Form 990
Department of the Treasury

Internal Revenue Service

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.

Information about Form 990 and its instructions is at www irs gov/form990



AI	For th	e 2013 calendar year, or tax year beginning and	ending	_			
B	Check if applicab	e: C Name of organization		D Employer identified	cation number		
	Addre	e SAVE MOUNT DIABLO					
	Name	e Doing Business As		94-2	681735		
	Initial returr Termi ated		Room/suite 3 2 0	E Telephone numbe (925			
	Amer	ded out in the second		G Gross receipts \$ 7,339,4			
	Appli		H(a) Is this a group re				
	⊥tiòn pend	F Name and address of principal officer: SCOTT HEIN					
		SAME AS C ABOVE		for subordinates H(b) Are all subordinates ir			
	Tava	empt status: $X 501(c)(3) = 501(c)() \ (insert no.) = 4947(a)(1) c$	or 527				
		te: ► WWW.SAVEMOUNTDIABLO.ORG		H(c) Group exemptio	list. (see instructions)		
		forganization: X Corporation Trust Association Other	I Voor		State of legal domicile: CA		
	art I	Summary			olale of legal dominitie. CA		
Г		Briefly describe the organization's mission or most significant activities: PRES		AND ON AND			
S	1	MOUNT DIABLO TO ENSURE HEALTHY ECOSYSTEM		CONTINUED A	CCECC		
Activities & Governance							
/eri	2	Check this box if the organization discontinued its operations or disposed in the second sec			14		
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			14		
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		14			
ties	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			-		
ti	6	Total number of volunteers (estimate if necessary)			700		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, line 34	<u>.</u>		0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,463,196. 252,589.	6,675,988. 464,405.		
ven	9	Program service revenue (Part VIII, line 2g)		41,085.	63,352.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		142,391.	134,739.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,899,261.	7,338,484.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	10,000.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		918,232.	1,127,456.		
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Ц.	b	Total fundraising expenses (Part IX, column (D), line 25) 382,6		1 200 020	0 270 102		
	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,379,730.	9,372,183.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,297,962.	10,509,639.		
	19	Revenue less expenses. Subtract line 18 from line 12		-398,701.	-3,171,155.		
Net Assets or Fund Balances				ginning of Current Year	End of Year		
sset	20	Total assets (Part X, line 16)		18,171,774.	19,076,971.		
at A:	21	Total liabilities (Part X, line 26)		7,345,852.	2,792,266.		
		Net assets or fund balances. Subtract line 21 from line 20		10,825,922.	16,284,705.		
	art II						
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y 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 RONALD F. BROWN, EXECU Type or print name and title		Date						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	LYNN HENLEY		self-employed P00356034						
Preparer	Firm's name 🕨 ARMANINO LLP			Firm's EIN 94-6214841					
Use Only	Firm's address 🕨 12657 ALCOSTA BO								
	SAN RAMON, CA 94	Phone no. 925 - 790 - 2600							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
332001 10-2	INCLUSION 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)								

Form	1990 (2013) SAVE MOUNT DIABLO	94-2681735	Page 2
Pa	rt III Statement of Program Service Accomplishments		0
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	SAVE MOUNT DIABLO'S MISSION IS TO PRESERVE MOUNT DIABLO)'S PEAKS,	
	SURROUNDING FOOTHILLS, AND WATERSHEDS THROUGH LAND ACQU		
	PRESERVATION STRATEGIES DESIGNED TO PROTECT THE MOUNTA.		
	BEAUTY, BIOLOGICAL DIVERSITY, AND HISTORIC AND AGRICULT		F .
		IORAL HERITAG.	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on		V
	the prior Form 990 or 990-EZ?		XNo
	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	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses	i.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 8,452,396 · including grants of \$) (Reve	enue \$)
	PROGRAM AREA 1: LAND ACQUISITION & PRESERVATION:		/
	LAND ACQUISITION EXPENDITURES ACCOUNTED FOR \$8,452,396	FOR CURRY CA	NVON
	RANCH AND MARSH CREEK 8 - BIG BEND. TO FINANCE THE CU		
	ACQUISITION WE OBTAINED A LOAN FROM A CONSERVATION LENI		
	NOW RAISING FUNDS TO REPAY THE LENDER AS WELL AS RAISE		TURE
	STEWARDSHIP AND MANAGEMENT. PROGRAM EXPENSES OTHER THAN		
	PRESERVATION INCLUDE THE BEACON RESTORATION, STEWARDSH		
	COMMUNITY EDUCATION AND OUTREACH, AND ADVOCACY FOR LANI	CONSERVATIO	<u>N.</u>
4b	(Code:) (Expenses \$ 1,243,522. including grants of \$ 10,000.) (Reve	enue \$ 464,	405.)
	PROGRAM 2: EDUCATION & RECREATION:		<i>,</i>
	SAVE MOUNT DIABLO PUBLISHES A NEWSLETTER TWICE A YEAR	TO EDUCATE TH	E
		WE HOST MANY	
	EVENTS ON AND AROUND THE MOUNTAIN TO ENCOURAGE RECREAT.		<u>π</u>
	WITH THE PROTECTION OF NATURAL RESOURCES. AS WE HAVE DO		
	YEARS, IN 2013 WE HOSTED OUTDOOR RECREATIONAL EVENTS GI		
	VARIETY OF USER GROUPS SUCH AS HIKERS, CYCLISTS, RUNNER SCIENTISTS. EVENTS INCLUDED A LONG DISTANCE TRAIL RUN,		
	BACKPACKING/HIKING TRIP, A BIKE RIDE, AND FAMILY HIKES		<u>Y</u>
	FREE GUIDED HIKES ON OUR PROPERTIES AND IN PARKS ON MOU	JNT DIABLO.	
4c		enue \$)
	PROGRAM 3: LAND USE PLANNING & STEWARDSHIP:		
	IN 2013, SAVE MOUNT DIABLO ACTED AS THE WATCHDOG PROTEC	CTING MOUNT	
	DIABLO FROM INAPPROPRIATE DEVELOPMENT THREATS BY TESTIN	FYING AT MORE	
	THAN TWENTY HEARINGS AND PUBLIC MEETINGS AS WELL AND CO	ONDUCTING SIT	E
	VISITS TO PROPOSED PROJECTS TO EDUCATE DECISION MAKERS	ABOUT THE	
	IMPACTS OF DEVELOPMENT. SAVE MOUNT DIABLO PARTICIPATED		ON
	WORKING TO ESTABLISH AN URBAN LIMIT LINE ON THE EAST S		
	WELL AS STRENGHTHEN THE WEST SIDE URBAN LIMIT LINE BY H		10
	PREPARE A BALLOT INITIATIVE FOR 2014 AS WELL AS PLAN FOR	N GAINERING	
	NEEDED SIGNATURES FOR THE INITIATIVE.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 9,856,836.		
			90 (2013)
33200 10-29-		(S)	,

Form	1 990 (2013) SAVE MOUNT DIABLO 94-2681 rt IV Checklist of Required Schedules	133	P
1 4	Offection of Required Schedules		Vee
-	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes
1		1	x
2	If "Yes," complete Schedule A	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		
Ŭ	public office? If "Yes," complete Schedule C, Part I	3	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		
	during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		
	Schedule D, Part III	8	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		
	If "Yes," complete Schedule D, Part IV	9	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		
d	Part VI	11a	x
b		114	
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		
	Schedule D, Parts XI and XII	12a	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	
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		
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- ¹⁰	
Ċ	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x
40	Did the exception report more than \$15,000 of group income from gaming activities on Dart VIII line 0.22 if "Yes."		1

No

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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, 19 Х complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? *If* "Yes," *complete Schedule H* Х 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

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	990 (2013) SAVE MOUNT DIABLO 94-2681 t IV Checklist of Required Schedules (continued)		-
			Ī
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		t
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	l
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	
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</i> "Yes," <i>complete Schedule J</i>	23	
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</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25a</i>	24a	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Ī
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Ι
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	I
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
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</i> "Yes," <i>complete Schedule L, Part I</i>	25b	
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? If so, complete Schedule L, Part II	26	Ī
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	27	Ī
28	of any of these persons? If "Yes," complete Schedule L, Part III 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):		ł
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	l
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b	t
с	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>	28c	Ì
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	İ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30	Ī
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	Ī
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>	32	Ī
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	t
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	t
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	t
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		t
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	I

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

If "Yes," complete Schedule R, Part V, line 2

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Yes

Page 4

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No

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Х Form **990** (2013)

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Form	990 (2013) SAVE MOUNT DIABLO	9	4-2681	735	P	age
Pa	rt 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19			
		1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gan	ning			
-	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			10		
Zu	filed for the calendar year ending with or within the year covered by this return	2a	19			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b		x
b				20		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			22		X
		<u>^</u>		3a Oh		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					- v
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	·····)	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b	х	
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided	to the pavor?	7a	х	
				7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			10		
C		astequileu		7c	х	
ام			1	70	- 23	
	If "Yes," indicate the number of Forms 8282 filed during the year			7.		X
-				7e		л Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during	the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a		11a				
b						
~	amounts due or received from them.)	11b				
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
				120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			46		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b		

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

					103	110		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, or trustees, or key employees to a management company or other person? \ldots			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5 6		X X		
6	°							
7a								
	more members of the governing body?			7a		<u>X</u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockho	olders, or			v		
-	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			•	v			
a	The governing body?			8a	X X			
b	Each committee with authority to act on behalf of the governing body?			8b	<u> </u>			
9								
organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
Sec	tion B. Policies (This Section B requests information about policies not required by the internal re	evenue	Code.)		Vac	Na		
10-2	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No X		
	If "Yes," did the organization have written policies and procedures governing the activities of such cl			IUa				
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 							
12a								
b								
с								
	in Schedule O how this was done							
13	-							
14								
15	Did the process for determining compensation of the following persons include a review and approva							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	rith a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	ı's	16b				
_	exempt status with respect to such arrangements?							
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA	- /0	=======================================					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s only) a	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply.	1- O 1						
40	X Own website Another's website X Upon request Other (<i>explain</i>			-1 C				
19								
00	statements available to the public during the tax year.	nd	ando of the average !	lion .				
20	State the name, physical address, and telephone number of the person who possesses the books at MONT CA OFT FINANCE DIRECTION (0.25) 047 2525	na rec	ords of the organiza	lion: 🏓				

	, FINANCE				
1901 OLYMP	IC BOULEVA	RD, NO. 3	320, WALI	NUT CREEK,	CA

Form 990 (2013)	SAVE MOUNT DIABLO	94-2681735 Page 7
Part VII Compe	ensation of Officers, Directors, Trustees, Key Em	ployees, Highest Compensated
Employ	ees, and Independent Contractors	
Check if S	Schedule O contains a response or note to any line in this Part V	II
Section A. Officers	s, Directors, Trustees, Key Employees, and Highest Compens	ated Employees
1a Complete this tab	le for all persons required to be listed. Report compensation for	the calendar year ending with or within the organization's tax year.
Enter -0- in columns (I	ganization's current officers, directors, trustees (whether individ D), (E), and (F) if no compensation was paid. ganization's current key employees, if any. See instructions for o	
	ation's five current highest compensated employees (other than a Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more tha	an officer, director, trustee, or key employee) who received report- n \$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)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not a	Pos	itior) than	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week		cer ar I	nd a d	recto	or/trus	stee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	ordi	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		æ	suadi		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	ional		iploy(t com /ee				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SCOTT HEIN	4.00	-		0	×	ω				
PRESIDENT		x		х				0.	0.	Ο.
(2) AMARA MORRISON	4.00									
SECRETARY		x		Х				0.	Ο.	Ο.
(3) BURT BASSLER	4.00									
TREASURER		X		Х				0.	0.	0.
(4) HEATH BARTOSH	2.00									
DIRECTOR		Х						0.	0.	0.
(5) JOE CANCIAMILLA	2.00									_
DIRECTOR		X						0.	0.	0.
(6) KEN DAMI	2.00		ľ							
DIRECTOR		х						0.	0.	0.
(7) JOHN GALLAGHER	2.00									•
DIRECTOR		X						0.	0.	0.
(8) CLAUDIA HEIN	2.00								0	0
DIRECTOR	2.00	X						0.	0.	0.
(9) DOUG KNAUER	2.00							0.	0.	0
DIRECTOR	2.00	X						0.	0.	0.
(10) BRIAN KRUSE DIRECTOR	2.00	x						0.	0.	0.
(11) GARY JOHNSON	2.00	<u>^</u>						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(12) SUE OHANIAN	2.00							0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(13) MARTY REED	2.00	11					-	0.	••	<u>.</u>
DIRECTOR	2100	x						0.	Ο.	0.
(14) MALCOLM SPROUL	2.00									
DIRECTOR		x						0.	Ο.	0.
(15) RONALD BROWN	40.00									
EXECUTIVE DIRECTOR		1		х				145,514.	Ο.	10,557.
										– 000 (00 (0)

Form 990 (2013) SAVE MOUN	IT DIABI	LO							94-26	<u>817</u>	35	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average	(do	F not ch	Posi	tion	than i	one	Reportable	Reportable		Estima	ted
	hours per	box	, unles	s per	son is	s botl	h an	compensation	compensation	n	amoun	t of
	week	offic	cer and	d a di	rector	r/trus	tee)	from	from related		othe	er
	(list any	ector						the	organizations		compens	
	hours for	or dir	e.			ated		organization	(W-2/1099-MIS	· ·	from t	
	related organizations	istee	truste		æ	pens		(W-2/1099-MISC)			organiza	
	below	ual tru	onal		ploye	t com ee					and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				organiza	uons
		드	-	8	Ϋ́e	E	F					
				_	_							
							4					
					_							
				_	_							
1b Sub-total								145,514.		0.	10,	557.
c Total from continuation sheets to Part VI	I, Section A	.						0.		0.		0.
d Total (add lines 1b and 1c)								145,514.		0.	10,	557.
2 Total number of individuals (including but n	ot limited to th	iose	liste	d ab	oove	e) wł	no re	eceived more than \$100	0,000 of reportable	Э		
compensation from the organization												1
										_	Yes	i No
3 Did the organization list any former officer,												
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 For any individual listed on line 1a, is the su	m of reportab	le co	ompe	ensa	ition	anc	d otl	ner compensation from	the organization			
and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a					-		elat	ed organization or indiv	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ch p	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-									pensati	on from	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	/ith c	or w	Ithir		year.		(0)	
(A) Name and business	address	NC	ONE					(B) Description of s	services	Con	(C) npensat	ion
		110						Decemption of e			ponout	
							-					
$\Delta \mathbf{V}$							\downarrow					
2 Total number of independent contractors (ii			mitaa		thee				aara than			

2	Total number of independent contractors (including	g but not limited to those	listed above) who received more the
	\$100,000 of compensation from the organization	• 0	

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Page 8

Statement of Revenue

	Check if Schedule O contains a response o		<u>(Δ)</u>	(R)	(C)	
			(A) Total revenue	(B) Related or	Unrelated	hevenne excince
				exempt function	business	from tax under sections 512 - 514
				revenue	revenue	512 - 514
1 a	Federated campaigns 1a					
b		215,331.				
с	Fundraising events 1c	203,462.				
d	Related organizations 11					
е	Government grants (contributions) 1e					
f	All other contributions, gifts, grants, and					
	similar amounts not included above 1f 6 , 2	257,195.				
g	Noncash contributions included in lines 1a-1f: \$	240,604.				
h	Total. Add lines 1a-1f	►	6,675,988.			
		Business Code				
2 a	PROGRAM EVENTS	900099	437,047.	437,047.		
b		900099	27,358.	27,358.		
c			_ / / • • • •			
d						
e					-	
	All other program service revenue		464,405.			
	Total. Add lines 2a-2f		404,403.			
3	Investment income (including dividends, interes		CD 000			
	other similar amounts)		63,008.			63,008
4	Income from investment of tax-exempt bond pr					
5	Royalties	🕨				
	(i) Real	(ii) Personal				
6 a	Gross rents					
b	Less: rental expenses 0 .					
с	Rental income or (loss) 23,174.					
	Net rental income or (loss)	>	23,174.			23,174
	Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory 344.	(
h	Less: cost or other basis					
5	and sales expenses					
~	Gain or (loss) 344.					
			344.			344
	Net gain or (loss)		577.			544
8 а	Gross income from fundraising events (not					
	including \$ 203,462. of					
	contributions reported on line 1c). See					
		LOO,055.				
	Less: direct expenses b	0.	100 055			100 055
	Net income or (loss) from fundraising events	►	100,055.			100,055
9 a	Gross income from gaming activities. See					
	Part IV, line 19 a					
b	Less: direct expenses b					
	Net income or (loss) from gaming activities	>				
	Gross sales of inventory, less returns					
	and allowances a	1,479.				
h	Less: cost of goods sold b	983.				
	-		496.			496
c	Net income or (loss) from sales of inventory		±90•			490
	Miscellaneous Revenue	Business Code	11 01/			11 01 /
	MISCELLANEOUS INCOME	900099	11,014.			11,014
b						
С						
d	All other revenue					
e	Total. Add lines 11a-11d		11,014.			
•		🕨	7,338,484.	464,405.	0.	198,091

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		-		
	not include amounts reported on lines 6b, 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 governments and	10.000	10.000		
	organizations in the United States. See Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
,	trustees, and key employees	156,071.	106,128.	24,972.	24,971
6	Compensation not included above, to disqualified	10070710	100/1200		21/5/1
,	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	828,857.	569,188.	137,989.	121,680
3	Pension plan accruals and contributions (include	,			•
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	75,417.	51,283.	12,067.	12,067
)	Payroll taxes	67,111.	45,635.	10,738.	10,738
I	Fees for services (non-employees):				
а	Management				
b	Legal	51,812.	44,400.	4,765.	2,647
с	Accounting	22,722.	19,541.	2,045.	1,136
d	Lobbying	5,994.	5,994.		
е	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 Sch 0.)	237,002.	174,369.	1,389.	61,244
2	Advertising and promotion				
3	Office expenses	184,256.	102,075.	4,534.	77,647
ŀ	Information technology	17,126.	9,933.	4,624.	2,569
5	Royalties	140 000		25 442	00 401
5	Occupancy	148,700.	92,766.	35,443.	20,491
•	Travel	56,349.	41,324.	2,499.	12,526
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 41 2	2 2 2 1	201	071
)	Conferences, conventions, and meetings	4,413.	3,221.	221.	971
)	Interest				
	Payments to affiliates	31,281.	25,650.	2,190.	3,441
	Depreciation, depletion, and amortization	36,382.	21,417.	12,589.	2,376
;	Insurance Other expenses. Itemize expenses not covered	50,502.	21,41/•	12,309.	2,570
	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 0.)				
2	ACQUISITION OF CONSERVA	8,452,396.	8,452,396.		
a b	LAND ADVOCACY/PERMITS	35,764.	31,197.	2,936.	1,631
۔ د	EQUIP/MAINT/RENTAL	29,875.	13,031.	3,820.	13,024
d	BANK CHARGES AND OTHER	17,707.	10,240.	4,767.	2,700
	All other expenses	40,404.	27,048.	2,560.	10,796
Č	Total functional expenses. Add lines 1 through 24e	10,509,639.	9,856,836.	270,148.	382,655
;	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				

33

34

		2013) SAVE MOUNT DIAN Balance Sheet	עונ	9	74-	2681735 Page
		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		886,324.	1	812,60
	2	Savings and temporary cash investments		3,584.	2	
	3	Pledges and grants receivable, net	F	3,706.	3	628,64
	4	Accounts receivable, net			4	7,08
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensat	ed employees. Complete			
					5	
	6	Loans and other receivables from other disqualified				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of section	-			
S		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net			7	
Ř	8	Inventories for sale or use	F	10,414.	8	10,66
	9	Prepaid expenses and deferred charges		7,183,946.	9	2,62
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 172,613.			
	b	Less: accumulated depreciation		43,654.	10c	22,34
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11	F	3,425,387.	12	2,522,23
	13	Investments - program-related. See Part IV, line 1	E		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		6,614,759.	15	15,070,76
	16	Total assets. Add lines 1 through 15 (must equal		18,171,774.	16	19,076,97
	17	Accounts payable and accrued expenses		72,998.	17	96,39
	18	Grants payable			18	
	19	Deferred revenue		3,000.	19	45,80
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa			21	
n	22	Loans and other payables to current and former of				
sen		key employees, highest compensated employees				
LIabi		Complete Part II of Schedule L			22	
3	23	Secured mortgages and notes payable to unrelat		4,769,854.	23	2,650,06
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay	F			
		parties, and other liabilities not included on lines				
		Schedule D		2,500,000.	25	
	26	Total liabilities. Add lines 17 through 25			26	2,792,26
		Organizations that follow SFAS 117 (ASC 958),	check here ► X and			
ŝ		complete lines 27 through 29, and lines 33 and				
	27	Unrestricted net assets		10,494,497.	27	12,795,90
ala	28			331,425.	28	3,488,79
0	29				29	
۶.		Organizations that do not follow SFAS 117 (AS				
5		and complete lines 30 through 34.				
SIS	30	Capital stock or trust principal, or current funds			30	
SSC	31	Paid-in or capital surplus, or land, building, or equ	F		31	
Net Assets of Fund Balances	32	Retained earnings, endowment, accumulated inc			32	
۶		Total not assots or fund balances	,	10.825.922.	33	16 284 70

Total net assets or fund balances

Total liabilities and net assets/fund balances

16,284,705. 19,076,971.

33

34

10,825,922.

18,171,774.

Form 990 (2013)

1	Total revenue (must equal Part VIII, column (A), line 12)	1			8,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	<u>,50</u>	9,6	<u>39.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			1,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10		5,9		
5	Net unrealized gains (losses) on investments	5		17	7,5	42.	
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)	9	8	,45	2,3	96.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	16	, 28	4,7	05.	
Pa	rt XII Financial Statements and Reporting			Ŷ		_	
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	b Were the organization's financial statements audited by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Auc	lit				
	Act and OMB Circular A-133?			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	lit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3b			
				Form	990 (2013)	

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S	SAVE	MOUNT	DIA

11 000 (2010) 6			
art XI	Reconciliation of N	et Assets		
	Check if Schedule O cont	ains a response	e or note to any line in this Part XI	

Form 990 (2	
Part XI	Re

332021 09-25-13

				4947(a)(1) nonexempt charitable trust.								-	
		of the Treasury nue Service		Attach to Form 990 or Form 990-EZ.						Open to Publ Inspection			
				out Schedule A (Form 990	or 990-EZ)	and its inst	tructions is	at www.irs					
Nam	e of t	the organizati							E		identificati		
_		_		UNT DIABLO						9.	4-2681	735)
Par	τı	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	te this parl	:.) See inst	ructions.				
The c	organ	ization is not a	a private foundation	because it is: (For lines 1	I through ⁻	11, check	only one b	ox.)					
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization of	described	in section	170(b)(1)	(A)(iii).					
4		A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter t	the hospital	's nam	ne,
		city, and stat	e:										
5		An organizati	ion operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governr	nental un	it describ	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7	Х	An organizati	ion that normally rec	eives a substantial part o	of its supp	ort from a	governme	ental unit o	r from the	general	public desc	ribed	in
		section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	r trust described in s	ection 170(b)(1)(A)(vi).	Complete	Part II.)							
9		An organizati	ion that normally rec	eives: (1) more than 33 1	I/3% of its	support f	rom contri	butions, m	nembershi	ip fees, ai	nd gross re	ceipts	from
				nctions - subject to certa									
		income and ι	unrelated business ta	axable income (less sect	ion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization	after June 3	0, 197	75.
			509(a)(2). (Complete										
10				erated exclusively to te	st for publi	ic safety. S	See sectio	n 509(a)(4	I).				
11				perated exclusively for th						y out the	purposes o	of one	or
		-	•	tions described in section				· · · · · ·		•			
				organization and comple				,					
		а 🗌 Туре I			/pe III - Fui			d	Ι 🗌 Τγρ	e III - Nor	n-functional	y inter	grated
e			-	t the organization is not					r more dis	qualified	persons oth	ier tha	an
				han one or more publicly									
f				ten determination from t		-				()()			
			rganization, check th										
g		Since August	t 17, 2006, has the c	rganization accepted an									
-				irectly controls, either al								Yes	No
				upported organization?									
				described in (i) above?									
				person described in (i) o									
h				about the supported or									·
			J J			()							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	u notify the	(vi) s	s the	(vii) Amount	of mo	netarv
(.)		anization	(, =	(described on lines 1-9	in col. (i) lis		organizat		organizati (i) organiz	con in coi.		port	
				above or IRC section (see instructions))	governing	document?	(i) of your	support?	(i) organiz U.S	5.?			
					Yes	No	Yes	No	Yes	No			

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

SCHEDULE A
(Form 990 or 990-EZ)

Total

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

Schedule A (Form 990 or 990-EZ) 2013



OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2013 SAVE MOUNT DIABLO

Schedule	A
Part II	

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	875,509.	1,641,440.	2,079,982.	1,463,496.	6,675,988.	12,736,415.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	875,509.	1,641,440.	2,079,982.	1,463,496.	6,675,988.	12,736,415.	
	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)						2,036,651.	
6	Public support. Subtract line 5 from line 4.						10,699,764.	
	ction B. Total Support						10,000,001	
	ndar year (or fiscal year beginning in)	(a) 2000	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
		(a)2009 875,509.	1,641,440.	2,079,982.	1,463,496.	6,675,988.	12,736,415.	
	Amounts from line 4	075,505.	1,011,110.	2,075,502.	1,403,490.	0,070,000.	12,750,415.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	80,546.	81,497.	101,423.	41,291.	86,182.	390,939.	
-	and income from similar sources	00,540.	01,497.	101,423.	41,291.	00,102.	390,939.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	1 254		2 046	1 456	11 014	17 670	
	assets (Explain in Part IV.)	1,254.		3,946.	1,456.	11,014.	17,670.	
	Total support. Add lines 7 through 10						13,145,024.	
	Gross receipts from related activities,		,				,549,930.	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)		
0	organization, check this box and stor							
	ction C. Computation of Publ		-					
	Public support percentage for 2013 (I					14	81.40 %	
	Public support percentage from 2012					15	74.19 %	
16a	33 1/3% support test - 2013. If the c	•				•		
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2012. 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	7a 10% -facts-and-circumstances test - 2013. 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 IV how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	neck this box and s	stop here. Explair	in Part IV how the		
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	ly supported orga	anization	▶∐	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	ind see instruction	<u>s</u>	
					<u> </u>	· · · · · · · · · · · · · · · · ·		

Schedule A (Form 990 or 990-EZ) 2013

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

	tion A. Public Support			1	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						•
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
h	Amounts included on lines 2 and 3 received						
~	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the				ľ		
-	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
		() 0000	(1) 0040	() 0011	(1) 0010	() 0010	(0 T))
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
IUa	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (I	ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Investion	stment Incom	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2013. If the					3 1/3% , and line 1	7 is not
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2012. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

τιν	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).

▼

SCHEDULE C (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	For Orga ▶ Complete ▶ See separ		ne Tax Under section ed below. ► Attach tion about Schedule (ions is at <i>www.irs.gov</i>	1 501(c) and section 527 to Form 990 or Form 990-E C (Form 990 or 990-EZ) and /form990.	its Open to Public Inspection
 Section 501(c)(3) org 	ganizations: Com	Form 990, Part IV, line 3, or Fo olete Parts I-A and B. Do not co 1(c)(3)) organizations: Complete	omplete Part I-C.		ctivities), then
 Section 501(c)(3) org 	wered "Yes," to ganizations that h	Form 990, Part IV, line 4, or Form 990, Part IV, line 4, or Form 5768 (election u	nder section 501(h)): (Complete Part II-A. Do not cor	mplete Part II-B.
f the organization ans	wered "Yes," to	ave NOT filed Form 5768 (elec F orm 990, Part IV, line 5 (Prox ons: Complete Part III.			
Name of organization Part I-A Complexity		JNT DIABLO anization is exempt und	der section 501(c)		yer identification numbe 94-2681735 ganization
 Provide a description Political expenditure 	on of the organiza	ation's direct and indirect politic	cal campaign activities	in Part IV.	
Part I-B Comple	ete if the ora	anization is exempt und	der section 501(c)	(3).	
		ncurred by the organization un		▶\$	
	•	ncurred by organization manag			
		4955 tax, did it file Form 4720			
4a Was a correction m					
b If "Yes," describe in					
		anization is exempt und	der section 501(c)	. except section 501(c	e)(3).
-	-	by the filing organization for se			<i>N i</i>
				•	
		zation's funds contributed to or	-		
-	-	Add lines 1 and 2. Enter here a	and on Form 1120-POI		
line 17b				▶\$_	
		1120-POL for this year?			🗀 Yes 📖 N
made payments. For contributions received	or each organizat /ed that were pro	ployer identification number (E ion listed, enter the amount pai mptly and directly delivered to	id from the filing organ a separate political org	ization's funds. Also enter the ganization, such as a separat	e amount of political
-		dditional space is needed, pro-			
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received a promptly and directly delivered to a separate political organization. If none, enter -0
\rightarrow	-				
an Dan amu anle Daduati	an Ast Nation a	as the Instructions for Form	000 000 57		Farma 000 ar 000 F7) 00

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

Schedule C (Form 990 or 990 EZ) 2013 SAVE MOUNT DIABLO

Part II-A Complete if the organ (election under sectio		npt under sectio	n 501(c)(3) and fi	led Form 5768	
A Check if the filing organization	n belongs to an affil	iated group (and list in	Part IV each affiliated	l group member's nam	e, address, EIN,
expenses, and share o	-				, , ,
B Check > if the filing organization			visions apply.		
	on Lobbying Exper	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion (arass roots lobbving)		594.	
b Total lobbying expenditures to influen				15,400.	
c Total lobbying expenditures (add lines				15,994.	
d Other exempt purpose expenditures				10,493,645.	
e Total exempt purpose expenditures (a				10,509,639.	
f Lobbying nontaxable amount. Enter th				675,482.	
If the amount on line 1e, column (a) or (b		oying nontaxable amo			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,00		0 plus 15% of the exc	ass over \$500.000		
Over \$1,000,000 but not over \$1,500,		0 plus 10% of the exc			
Over \$1,500,000 but not over \$1,500,		0 plus 5% of the exce			
		•	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	100.			
	OFO(of line 14)			168,871.	
g Grassroots nontaxable amount (enter	,			0.	
h Subtract line 1g from line 1a. If zero of				0.	
i Subtract line 1f from line 1c. If zero or				0.	
j If there is an amount other than zero or reporting section 4911 tax for this yea		ine n, did the organiza		Г	Yes No
	ons that made a so nns below. See the	raging Period Under ection 501(h) election e instructions for line	do not have to com s 2a through 2f on pa		
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	361,054.	319,796.	237,870.	675,482.	1,594,202.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					2,391,303.
c Total lobbying expenditures	98,577.	8,352.	4,687.	15,994.	127,610.
d Grassroots nontaxable amount	90,264.	79,949.	59,468.	168,871.	398,552.
e Grassroots ceiling amount (150% of line 2d, column (e))					597,828.
f Grassroots lobbying expenditures	877.	558.		594.	2,029.
				Schedule C (Form S	990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 SAVE MOUNT DIABLO 94-268173 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
of the	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				A
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			r	
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	I "No," O	R (b) Par	t III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		····· -		
-	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	•	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par			•		
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part	II-A, line 2; a	and Part II-B	, line 1.
	complete this part for any additional information.				

	HEDULE D		I Financial Statements		OMB No. 1545-0047
(Forr	n 990)	Complete if the organ Part IV, line 6, 7, 8, 9, 10.	nization answered "Yes," to Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2013
	ment of the Treasury I Revenue Service	A	ttach to Form 990. n 990) and its instructions is at www.irs.gov/		Open to Public Inspection
	e of the organizat		1 330 and its instructions is at www.irs.gov/		identification number
Itani	o or the organizat	SAVE MOUNT DIABLO			4-2681735
Pa	rt I Organiza	ations Maintaining Donor Advised	Funds or Other Similar Funds or A	Accounts.	Complete if the
	organizatio	n answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at e	nd of year			
2		utions to (during year)			
3	Aggregate grants	from (during year)			
4		t end of year			
5	Did the organizati	on inform all donors and donor advisors in w	riting that the assets held in donor advised fu	nds	
	are the organization	on's property, subject to the organization's e	xclusive legal control?		Yes No
6	Did the organizati	on inform all grantees, donors, and donor ad	visors in writing that grant funds can be used	only	
	for charitable purp	oses and not for the benefit of the donor or	donor advisor, or for any other purpose confe	erring	
					Yes No
Pa		· · ·	anization answered "Yes" to Form 990, Part IV	, line 7.	
1	Preservation	servation easements held by the organization of land for public use (e.g., recreation or ed f natural habitat of open space	· _ · · · · ·	•	
2			ed conservation contribution in the form of a c	onservation e	easement on the last
	day of the tax yea				
				Held	at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b	Total acreage rest	ricted by conservation easements		2b	
с	Number of conser	vation easements on a certified historic strue	cture included in (a)	2c	
d		vation easements included in (c) acquired af			
	listed in the Nation	nal Register		2d	
3			ased, extinguished, or terminated by the orga	nization durir	ng the tax
	year 🕨	_			
4	Number of states	where property subject to conservation ease	ement is located		
5	Does the organiza	tion have a written policy regarding the perio	odic monitoring, inspection, handling of		
	,	orcement of the conservation easements it l			Yes No
6			ind enforcing conservation easements during	-	
7			nforcing conservation easements during the y		
8			e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h				Yes No
9	,	J I	n easements in its revenue and expense state	,	<i>,</i>
			on's financial statements that describes the or	rganization's	accounting for
Der	conservation ease		Art Historical Tracquires or Other	Similar A	scoto
Pal			Art, Historical Treasures, or Other	Similar A	55815.
		the organization answered "Yes" to Form 9			hash werden af th
та	, , , , , , , , , , , , , , , , , , ,		C 958), not to report in its revenue statement a		
			bition, education, or research in furtherance o	i public servi	be, provide, in Part XIII,
	the text of the foo	tnote to its financial statements that describ	es these items.		

b	lf t	he organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
	tre	asures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
	rela	ating to these items:
V	(i)	Revenues included in 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:
а	Revenues included in Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

Sche		UNT DIABLO				681735		age 2
Pai	t III Organizations Maintaining C	ollections of Ar	rt, Historical T	reasures, o	r Other Similar Ass	sets(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	e following that	are a significant use of it	s collection	n item	S
	(check all that apply):							
а	Public exhibition	d		change program				
b	Scholarly research	е	U Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					art XIII.		<u>^</u>
5	During the year, did the organization solicit o					- <		
De	to be sold to raise funds rather than to be ma					Yes		<u>No</u>
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizati	on answered "	res" to Form 990, Part IV	, line 9, or		
12	Is the organization an agent, trustee, custodi		lian, for contributio	ns or other ass	ets not included			
Ia	on Form 990, Part X?					Yes		No
h	If "Yes," explain the arrangement in Part XII				L	169	L	
5		and complete the lo	nowing table.			Amount		
c	Beginning balance				1c	7 unoune		
	Additions during the year							
	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fo					Yes		No
	If "Yes," explain the arrangement in Part XIII.]
	t V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year		back (d) Three years bac	k (e) Four	years	back
1a	Beginning of year balance							
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
с	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held	and administer	ed for the organization	_		
	by:						Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?			3b		
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or of		st or other	(c) Accumulated	(d) Book	value	э
		basis (investn	nent) basis	s (other)	depreciation			
	Land							
	Buildings							
	Leasehold improvements					4 -	,	<u>~~</u>
	Equipment			51,406.	133,716.			90.
	Other			21,207.	16,555.		1,6	
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)			2,3	
	*				Schedu	le D (Form	990)	2013

Schedule D (Form 990) 2013 SAVE MOUNT	DIABLO		94-26817	
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, lir			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	ion: Cost or end-of-year ma	rket value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A) BONDS AND CERTIFICATES OF	1			
(B) DEP	1,422,166	END-OF-YEAD	R MARKET VALUE	
(C) CORPORATE FIXED INCOME	67,134	END-OF-YEAD	R MARKET VALUE	
	1,032,933	END-OF-VEAD	R MARKET VALUE	
(=)	1,052,55			
(E)				
(F)				
(G)				
(H)				>
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	2,522,233	•		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuat	ion: Cost or end-of-year ma	rket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(7) (8)				
(7) (8) (9)				
(7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part		
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a)	to Form 990, Part IV, Iir Description	e 11d. See Form 990, Part	(b) Bo	ok value
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND		e 11d. See Form 990, Part	(b) Bo	61,849
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a)		e 11d. See Form 990, Part	(b) Bo	61,849
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND		e 11d. See Form 990, Part	(b) Bo	61,849
(7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS		e 11d. See Form 990, Part	(b) Bo	61,849
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3)		e 11d. See Form 990, Part	(b) Bo	61,849
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5)		e 11d. See Form 990, Part	(b) Bo	61,849
(7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5) (6)		e 11d. See Form 990, Part	(b) Bo	61,849
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(7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part	(b) Bo	61,849
(7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5) (6) (7) (8) (9)	Description	e 11d. See Form 990, Part	(b) Bo 15,0	61,849 8,912
(7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin	Description	e 11d. See Form 990, Part	(b) Bo 15,0	61,849 8,912
(7) (8) (9) Fart IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	Description		(b) Bo 15,0	61,849 8,912
(7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes"	Description	e 11e or 11f. See Form 990	(b) Bo 15,0	61,849 8,912
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(7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes	Description	e 11e or 11f. See Form 990 (b) Book value	(b) Bo 15,0	61,849 8,912
(7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description	e 11e or 11f. See Form 990 (b) Book value	(b) Bo 15,0	61,849 8,912
(7) (8) (9) Fart IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5) (6) (7) (8) (9) Cother Liabilities. Complete if the organization answered "Yes" (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (4)	Description	e 11e or 11f. See Form 990 (b) Book value	(b) Bo 15,0	61,849 8,912
(7) (8) (9) Fart IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5) (6) (7) (8) (9) Constant (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	e 11e or 11f. See Form 990 (b) Book value	(b) Bo 15,0	61,849 8,912
(7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (1) (2) (3) (4) (5) (6) (3) (4) (5) (6)	Description	e 11e or 11f. See Form 990 (b) Book value	(b) Bo 15,0	61,849 8,912
(7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	e 11e or 11f. See Form 990 (b) Book value	(b) Bo 15,0	61,849 8,912
(7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (4)	Description	e 11e or 11f. See Form 990 (b) Book value	(b) Bo 15,0	61,849 8,912
(7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSERVATION LAND (2) DEPOSITS (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	e 11e or 11f. See Form 990 (b) Book value	(b) Bo 15,0	ok value 61,849 8,912 70,761

94-2681735 Page 3

Schedule D (Form 990) 2013

Sche	edule D (Form 990) 2013 SAVE MOUNT DIABLO	94-	2681735 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	7,609,421.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 177,54	2.	
b	Donated services and use of facilities 2b 93, 39	5.	
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	270,937.
3	Subtract line 2e from line 1	3	7,338,484.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,338,484.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	irn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		10 600 004
1	Total expenses and losses per audited financial statements	1	10,603,034.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 93,39	5.	
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		~~ ~~ ~
е	Add lines 2a through 2d		93,395.
3	Subtract line 2e from line 1	3	10,509,639.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIII.) 4b		-
	Add lines 4a and 4b		0.
с 5			0. 10,509,639.

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 X, LINE 2:

THE ORGANIZATION HAS EVALUATED ITS CURRENT TAX POSITIONS AND

HAS CONCLUDED THAT AS OF DECEMBER 31, 2013, THE ORGANIZATION DOES NOT HAVE

ANY SIGNFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE

NECESSARY.

SCHEDULE G	Suppleme	ntal Information Regarding	a Func	Irais	ing or Gaming /	Activ	ities 📙	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" to	Form 9	90, P	art IV, lines 17, 18, c			2013
Department of the Treasury Internal Revenue Service		organization entered more than \$ Attach to Form 99 bout Schedule G (Form 990 or 990-E2	0 or For	m 99	0-EZ.			Open To Public Inspection
Name of the organization	n		.) and its	Instru	ictions is at <u>www irs g</u>		Employer id	entification number
F		UNT DIABLO					94-268	<u> </u>
Part I Fundrais required to	complete this par	 Complete if the organization answ t. 	/ered "Ye	es" to	o Form 990, Part IV, li	ne 17.	Form 990-E	Z filers are not
 a Aail Solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization 	ions email solicitations tations licitations on have a written o	s f Solicita	ation of r ation of g al fundrai al (includ	non-g gover ising ling o	overnment grants nment grants events fficers, directors, trus	stees o	or 🖂 Ye	
• • •	n highest paid ind	ividuals or entities (fundraisers) pur	-		-			
·			((1-1) A	mount poid	<u> </u>
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundra have cu or cont contribu	rol of	(iv) Gross receipts from activity	tò (or fL	mount paid retained by indraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total				•				
	ich the organizatio	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is e	xempt from	registration

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990 EZ) 2013 SAVE MOUNT DIABLO

		(a) Event #1 MOONLIGHT MOUNTAIN	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	303,517.			303,517
2	Less: Contributions	203,462.			203,462
3	Gross income (line 1 minus line 2)	100,055.			100,055
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
-	Food and howerease				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses				
	Direct expense summary. Add lines 4 throug				100.055
<u>11</u> rt	Net income summary. Subtract line 10 from III Gaming. Complete if the organization				100,055
	\$15,000 on Form 990-EZ, line 6a.	answered res to Form	990, Part IV, inte 19, 01 16	eported more than	
			(b) Pull tabs/instant		(d) Total gaming (ad
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
3	Noncash phizes				
4	Rent/facility costs				
5	Other direct expenses				
~		Yes%	Yes%	Yes %)
6	Volunteer labor	No No	No No	No	
7	Direct expense summary. Add lines 2 throug	ıh 5 in column (d)			
		,		•	
8	Net gaming income summary. Subtract line	7 from line 1, column (d)		►	
	ter the state(s) in which the organization operation				
	the organization licensed to operate gaming a				🗀 Yes 🗔 N
п	'No," explain:				
	7				
7					

Schedule G (Form 990 or 990 EZ) 2013 SAVE MOUNT DIABLO	94-2681735 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partners	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13 a 9
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/sp	ecial events books and records.
Marra N	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization re	eceives gaming revenue? Yes 🔲 No
h 16 11/2 - 11 and a day when a maximum of a maximum variant was a loss of how the average institute N	
b If "Yes," enter the amount of gaming revenue received by the organization > \$	and the amount
of gaming revenue retained by the third party \blacktriangleright \$	
c If "Yes," enter name and address of the third party:	5
Name	
Address ►	
16 Caming manager information:	
16 Gaming manager information:	
Name	
Gaming manager compensation ► \$	
Description of services provided	
Director/officer Employee Independent contra	actor
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the g	
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other ex	cempt 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 2	2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also complete this part to provide any addition	onal information (see instructions).

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization	Go Compl ► Informati	Frants and Oth vernments, an lete if the organizatio	nd Individual n answered "Yes Attach to For	ls in the Ŭn " to Form 990, Pa m 990.	ited States rt IV, line 21 or 22.	0	OMB No. 1545-0047 2013 Open to Public Inspection Employer identification number
SAVE MOUN							94-2681735
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr Part II Grants and Other Assistance to 	to substantiate the stance? ocedures for moni Governments and	toring the use of grant d Organizations in the	funds in the Unite e United States. C	d States. Complete if the org			X Yes No
recipient that received more than 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 non-cash assistance	(h) Purpose of grant or assistance
CONSERVATION ACTION FUND 555 CAPITOL MALL, #1425 SACRAMENTO, CA 95814	20-2009364	501(C)(4)	10,000.	0.			RESEARCH RELATED TO PUBLIC ATTITUDES ABOUT FUNDING FOR PARK AND LAND CONSERVATION.
			\mathbf{b}				
		\mathbf{G}					
2 Enter total number of section 501(c)(3) a	Ű	•	e line 1 table				
3 Enter total number of other organization LHA For Paperwork Reduction Act Notice							▶ 1 • Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) SAVE MOUNT DIA	BLO				94-2681735	Page 2
Part III Grants and Other Assistance to Individuals in the Un Part III can be duplicated if additional space is needed.	nited States. Corr	nplete if the organiz	ation answered "Yes	" to Form 990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash a	assistance
				S		
			C V			
Part IV Supplemental Information. Provide the information re-	quired in Part I, lin	ne 2, Part III, column	ı (b), and any other a	dditional information.		
PART I, LINE 2:						
THE ORGANIZATION RECEIVED REPORTS	FROM THE	GRANTEE F	EGARDING			
THE GRANTEE'S USE OF THE FUNDS.						
332102 10-29-13					Schedule I (For	n 990) (2013)

94-2681735

SCHEDULE J	Compensation Information	OMB No. 1545-0047
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2013
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	2010
Department of the Treasury	Attach to Form 990. See separate instructions.	Open to Public
Internal Revenue Service	▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form99	
Name of the organizatio		ployer identification number 94-2681735
Part I Question	s Regarding Compensation	94-2001755
		Yes No
1a Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed in Form 990,	
	line 1a. Complete Part III to provide any relevant information regarding these items.	
First-class or o		
Travel for com		
	cation and gross-up payments Health or social club dues or initiation fees	
	spending account Personal services (e.g., maid, chauffeur, chef)	
b If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or	
•	provision of all of the expenses described above? If "No," complete Part III to explain	1b
-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,	
•	ers, including the CEO/Executive Director, regarding the items checked in line 1a?	2
,		
3 Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization?	's
CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization to	o
establish compens	ation of the CEO/Executive Director, but explain in Part III.	
Compensation	n committee Written employment contract	
Independent	compensation consultant I Compensation survey or study	
Form 990 of c	ther organizations X Approval by the board or compensation comm	nittee
4 During the year, die	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	
organization or a re	lated organization:	
a Receive a severand	ce payment or change-of-control payment?	
b Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?	4b X
c Participate in, or re	ceive payment from, an equity-based compensation arrangement?	4c X
If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	
5 For persons listed	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the	evenues of:	
	ation?	5b X
b Any related organized	r 5b, describe in Part III.	
If "Yes" to line 5a c	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
If "Yes" to line 5a c 6 For persons listed contingent on the	net earnings of:	
If "Yes" to line 5a ofFor persons listed contingent on the part of the organization?	net earnings of:	6a X
If "Yes" to line 5a ofFor persons listed contingent on the ra The organization?b Any related organization	net earnings of:	
 If "Yes" to line 5a of For persons listed contingent on the r a The organization? b Any related organization if "Yes" to line 6a of 	net earnings of: ration? r 6b, describe in Part III.	
 If "Yes" to line 5a of For persons listed contingent on the r The organization? Any related organizing f "Yes" to line 6a of For persons listed 	net earnings of: :ation? ir 6b, describe in Part III. n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	6b X
 If "Yes" to line 5a of For persons listed contingent on the r a The organization? b Any related organization if "Yes" to line 6a of 7 For persons listed 	net earnings of: ration? r 6b, describe in Part III.	6b X
 If "Yes" to line 5a of For persons listed contingent on the random of the organization? Any related organization? Any related organization? For persons listed not described in line Were any amounts 	net earnings of: ration? r 6b, describe in Part III. n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments es 5 and 6? If "Yes," describe in Part III reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	6b X 7 X
 If "Yes" to line 5a of For persons listed contingent on the random of the organization? Any related organization if "Yes" to line 6a of For persons listed not described in line Were any amounts initial contract excert 	net earnings of: ation? r 6b, describe in Part III. n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments es 5 and 6? If "Yes," describe in Part III reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	6b X 7 X
 If "Yes" to line 5a of For persons listed contingent on the random of the organization? Any related organization of the random of the organization of the organ	net earnings of: ration? r 6b, describe in Part III. n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments es 5 and 6? If "Yes," describe in Part III reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	6b X 7 X 8 X

Schedule J (Form 990) 2013

SAVE MOUNT DIABLO

94-2681735

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 in 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 are not 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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in prior Form 990
(1) RONALD BROWN	(i)	134,686.	10,828.	0.	7,444.	3,113.	156,071.	0.
EXECUTIVE DIRECTOR	(ii)		0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i) (ii)							
	(i) (i)							
	(ii)							
	(i) (ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

332113 09-13-13	

Schedule J (Form 990) 2013 SAVE MOUNT DIABLO	94-2681735 Page 3
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.
	5
	1
32113	Schedule J (Form 990) 20 ⁻

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Department of the freasury
Internal Revenue Service
internal nevenue delvice

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

ZUI3 Open to Public Inspection

Name of the organization

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form	
Ŭ Em	nlov

Employer identification number 94 - 2681735

	SAVE MOUNT D	IABLO			94-2	2681'	735	
Pai	rt 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 d noncash contrib	etermin	-	s
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	6	138,186.	FMV			
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	X	1	52,000.	APPRAISAL			
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	v		24 202				
25	Other \blacktriangleright (FOOD)	X	5	-	FMV			
26	Other (SUPPLIES)	X	5	-	FMV			
27	Other (FURNITURE) Other (ELECTRONIC EQ)	X X	1		FMV			
28			<u> </u>	· · · · · · · · · · · · · · · · · · ·	FMV			
29	Number of Forms 8283 received by the organi						1	
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29		— – – – – – – – – – – – – – – – – – – –	<u> </u>	
<u> </u>							Yes	No
JUa	During the year, did the organization receive b							
	at least three years from the date of the initial					20-		х
						30a		
	If "Yes," describe the arrangement in Part II.	المعالم م	an iroa tha raidain	of any non atomicant south	utional		х	
31	Does the organization have a gift acceptance					31	<u>л</u>	
32a	Does the organization hire or use third parties		-			0		х
						32a		
	If "Yes," describe in Part II.	column (c)	or a type of areas	rtu for which column (a) in al	aakad			
33	If the organization did not report an amount in	column (c) f	or a type of prope	ny ior which column (a) is cr	ieckea,			
	describe in Part II.	the lucations	tione for Form 00	0	Sabadula M		000) (0040)

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

Schedule M (Form 990) (2013)

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.
	this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Name of the organization

SAVE MOUNT DIABLO

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number 94-2681735

OMB No. 1545-0047

Open to Public

Inspection

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

ENHANCE OUR AREA'S OUALITY OF LIFE: AND PROVIDE RECREATIONAL

OPPORTUNITIES CONSISTENT WITH THE PROTECTION OF NATURAL RESOURCES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ON A WEEKLY BASIS, SAVE MOUNT DIABLO MONITORS 42 DIFFERENT PLANNING

AGENDA TO IDENTIFY LAND USE PROJECTS WITHIN OUR AREA OF INTEREST, AND

IN 2013, RESPONDED TO OVER TWO DOZEN DEVELOPMENT PROJECTS AROUND MOUNT

DIABLO. PROJECTS RANGED FROM NEW SUBDIVISION PROPOSALS TO CO-LOCATION

OF UTILITIES ALONG MARSH CREEK ROAD TO GENERAL PLAN UPDATES. SAVE MOUNT

DIABLO FACILITATES MEETINGS OF KEY STAKEHOLDERS INTERESTED IN THESE

PROJECTS TO DISCUSS SOLUTIONS. SAVE MOUNT DIABLO CURRENTLY OWNS/AND OR

MANAGES 21 PROPERTIES TOTALING 2309 ACRES. STEWARDSHIP PROJECTS

INCLUDE: DEBRIS REMOVAL FROM ALL PROPERTIES, FIRE ABATEMENT, HABITAT

RESTORATION INCLUDING NON-NATIVE PLANT REMOVAL, TRAIL MAINTENANCE,

MAINTENANCE OF STRUCTURES, FENCE AND GATE REPAIR/REPLACEMENT, MANAGING

GRAZING AND OTHER TENANTS, RECRUITING AND SUPERVISING VOLUNTEERS, AND

SUPPORTING RESEARCH AND HIKING OPPORTUNITIES ON AND AROUND MOUNT

DIABLO.

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

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

WIFE.

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

FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE FOR FINAL DRAFT

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization SAVE MOUNT DIABLO	Employer identification number 94-2681735
COPY, WHICH IS PRESENTED TO THE FINANCE COMMITTEE FOR REV	IEW AND
RECOMMENDATION TO THE BOARD. THE AUDIT COMMITTEE CHAIR PR	ESENTS THE FORM
990 TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL AND FILI	NG.
FORM 990, PART VI, SECTION B, LINE 12C:	
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 SHALL DETER	MINE IF A CONFLICT
OF INTEREST EXISTS. THE PERSON(S) INVOLVED WITH THE TRAN	SACTION SHALL NOT
BE PRESENT DURING THE BOARD OR COMMITTEE'S DISCUSSION AND	RECORDED IN THE
MINUTES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR REVIEWS COMPENSATION WITH THE EXEC	UTIVE
COMMITTEE (COMPOSED OF THE BOARD CHAIR, THE TREASURER, TH	E SECRETARY, AND
THREE AT-LARGE MEMBERS OF THE BOARD) BASED ON OTHER NON-P	ROFIT COMPARISONS;
THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION FOR THE	EXECUTIVE
DIRECTOR. THIS IS AN ANNUAL REVIEW PRIOR TO YEAR END.	

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990 IS POSTED ON ORGANIZATION'S WEBSITE AND ALSO

AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CAPITALIZATION OF CONSERVATION LAND

8,452,396.

FORM 990, PART XII, LINE 2C:

ichedule O (Form 990 or 990-EZ) (2013)	Page
lame of the organization SAVE MOUNT DIABLO	Employer identification number 94-2681735
FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGEI	
)
FROM PRIOR YEAR.	
	9

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	EQUIPMENT	VARIOUS	SL	5.00		16	137,531.				137,531.	120,391.		5,000.	125,391.
3	VEHICLES	VARIOUS	SL	5.00		16	13,875.				13,875.	8,325.		0.	8,325.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						151,406.				151,406.	128,716.		5,000.	133,716.
	OTHER														
2	FURNITURE AND FIXTURES	VARIOUS	SL	7.00		16	21,207.				21,207.	16,555.		0.	16,555.
	* 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10						21,207.				21,207.	16,555.		٥.	16,555.
	DEPR						172,613.				172,613.	145,271.		5,000.	150,271.
328111 05-01-13							(D) - Asset dis	oosed		,	TITC, Salvage,	Bonus, Comr	nercial Revita	lization Deduc	tion, GO Zone