROSITY ARE WHAT MAKE THIS ORGANIZATION'S EFFORTS SO SUCCESSFUL. (TO ALL OF THOSE WHO SHARED THEIR ENTHUSIASM FOR THE DIABLO WILD LANDS AND VOLUNTEERED IN 2017, YOU HELP MAKE OUR RECREATIONAL OPPORTUNITIES POSSIBLE. THANK YOU FOR YOUR DEDICATION!)

DR. MARY BOWERMAN SCIENCE & RESEARCH PROGRAM—THE DR. MARY BOWERMAN SCIENCE AND RESEARCH PROGRAM PROVIDES GRANTS FOR RESEARCH PROJECTS ON SAVE MOUNT DIABLO PROPERTIES AND THE NETWORK OF PROTECTED LANDS IN THE DIABLO RANGE. IN 2017, FOUR GRANTS WERE AWARDED TO RESEARCHERS FROM UC BERKELEY, UC DAVIS, SAN JOSE STATE UNIVERSITY, AND THE SAN FRANCISCO BIRD OBSERVATORY. ALL OF THE STUDIES WILL ENHANCE THE ECOLOGICAL UNDERSTANDING OF THE DIABLO REGION AND INFORM CONSERVATION AND LAND MANAGEMENT PRACTICES.

CONSERVATION COLLABORATION AGREEMENT—SAVE MOUNT DIABLO STAFF AND VOLUNTEERS COMPLETED TWO CONSERVATION COLLABORATION AGREEMENTS IN 2017. WE ENGAGED DIABLO REGION BUSINESSES TO PARTICIPATE IN BOTH AGREEMENTS, ILLUSTRATING A DEDICATION TO LAND PRESERVATION AND COMMUNITY LEADERSHIP FROM LOCAL ECONOMIC DRIVERS. THE FIRST AGREEMENT WAS WITH CSU EAST BAY CONCORD AND MOUNT DIABLO RESOURCE RECOVERY, A GARAVENTA COMPANY. THE SECOND WAS WITH THE EARTH CLASS AND ECO CLUB FROM JOAQUIN MORAGA INTERMEDIATE SCHOOL AND BEDELL FRAZIER INVESTMENT COUNSELLING, LLC. WITH BOTH AGREEMENTS, STUDENTS, INSTRUCTORS, AND EMPLOYEES ALIKE GOT THE OPPORTUNITY TO PARTICIPATE IN HANDS ON LAND STEWARDSHIP PRACTICES— THE FIRST WITH A DEBRIS CLEANUP PROJECT ON SMD'S LOT 25 PROPERTY AND THE SECOND A BUNCHGRASS PLANTING PROJECT ON MANGINI RANCH. AFTER THE SERVICE PROJECTS, STUDENTS AND EMPLOYEES PARTICIPATED IN A CONTEMPLATIVE JOURNALING EXERCISE ON THE PROPERTIES, REFLECTING ON THE MEANING OF NATURE AND THEIR RESPECTIVE ROLES IN IT.

Name of the organization

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DIABLO TRAILS CHALLENGE—SAVE MOUNT DIABLO AND BRAZEN RACING PARTNERED AGAIN TO HOST A 50K, HALF MARATHON, 10K AND 5K. MORE THAN 1,045 PEOPLE ENJOYED A BEAUTIFUL DAY OUT ON THE TRAILS.

FOUR DAYS DIABLO—22 PARTICIPANTS ENJOYED LEARNING MORE ABOUT MOUNT DIABLO'S TREASURES WHILE HIKING AND CAMPING ALONG THE DIABLO TRAIL. DEDICATED VOLUNTEERS SET UP THE CAMPSITES AND LOCAL RESTAURANTS—INCLUDING POSTINO, FORBES MILL STEAKHOUSE AND SUNRISE BISTRO & CATERING—PREPARED DELICIOUS MEALS FOR THE ADVENTURERS.

MOUNT DIABLO CHALLENGE—FOR THE 36TH YEAR, OVER 450 CYCLISTS RODE 11.2 MILES, CLIMBING 3,249 FEET IN ELEVATION, TO THE SUMMIT OF DIABLO. THE OLDEST RIDER WAS 81 AND THE YOUNGEST JUST 11 YEARS OLD. THANKS TO THE SUPPORT OF CA TECHNOLOGIES AND THE NATHAN M. OHRBACH FOUNDATION, SMD ADDED 200 NEW MEMBERS TO OUR ORGANIZATION.

"DISCOVER DIABLO" HIKES—459 HIKERS ATTENDED 24 OUTINGS ON SAVE MOUNT DIABLO PROPERTIES AND COLLABORATING AGENCIES' LAND. STAFF AND VOLUNTEER HIKE LEADERS HOSTED THIS SERIES OF FREE PUBLIC HIKES AS PART OF THE NEWLY FORMED DISCOVER DIABLO PROGRAM SPONSORED BY THE SHELL MARTINEZ REFINERY.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

BOARD MEMBERS, SCOTT HEIN AND CLAUDIA HEIN, ARE HUSBAND AND WIFE.

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

FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE FOR REVIEW AND RECOMMENDATION TO THE BOARD. THE BOARD APPROVES THE FINAL FILING OF THE FORM 990.

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

ALL KEY EMPLOYEES AND ALL BOARD & COMMITTEE MEMBERS ARE REQUIRED TO FILL A FORM ANNUALLY. IF THERE IS A CONFLICT WITH ANY STAFF, THE EXECUTIVE DIRECTOR SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. IF IT IS A BOARD OR COMMITTEE MEMBER, THE BOARD SHALL DETERMINE IF A CONFLICT OF INTEREST EXISTS. THE PERSON(S)

Name of the organization

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

INVOLVED WITH THE TRANSACTION SHALL NOT BE PRESENT DURING THE BOARD OR COMMITTEE'S DISCUSSION. ANY RECUSAL OF A BOARD OR COMMITTEE MEMBER FROM THE MEETING IS ALSO NOTED IN THE MINUTES.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE EXECUTIVE DIRECTOR REVIEWS COMPENSATION WITH THE EXECUTIVE COMMITTEE (COMPOSED OF ELECTED BOARD MEMBERS) BASED ON OTHER NON-PROFIT COMPARISONS; THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THIS IS AN ANNUAL REVIEW PRIOR TO YEAR END.

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

THE EXECUTIVE DIRECTOR REVIEWS COMPENSATION WITH THE EXECUTIVE COMMITTEE (COMPOSED OF ELECTED BOARD MEMBERS) BASED ON OTHER NON-PROFIT COMPARISONS; THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THIS IS AN ANNUAL REVIEW PRIOR TO YEAR END.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

THE FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE AND IS ALSO AVAILABLE UPON REQUEST.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

AVAILABLE UPON REQUEST.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ACQUISITIONS OF CONSERVATION LAND.....	\$	884,564.
LOSS ON DISPOSAL OF ASSET.....		-80,992.
LOSS ON SALE OF CONSERVATION LAND.....		-26,916.
UNREALIZED LOSS ON CHARITABLE REMAINDER TRUST.....		-2,948.
	TOTAL \$	<u>773,708.</u>

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning _____, 2017, and ending _____,

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	<input type="checkbox"/> Check box if name changed and see instructions. SAVE MOUNT DIABLO 1901 OLYMPIC BOULEVARD #320 WALNUT CREEK, CA 94596	D Employer identification number (Employees' trust, see instructions.) 94-2681735 E Unrelated business activity codes (See instructions.)
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C Book value of all assets at end of year 20,990,704.	F Group exemption number (See instructions.) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
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H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group. . . . ▶ Yes No
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

J The books are in care of ▶ **MONICA OEI** Telephone number ▶ (925) 947-3535

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales.			
b Less returns and allowances c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c Capital loss deduction for trusts	4 c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6	393.	393.
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	393.	393.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		(A) Income	(B) Expenses	(C) Net
14 Compensation of officers, directors, and trustees (Schedule K)	14			
15 Salaries and wages	15			
16 Repairs and maintenance	16			
17 Bad debts	17			
18 Interest (attach schedule)	18			
19 Taxes and licenses	19			
20 Charitable contributions (See instructions for limitation rules)	20			
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a			
23 Depletion	23			
24 Contributions to deferred compensation plans	24			
25 Employee benefit programs	25			
26 Excess exempt expenses (Schedule I)	26			
27 Excess readership costs (Schedule J)	27			
28 Other deductions (attach schedule)	28			
29 Total deductions. Add lines 14 through 28	29			
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30			393.
31 Net operating loss deduction (limited to the amount on line 30)	31			
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32			393.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33			1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34			0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)..... \$ _____ (2) Additional 3% tax (not more than \$100,000)..... \$ _____ c Income tax on the amount on line 34..... ▶		35 c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)..... ▶		36	
37 Proxy tax. See instructions..... ▶		37	
38 Alternative minimum tax.		38	
39 Tax on Non-Compliant Facility Income. See instructions.....		39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.....		40	0.

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).....	41 a	
b Other credits (see instructions).....	41 b	
c General business credit. Attach Form 3800 (see instructions).....	41 c	
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	41 d	
e Total credits. Add lines 41a through 41d.....	41 e	0.
42 Subtract line 41e from line 40.....	42	0.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).....	43	
44 Total tax. Add lines 42 and 43.....	44	0.
45 a Payments: A 2016 overpayment credited to 2017.....	45 a	
b 2017 estimated tax payments.....	45 b	
c Tax deposited with Form 8868.....	45 c	
d Foreign organizations: Tax paid or withheld at source (see instructions).....	45 d	
e Backup withholding (see instructions).....	45 e	
f Credit for small employer health insurance premiums (Attach Form 8941).....	45 f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total..... ▶	45 g	
46 Total payments. Add lines 45a through 45g.....	46	0.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... ▶ <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed..... ▶	48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid..... ▶	49	
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ _____ Refunded ▶ _____	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	Yes	No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____ 0.		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **EXECUTIVE DIR.** May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **RONALD A. LEY** Preparer's signature: **RONALD A. LEY** Date: _____ Check if self-employed PTIN: **P00054151**

Firm's name ▶ **DAMORE HAMRIC & SCHNEIDER INC** Firm's EIN ▶ **94-2769017**

Firm's address ▶ **1515 RIVER PARK DR STE 150 SACRAMENTO, CA 95815-4606** Phone no. **(916) 481-2856**

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year.....	1		6 Inventory at end of year.....	6	
2 Purchases.....	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.....	7	
3 Cost of labor.....	3				
4 a Additional section 263A costs (attach schedule)	4 a				
b Other costs (attach sch)	4 b				
5 Total. Add lines 1 through 4b.....	5		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....		Yes No X

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1) VARIOUS PROPERTIES		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	393.	
(2)		
(3)		
(4)		
Total	Total 393.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)..... ▶
393.		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8..... ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1– 5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		0%	
		0%	
		0%	
		0%	
Total. Enter here and on page 1, Part II, line 14.			

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. SAVE MOUNT DIABLO	Employer identification number (EIN) or 94-2681735
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 1901 OLYMPIC BOULEVARD #320	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WALNUT CREEK, CA 94596	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ MONICA OEI -----

Telephone No. ▶ (925) 947-3535 ----- Fax No. ▶ (925) 947-0642 -----

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2017 or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.....	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER. If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2017 FTB 3586' on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year. S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year. Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---
CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR
2017

Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM
3586 (e-file)

0988406 SAVE 94-2681735 000000000000 17 FORM 3
TYB 01-01-17 TYE 12-31-17
SAVE MOUNT DIABLO
MONICA OEI
1901 OLYMPIC BOULEVARD STE 320
WALNUT CREEK CA 94596

(925) 947-3535

AMOUNT OF PAYMENT 10.

California Exempt Organization Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)
Corporation/Organization name: SAVE MOUNT DIABLO
California corporation number: 0988406
FEIN: 94-2681735
Street address (suite or room): 1901 OLYMPIC BOULEVARD #320
City: WALNUT CREEK
State: CA
Zip code: 94596

A First Return
B Amended Return
C IRC Section 4947(a)(1) trust
D Final Information Return?
E Check accounting method: 1 Cash 2 Accrual 3 Other
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption?
I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?
P Is federal Form 1023/1024 pending?
Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-17). Total gross receipts: 6,635,204. Total gross income: 4,066,782. Balance due: 10.

Sign Here: Signature of officer RONALD A. LEY, Title EXECUTIVE DIR., Telephone (925) 947-3535
Paid Preparer's Use Only: Firm's name DAMORE HAMRIC & SCHNEIDER INC, Address 1515 RIVER PARK DR STE 150 SACRAMENTO, CA 95815-4606, Telephone (916) 481-2856

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	
	3	Dividends	3	
	4	Gross rents	4	393.
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See Instructions)	6	2,567,440.
	7	Other income. Attach schedule. SEE STATEMENT 1	7	378,448.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	2,946,281.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	9	8,597.
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 3	11	155,069.
	12	Other salaries and wages	12	1,251,744.
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	157,089.
	16	Depreciation and depletion (See instructions)	16	88,098.
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 4	17	1,617,932.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	3,278,529.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		2,526,348.		2,962,937.
2	Net accounts receivable		544,235.		1,298,279.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock		1,611,370.		1,492,123.
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets	194,771.		232,654.	
b	Less accumulated depreciation	170,013.	24,758.	174,613.	58,041.
11	Land				
12	Other assets. Attach schedule. STM 5		14,733,882.		15,179,324.
13	Total assets		19,440,593.		20,990,704.
Liabilities and net worth					
14	Accounts payable		164,069.		160,484.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		447,926.		
18	Other liabilities. Attach schedule. STM 6				407,965.
19	Capital stock or principal fund		18,828,598.		20,422,255.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		19,440,593.		20,990,704.

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.				
1	Net income per books	788,253.	7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6
5	Expenses recorded on books this year not deducted in this return. Attach schedule			
6	Total. Add line 1 through line 5	788,253.		788,253.

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

Department of the Treasury
Internal Revenue Service

CA PUBLIC DISCLOSURE COPY

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

2017

Name of the organization

SAVE MOUNT DIABLO

Employer identification number

94-2681735

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (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, 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 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).

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) (2017)

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

2017

Department of the Treasury
Internal Revenue Service

► Do not send to the IRS. Keep for your records.
► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

SAVE MOUNT DIABLO
Name and title of officer

94-2681735

EDWARD SORTWELL CLEMENT, JR EXECUTIVE DIR.

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1 a	Form 990 check here	► <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>4,066,782.</u>
2 a	Form 990-EZ check here	► <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2 b	_____
3 a	Form 1120-POL check here	► <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3 b	_____
4 a	Form 990-PF check here	► <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	_____
5 a	Form 8868 check here	► <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5 b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DAMORE HAMRIC & SCHNEIDER INC to enter my PIN 05019 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► _____ Date ► _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 68794795825
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► RONALD A. LEY Date ► _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

Name of organization SAVE MOUNT DIABLO	Employer identification number 94-2681735
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 75,389.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 545,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 109,746.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 104,965.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAVE MOUNT DIABLO	Employer identification number 94-2681735
---	--

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	SECURITIES ----- ----- -----	\$ 109,746.	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	

Name of organization SAVE MOUNT DIABLO	Employer identification number 94-2681735
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee



IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE: Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the California corporation number, FEIN, or CA SOS file number and '2017 FTB 3539' on the check or money order. Detach form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Calendar year C corporations – File and Pay by April 17, 2018**
Calendar year S corporations – File and Pay by March 15, 2018
Calendar year exempt organizations – File and Pay by May 15, 2018
Employees' trust and IRA – File and Pay by April 17, 2018
Fiscal year filers – See instructions

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

ONLINE SERVICES: Make payments online using Web Pay for Businesses. Corporations or exempt organizations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2017** **Payment for Automatic Extension** CALIFORNIA FORM
for Corporations and Exempt Organizations **3539 (CORP)**

0988406 SAVE 94-2681735 000000000000 17 FORM 3
TYB 01-01-2017 TYE 12-31-2017
SAVE MOUNT DIABLO
MONICA OEI
1901 OLYMPIC BOULEVARD STE 320
WALNUT CREEK CA 94596

(925) 947-3535

AMOUNT OF PAYMENT 10.

SAVE MOUNT DIABLO

94-2681735

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS.....	\$	184,430.
OTHER INCOME.....		24,230.
OTHER INVESTMENT INCOME.....		23,780.
PROGRAM SERVICE REVENUE.....		146,008.
	TOTAL \$	<u>378,448.</u>

STATEMENT 2
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	MARY BOWERMAN SCIENCE RESEARCH	
AMOUNT GIVEN:		8,597.
	TOTAL \$	<u>8,597.</u>

STATEMENT 3
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SCOTT HEIN 1901 OLYMPIC BLVD., SUITE 320 WALNUT CREEK, CA 94596	PRESIDENT 4.00	\$ 0.	\$ 0.	\$ 0.
AMARA MORRISON 1901 OLYMPIC BLVD., SUITE 320 WALNUT CREEK, CA 94596	SECRETARY 4.00	0.	0.	0.
BURT BASSLER 1901 OLYMPIC BLVD., SUITE 320 WALNUT CREEK, CA 94596	TREASURER 4.00	0.	0.	0.
HEATH BARTOSH 1901 OLYMPIC BLVD., SUITE 320 WALNUT CREEK, CA 94596	DIRECTOR 2.00	0.	0.	0.
JOE CANCIAMILLA 1901 OLYMPIC BLVD., SUITE 320 WALNUT CREEK, CA 94596	DIRECTOR 2.00	0.	0.	0.
JOHN GALLAGHER 1901 OLYMPIC BLVD., SUITE 320 WALNUT CREEK, CA 94596	DIRECTOR 2.00	0.	0.	0.

SAVE MOUNT DIABLO

94-2681735

	2017	2016	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	3,688,923	3,314,762	374,161
PROGRAM SERVICE REVENUE.....	146,008	121,091	24,917
INVESTMENT INCOME.....	22,798	18,882	3,916
OTHER REVENUE.....	209,053	153,799	55,254
TOTAL REVENUE.....	4,066,782	3,608,534	458,248
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	8,597	11,028	-2,431
SALARIES, OTHER COMPEN., EMP. BENEFITS...	1,406,813	1,317,230	89,583
OTHER EXPENSES.....	1,863,119	1,146,637	716,482
TOTAL EXPENSES.....	3,278,529	2,474,895	803,634
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	788,253	1,133,639	-345,386
TOTAL ASSETS AT END OF YEAR.....	20,990,704	19,440,593	1,550,111
TOTAL LIABILITIES AT END OF YEAR.....	568,449	611,995	-43,546
NET ASSETS/FUND BALANCES AT END OF YEAR.	20,422,255	18,828,598	1,593,657

	2017	2016	DIFF
REVENUE			
GROSS RECEIPTS OR SALES.....	0	1,306	-1,306
LESS RETURNS AND ALLOWANCES.....	0	10,112	-10,112
NET SALES.....	0	-8,806	8,806
COST OF GOODS SOLD.....	0	11,418	-11,418
GROSS PROFIT.....	0	-20,224	20,224
NET RENTAL INCOME (LOSS).....	393	-16,595	16,988
OTHER INCOME.....	0	3,700	-3,700
TOTAL REVENUE.....	393	-33,119	33,512
DEDUCTIONS			
DEPRECIATION.....	0	10,930	-10,930
LESS DEPRECIATION CLAIMED ELSEWHERE.....	0	10,930	-10,930
TOTAL DEDUCTIONS.....	0	0	0
UNRELATED BUSINESS TAXABLE INCOME			
UNRELATED BUS TAXABLE INC (LINE 30).....	393	-33,119	33,512
UNRELATED BUS TAXABLE INC (LINE 32).....	393	-33,119	33,512
SPECIFIC DEDUCTION.....	1,000	0	1,000
UNRELATED BUSINESS TAXABLE INCOME.....	0	-33,119	33,119
TAX COMPUTATION			
INCOME TAX.....	0	0	0
TOTAL TAX.....	0	0	0
PAYMENTS AND CREDITS			
ESTIMATED TAX PAYMENTS.....	0	3,432	-3,432
TOTAL PAYMENTS AND CREDITS.....	0	3,432	-3,432
REFUND OR AMOUNT DUE			
TAX DUE.....	0	0	0
OVERPAYMENT.....	0	3,432	-3,432
REFUND.....	0	3,432	-3,432

SAVE MOUNT DIABLO

94-2681735

	2017	2016	DIFF
REVENUE			
GROSS RECEIPTS LESS RETURNS/ALLOWANCE....	0	-8,806	8,806
GROSS RENTS.....	393	47,249	-46,856
GROSS AMOUNT FROM SALE OF ASSETS.....	2,567,440	3,968,034	-1,400,594
OTHER INCOME.....	378,448	327,620	50,828
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	3,688,923	3,314,762	374,161
COST OF GOODS SOLD.....	0	11,418	-11,418
COST OR OTHER BASIS OF ASSETS SOLD.....	2,568,422	3,965,063	-1,396,641
TOTAL INCOME.....	4,066,782	3,672,378	394,404
EXPENSES AND DISBURSEMENTS			
CONTRIBUTIONS, GIFTS, GRANTS.....	8,597	11,028	-2,431
COMPENSATION OF OFFICERS, ETC.....	155,069	148,421	6,648
OTHER SALARIES AND WAGES.....	1,251,744	1,168,809	82,935
RENTS.....	157,089	164,990	-7,901
DEPRECIATION AND DEPLETION.....	88,098	87,650	448
OTHER DEDUCTIONS.....	1,617,932	957,841	660,091
TOTAL DEDUCTIONS.....	3,278,529	2,538,739	739,790
EXCESS OF RECEIPTS OVER DISBURSEMENTS....	788,253	1,133,639	-345,386
FILING FEE			
FILING FEE.....	10	10	0
BALANCE DUE.....	10	10	0

SAVE MOUNT DIABLO

94-2681735

	2017	2016	DIFF
REVENUE			
GROSS RECEIPTS LESS RETURNS/ALLOWANCE....	0	-8,806	8,806
COST OF GOODS SOLD (SCHEDULE A).....	0	11,418	-11,418
GROSS PROFIT.....	0	-20,224	20,224
RENTAL INCOME (SCHEDULE C).....	393	-16,595	16,988
OTHER INCOME.....	0	3,700	-3,700
TOTAL UNRELATED BUSINESS INCOME.....	393	-33,119	33,512
DEDUCTIONS			
TOTAL DEDUCTIONS.....	0	0	0
UNRELATED BUSINESS TAXABLE INCOME			
UNREL. BUS. TAXABLE INCOME (LINE 26).....	393	-33,119	33,512
UNREL. BUS. TAXABLE INCOME (LINE 28).....	393	-33,119	33,512
SPECIFIC DEDUCTION.....	1,000	0	1,000
UNRELATED BUSINESS TAXABLE INCOME.....	-607	-33,119	32,512
TAX COMPUTATION			
NET UNRELATED BUSINESS TAXABLE INCOME....	-607	-33,119	32,512
TAX.....	0	0	0
LESS CREDITS.....	0	0	0
BALANCE.....	0	0	0
TOTAL TAX.....	0	0	0
PAYMENTS			
ESTIMATED TAX PAYMENTS.....	0	2,030	-2,030
TOTAL PAYMENTS.....	0	2,030	-2,030
REFUND OR AMOUNT DUE			
OVERPAYMENT.....	0	2,030	-2,030
PENALTIES AND INTEREST.....	0	0	0
TOTAL DUE.....	0	0	0
REFUND.....	0	2,030	-2,030

SAVE MOUNT DIABLO

94-2681735

STATEMENT 3 (CONTINUED)

FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CLAUDIA HEIN 1901 OLYMPIC BLVD., SUITE 320 WALNUT CREEK, CA 94596	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
SUE OHANIAN 1901 OLYMPIC BLVD., SUITE 320 WALNUT CREEK, CA 94596	DIRECTOR 2.00	0.	0.	0.
BOB MARX 1901 OLYMPIC BLVD., SUITE 320 WALNUT CREEK, CA 94596	DIRECTOR 2.00	0.	0.	0.
MALCOLM SPROUL 1901 OLYMPIC BLVD., SUITE 320 WALNUT CREEK, CA 94596	DIRECTOR 2.00	0.	0.	0.
JEFF STONE 1901 OLYMPIC BLVD., SUITE 320 WALNUT CREEK, CA 94596	DIRECTOR 2.00	0.	0.	0.
JIM FELTON 1901 OLYMPIC BLVD., SUITE 320 WALNUT CREEK, CA 94596	DIRECTOR 2.00	0.	0.	0.
LIZ HARVEY 1901 OLYMPIC BLVD., SUITE 320 WALNUT CREEK, CA 94596	DIRECTOR 2.00	0.	0.	0.
EDWARD SORTWELL CLEMENT, JR 1901 OLYMPIC BLVD., SUITE 320 WALNUT CREEK, CA 94596	EXECUTIVE DIR. 40.00	155,069.	0.	7,254.
		TOTAL \$ 155,069.	\$ 0.	\$ 7,254.

STATEMENT 4

FORM 199, PART II, LINE 17

OTHER EXPENSES

ACQUISITION-CONSERVATION LAND.....	\$ 884,564.
COMMUNICATIONS.....	29,111.
EQUIPMENT/MAINTENANCE/RENTAL.....	55,795.
INFORMATION TECHNOLOGY.....	12,337.
INSURANCE.....	39,583.
MISCELLANEOUS.....	15,173.
OFFICE EXPENSES.....	143,453.
OTHER FEES.....	111,359.
OUTSIDE SERVICES.....	210,715.
POSTAGE AND SHIPPING.....	14,593.
PRINTING AND PUBLICATIONS.....	54,914.

STATEMENT 4 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

TRAVEL	\$ 46,335.
TOTAL	<u>\$ 1,617,932.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

CHARITABLE REMAINDER TRUST	1,020,393.
CONSERVATION LAND	12,976,314.
CONSERVATION LAND HELD FOR SALE	12,300.
CONSERVATION LAND STRUCTURES	919,778.
DEED OF CONSERVATION EASEMENT	3.
DEPOSIT	8,892.
LAND PURCHASE OPTION	195,549.
PREPAID EXPENSES AND DEFERRED CHARGES	46,095.
TOTAL	<u>\$ 15,179,324.</u>

STATEMENT 6
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

CRT DISTRIBUTION PAYABLE	407,965.
TOTAL	<u>\$ 407,965.</u>

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name SAVE MOUNT DIABLO <small>Additional information. See instructions.</small>		California corporation number 0988406
Street address (suite/room no.) 1901 OLYMPIC BOULEVARD #320		FEIN 94-2681735
City (If the corporation has a foreign address, see instructions.) WALNUT CREEK		State CA
Foreign country name		ZIP code 94596
Foreign province/state/county		Foreign postal code

<p>A First Return Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Is this an education IRA within the meaning of R&TC Section 23712? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date (mm/dd/yyyy) _____</p> <p>E Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>F Accounting Method Used: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>G Nature of trade or business _____</p>	<p>H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Unrelated Business Activity (UBA) Code _____</p> <p>L Is this a Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach federal Schedule H (Form 990)</p>
---	---

Taxable Corporation	1 Unrelated business taxable income from Side 2, Part II, line 30..... ●	1	-607.
	2 Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions..... ●	2	
	3 Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1..... ●	3	-607.
Taxable Trust	4 Unrelated business taxable income from Side 2, Part II, line 30..... ●	4	
Tax Computation	5 Unrelated business taxable income from line 3 or line 4..... ●	5	
	6 EZ, LARZ, LAMBRA, or TTA NOL carryover deduction..... ●	6	
	7 Net Operating Loss deduction. See General Information N..... ●	7	
	8 Add line 6 and line 7..... ●	8	
	9 Net unrelated business taxable income. Subtract line 8 from line 5..... ●	9	
	10 Tax _____ % x line 9. See General Information J..... ●	10	
	11 Tax credits from Schedule B. See instructions..... ●	11	
Total Tax	12 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-..... ●	12	0.
	13 Alternative minimum tax. See General Information O..... ●	13	
	14 Total tax. Add line 12 and line 13..... ●	14	
Payments	15 Overpayment from a prior year allowed as a credit..... ●	15	
	16 2017 estimated tax payments. See instructions..... ●	16	
	17 Withholding (Form 592-B and/or 593.) See instructions..... ●	17	
	18 Amount paid with extension (form FTB 3539)..... ●	18	
	19 Total payments and credits. Add line 15 through line 18..... ●	19	
Use Tax/ Tax Due/ Overpayment	20 Use tax. See instructions..... ●	20	
	21 Payments balance. If line 19 is more than line 20, subtract line 20 from line 19..... ●	21	
	22 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20..... ●	22	
	23 Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions..... ●	23	
	24 Overpayment. Subtract line 14 from line 21. See instructions..... ●	24	
	25 Enter amount of line 24 to be applied to 2018 estimated tax..... ●	25	

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24. <input type="checkbox"/>	26	
	a Fill in the account information to have the refund directly deposited. Routing number <input type="checkbox"/>	26 a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number <input type="checkbox"/>	26 c	
	27 Penalties and interest. See General Information M. <input type="checkbox"/>	27	
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24. <input checked="" type="checkbox"/>	29		

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales _____ b Less returns and allowances _____ c Balance <input type="checkbox"/>	1 c	
2 Cost of goods sold and/or operations (Schedule A, line 7)	2	
3 Gross profit. Subtract line 2 from line 1c	3	
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)	4 a	
b Net gain (loss) from Part II, Schedule D-1	4 b	
c Capital loss deduction for trusts	4 c	
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	5	
6 Rental income (Schedule C)	6	393.
7 Unrelated debt-financed income (Schedule D)	7	
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8	
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9	
10 Exploited exempt activity income (Schedule G)	10	
11 Advertising income (Schedule H, Part III, Column A)	11	
12 Other income. Attach schedule	12	
13 Total unrelated trade or business income. Add line 3 through line 12.	13	393.

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	14	
15 Salaries and wages	15	
16 Repairs	16	
17 Bad debts	17	
18 Interest. Attach schedule	18	
19 Taxes. Attach schedule	19	
20 Contributions. See instructions and attach schedule	20	
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	21 a	
b Less: depreciation claimed on Schedule A. See instructions	21 b	
22 Depletion. Attach schedule	22	
23 a Contributions to deferred compensation plans	23 a	
b Employee benefit programs. See instructions	23 b	
24 Other deductions. Attach schedule	24	
25 Total deductions. Add line 14 through line 24	25	
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13.	26	393.
27 Excess advertising costs (Schedule H, Part III, Column B)	27	
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26.	28	393.
29 Specific deduction. See instructions	29	1,000.
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.	30	-607.

Sign Here	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131 . To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer <input type="checkbox"/>	Title EXECUTIVE DIR.	Date <input type="checkbox"/>
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> RONALD A. LEY	Date <input type="checkbox"/>	Telephone (925) 947-3535
	Firm's name (or yours, if self-employed) and address DAMORE HAMRIC & SCHNEIDER INC		PTIN P00054151
	1515 RIVER PARK DR STE 150		FEIN 94-2769017
	SACRAMENTO, CA 95815-4606		Telephone (916) 481-2856
May the FTB discuss this return with the preparer shown above? See instructions			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) VALUED AT LOWER OF COST OR MARKET

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4a	Additional IRC Section 263A costs. Attach schedule	4a	
b	Other costs. Attach schedule	4b	
5	Total. Add line 1 through line 4b	5	
6	Inventory at end of year	6	
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits.

1	Enter credit name	code no.	1	
2	Enter credit name	code no.	2	
3	Enter credit name	code no.	3	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11.			4

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	
	b Method for non-dealer installment obligations	2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	
4	Credit recapture. Credit name	4	
5	Total. Combine the amounts on line 1 through line 4. See instructions	5	

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method – Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales			
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1	Description of property	2	Rent received or accrued	3	Percentage of rent attributable to personal property
	VARIOUS PROPERTIES		393.		100.00 %
					%
					%
4	Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%		
(a)	Deductions directly connected (attach schedule)	(b)	Income includible, column 2 less column 4(a)	(a)	Gross income reportable, column 2 x column 3
			393.	(b)	Deductions directly connected with personal property (att sch)
				(c)	Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6. 393.

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income.

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 6 columns for Exempt Controlled Organizations (1-6) and 6 columns for Nonexempt Controlled Organizations (7-11), including sub-totals and a final subtraction line.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable, 7 Excess exempt expense, 8 Net income includible.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Calculation instructions. Includes a Totals row at the bottom.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns corresponding to the structure of Part I, used for reporting separate basis income.

Part III Column A - Net Advertising Income

Table with 2 columns: (a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7.

Part III Column B - Excess Advertising Costs

Table with 2 columns: (a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4.

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances. Includes a Total row at the bottom.

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired, 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year. Includes rows for total depreciation and breakdown by category.

2017

**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations – Corporations**

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name SAVE MOUNT DIABLO	California corporation number 0988406
During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> <input type="checkbox"/> C corporation	FEIN 94-2681735
<input checked="" type="radio"/> <input type="checkbox"/> S corporation <input checked="" type="radio"/> <input checked="" type="checkbox"/> Exempt organization <input checked="" type="radio"/> <input type="checkbox"/> Limited liability company (electing to be taxed as a corporation)	

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number.	1	<u>607.</u>
2 2017 disaster loss included in line 1. Enter as a positive number.	2	
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions.	3	<u>607.</u>
4a Enter the amount of the loss incurred by a new business included in line 3.	4a	
4b Enter the amount of the loss incurred by an eligible small business included in line 3.	4b	<u>607.</u>
4c Add line 4a and line 4b.	4c	<u>607.</u>
5 General NOL. Subtract line 4c from line 3.	5	
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions.	<input checked="" type="radio"/> 6	<u>607.</u>

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2015 and/or 2016, complete Part III, NOL carryback, on Side 2 before completing Part I, lines 7-9 below.

7 2017 NOL carryback used to offset 2015 net income. Enter the amount from Part III, line 3, column (e).	<input checked="" type="radio"/> 7	<u>607.</u>
8 2017 NOL carryback used to offset 2016 net income. Enter the amount from Part III, line 3, column (g).	<input checked="" type="radio"/> 8	
9 2017 NOL carryover to 2018. Add line 7 and line 8, then subtract the result from line 6. See instructions.	<input checked="" type="radio"/> 9	

Election to waive carryback

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2017 NOL under Internal Revenue Code (IRC) Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's irrevocable. See instructions.

Continue with Part II, NOL carryover and disaster loss carryover limitations. Do not complete Part III, NOL carryback.

Part II NOL carryover and disaster loss carryover limitations. See Instructions.

	(g) Available balance	
1 Net income – Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	<input checked="" type="radio"/>	

Prior Year NOLs

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	(e) Carryover from 2016	(f) Amount used in 2017	(g) Available balance	(h) Carryover to 2018 col. (e) minus col. (f)
2 <input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

Year	Type of NOL	Initial loss	Carryover from 2016	Amount used in 2017	Available balance	Carryover to 2018 col. (d) minus col. (f) See instructions.
3 2017	DIS					
4 2017	ESB	607.				607.
2017						
2017						
2017						

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III NOL carryback

1 2015 Net income – Enter the amount from 2015 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-).				22,877.				
2 2016 Net income – Enter the amount from 2016 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-).								
(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial Loss – See instructions	2015		2016		(i) Carryover to 2018 col. (d) minus [col. (e) plus col. (g)]
				(e) Carryback used – See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used – See instructions	(h) After carryback col. (f) minus col. (g)	
3 2017		ESB	607.	607.	0.	0.	0.	0.
2017								
2017								
2017								
2017								

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

Part IV 2017 NOL deduction

- 1 Total the amounts in Part II, line 2, column (f). 1 _____ 0.
- 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-. 2 _____ 0.
- 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7. 3 _____ 0.

IN

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>042636</u> SAVE MOUNT DIABLO <small>Name of Organization</small> 1901 OLYMPIC BOULEVARD #320 <small>Address (Number and Street)</small> WALNUT CREEK, CA 94596 <small>City or Town</small> <small>State</small> <small>ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0988406</u> Federal Employer I.D. No. <u>94-2681735</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/17 ending 12/31/17) list:
 Gross annual revenue \$ 4,066,782. Total assets \$ 20,990,704.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? SEE STATEMENT 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number (925) 947-3535
 Organization's e-mail address HCROSSE@SAVEMOUNTDIABLO.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

EDWARD SORTWELL CLEMENT EXECUTIVE DIR.
Signature of authorized officer Printed Name Title Date

STATEMENT 1
FORM RRF-1, PART B, LINE 8
VEHICLE DONATION PROGRAM INFORMATION

THE ORGANIZATION USES A THIRD PARTY VEHICLE DONATION SERVICE. THEY PROCESS VEHICLE DONATIONS AND SEND THE ORGANIZATION A PORTION OF THE PROCEEDS.

STATEMENT 2
FORM RRF-1, PART B, LINE 9
AUDITED FINANCIAL STATEMENTS

THE 12/31/2017 FINANCIAL STATEMENTS WERE AUDITED IN ACCORDANCE WITH AUDITING STANDARDS GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.