

PUBLIC DISCLOSURE COPY

EXTENDED TO FEBRUARY 17, 2026

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning APR 1, 2024 and ending MAR 31, 2025

B Check if applicable: C Name of organization: SAVE MOUNT DIABLO D Employer identification number: 94-2681735 E Telephone number: 925-947-3535 G Gross receipts \$: 13,024,677. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.SAVEMOUNTDIABLO.ORG K Form of organization: L Year of formation: 1980 M State of legal domicile: CA

Part I Summary Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue (8-12), expenses (13-19), and net assets (20-22).

Part II Signature Block

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

Signature fields for officer (Edward Sortwell Clement, Jr.), preparer (Michael Lumsden), and firm (Baker Tilly Advisory Group, LP).

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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; AND ITS SUSTAINING DIABLO RANGE, THROUGH LAND ACQUISITION AND PRESERVATION STRATEGIES DESIGNED TO PROTECT THE MOUNTAIN'S NATURAL BEAUTY, BIOLOGICAL DIVERSITY, AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,020,565. including grants of \$ 20,468.) (Revenue \$ 0.) LAND ACQUISITION & LAND USE: SAVE MOUNT DIABLO CONTINUES LONG-TERM NEGOTIATIONS TO PROTECT IMPORTANT PROPERTIES. - CLOSED ESCROW AND ACQUIRED THE 98-ACRE GINOCHIO SCHWENDEL PROPERTY FOR \$1,370,000 PLUS CLOSING COSTS IN MARCH 2025. IT IS ADJACENT TO SMD'S MARSH CREEK 5 PROPERTY. IT INCLUDES AN UNDERCROSSING OF MARSH CREEK ROAD FOR WILDLIFE AND A SEGMENT OF MARSH CREEK, CONTRA COSTA COUNTY'S SECOND LONGEST AND MOST UNDISTURBED CREEK. IT IS A STRATEGIC PIECE OF THE MARSH CREEK WATERSHED CONTAINING RARE VOLCANIC HABITAT WITH VERY HIGH CONSERVATION VALUE. - LAND USE: SAVE MOUNT DIABLO REGULARLY MONITORS THE AGENDAS OF 70 DIFFERENT PLANNING COMMITTEES AND PUBLIC AGENCIES. THIS WORK CAN TAKE TIME AS WE RESEARCH, WRITE LETTERS, TESTIFY, AND COLLABORATE ON

4b (Code:) (Expenses \$ 869,002. including grants of \$ 699.) (Revenue \$ 27,674.) STEWARDSHIP: SAVE MOUNT DIABLO CURRENTLY OWNS AND/OR MANAGES 21 PROPERTIES TOTALING 2190-ACRES. SAVE MOUNT DIABLO ALSO HOLDS PERPETUAL CONSERVATION EASEMENTS ON 3 PROPERTIES, TOTALING 176-ACRES. - SUCCESSFULLY STEWARDED THE THOUSANDS OF ACRES UNDER OUR CARE (PLANTING NATIVE SPECIES, REMOVING INVASIVE SPECIES, REGULAR PROPERTY MONITORING, ETC.). - MORE THAN 685 VOLUNTEERS COMPLETED OVER 5,996 HOURS OF SERVICE IN THE 2024 - 2025 FISCAL YEAR. THEY HAVE SUPPORTED ALL OUR ACTIVITIES ACROSS DEPARTMENTS THROUGHOUT THE YEAR. RECURRENT STEWARDSHIP VOLUNTEERS INCLUDE 28 PROPERTY MONITORS AND 34 VOLUNTEER STEWARDS. - VOLUNTEERS: OUR VOLUNTEERS ARE THE HEROES AND HEROINES OF LAND PRESERVATION. THEY HELP MAKE OUR WORK POSSIBLE, WHETHER IT BE BY

4c (Code:) (Expenses \$ 638,403. including grants of \$ 55,562.) (Revenue \$ 32,004.) EDUCATION & OUTREACH AND RECREATION: SAVE MOUNT DIABLO OFFERS NUMEROUS EDUCATIONAL, OUTREACH, AND RECREATIONAL PROGRAMS TO HELP DIRECTLY CONNECT OUR COMMUNITIES TO NATURE AND EDUCATE THEM ABOUT IT, TO PROVIDE OPPORTUNITIES TO DO SERVICE PROJECTS FOR OUR NATURAL WORLD, AND TO DIVERSIFY THE TYPES OF PEOPLE SERVED AND INVOLVED WITH OUR LAND CONSERVATION WORK. THESE PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: - OUR DISCOVER DIABLO FREE PUBLIC OUTINGS SERIES. - OUR DIABLO CONSERVATION EXPERIENCE, FOR LOCAL MIDDLE SCHOOL AND HIGH SCHOOLS. - OUR YOUNG DIABLO EXPLORERS PROGRAM FOR 3RD TO 5TH GRADERS. - OUR SMD CARES PROGRAM IN COLLABORATION WITH MOUNT DIABLO UNIFIED

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,527,970.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AR, CA, GA, MA, MD, NC, NJ, NM, NY, OH, OR, PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MONICA OEI - 925-949-4514
201 N. CIVIC DRIVE #190, WALNUT CREEK, CA 94596

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWARD SORTWELL CLEMENT, JR. EXECUTIVE DIRECTOR	40.00			X			195,950.	0.	13,874.	
(2) SETH ADAMS LAND CONSERVATION DIRECTOR	40.00				X		141,852.	0.	25,267.	
(3) MONICA OEI FINANCE & ADMINISTRATIVE DIRECTOR	40.00			X			125,761.	0.	13,575.	
(4) SEAN BURKE LAND PROGRAMS DIRECTOR	40.00				X		118,331.	0.	8,609.	
(5) KAREN FERRIERE DEVELOPMENT DIRECTOR	40.00				X		114,531.	0.	6,565.	
(6) JIM FELTON PRESIDENT	4.00	X		X			0.	0.	0.	
(7) GISELLE JURKANIN VICE PRESIDENT / SECRETARY	4.00	X		X			0.	0.	0.	
(8) BURT BASSLER TREASURER (THROUGH 3/2025)	4.00	X		X			0.	0.	0.	
(9) DOUG MATTHEW TREASURER (START 3/2025)	4.00	X		X			0.	0.	0.	
(10) KEITH ALLEY DIRECTOR	2.00	X					0.	0.	0.	
(11) STEVE BALLING DIRECTOR	2.00	X					0.	0.	0.	
(12) JOHN GALLAGHER DIRECTOR	2.00	X					0.	0.	0.	
(13) LIZ HARVEY ROBERTS DIRECTOR	2.00	X					0.	0.	0.	
(14) CLAUDIA HEIN DIRECTOR	2.00	X					0.	0.	0.	
(15) SCOTT HEIN DIRECTOR	2.00	X					0.	0.	0.	
(16) SHIRLEY LANGLOIS DIRECTOR	2.00	X					0.	0.	0.	
(17) BOB MARX DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMARA MORRISON DIRECTOR	2.00	X						0.	0.	0.
(19) PHIL O'LOANE DIRECTOR	2.00	X						0.	0.	0.
(20) ROBERT PHELPS DIRECTOR	2.00	X						0.	0.	0.
(21) MALCOLM SPROUL DIRECTOR	2.00	X						0.	0.	0.
(22) JEFF STONE DIRECTOR	2.00	X						0.	0.	0.
(23) ACHILLEUS TIU DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								696,425.	0.	67,890.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								696,425.	0.	67,890.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	258,490.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	850,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,265,531.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,061.				
	h Total. Add lines 1a-1f		5,374,021.				
Program Service Revenue	2 a PROGRAM EVENT REVENUE	Business Code					
		900099	32,004.	32,004.			
	b LAND REVENUE & MGMT FEES	900099	27,674.	27,674.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		59,678.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		332,473.			332,473.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				6,903,348.			
	b Less: cost or other basis and sales expenses	7b	6,799,511.				
	c Gain or (loss)	7c	103,837.				
	d Net gain or (loss)		103,837.			103,837.	
8 a Gross income from fundraising events (not including \$ 258,490. of contributions reported on line 1c). See Part IV, line 18	8a		293,450.				
			198,398.				
			95,052.			95,052.	
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	61,707.			61,707.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		61,707.					
12 Total revenue. See instructions		6,026,768.	59,678.	0.	593,069.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	71,775.	71,775.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,954.	4,954.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	349,160.	85,323.	207,201.	56,636.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,507,701.	929,297.	244,938.	333,466.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,357.	28,324.	12,191.	10,842.
9 Other employee benefits	156,181.	95,588.	25,701.	34,892.
10 Payroll taxes	138,347.	76,299.	32,840.	29,208.
11 Fees for services (nonemployees):				
a Management				
b Legal	93,327.	90,664.	1,384.	1,279.
c Accounting	48,875.		48,875.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	24,025.			24,025.
f Investment management fees	10,000.		10,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	181,103.	134,780.	10,683.	35,640.
12 Advertising and promotion	25,876.	16,968.	36.	8,872.
13 Office expenses	104,765.	70,552.	2,564.	31,649.
14 Information technology	198,098.	108,096.	24,510.	65,492.
15 Royalties				
16 Occupancy	212,110.	120,906.	44,165.	47,039.
17 Travel	68,641.	62,212.	2,103.	4,326.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,754.	16,936.	723.	1,095.
20 Interest	48,375.	35,761.	5,330.	7,284.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	206,005.	174,690.	27,400.	3,915.
23 Insurance	78,330.	69,838.	4,413.	4,079.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a LAND ADVOCACY / PERMITS	235,154.	235,154.		
b FOOD & SUPPLIES	68,471.	62,844.	5,627.	0.
c DUES/FEES/PUBLICATIONS	31,632.	23,517.	3,505.	4,610.
d EQUIP MAINT & RENTAL	14,339.	8,872.	30.	5,437.
e All other expenses	6,251.	4,620.	689.	942.
25 Total functional expenses. Add lines 1 through 24e	3,953,606.	2,527,970.	714,908.	710,728.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	397,243.	1	305,401.
	2 Savings and temporary cash investments	70,875.	2	320,735.
	3 Pledges and grants receivable, net	187,200.	3	413,190.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	51,565.	9	53,702.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 610,742.		
	b Less: accumulated depreciation	10b 427,663.		
	11 Investments - publicly traded securities	228,391.	10c	183,079.
	12 Investments - other securities. See Part IV, line 11	8,003,577.	11	8,172,928.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,567,452.	15	19,916,538.	
	27,506,303.	16	29,365,573.	
Liabilities	17 Accounts payable and accrued expenses	314,903.	17	316,620.
	18 Grants payable		18	
	19 Deferred revenue	25,426.	19	33,495.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	537,500.	23	537,500.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,284,931.	26	1,149,494.
	2,162,760.		2,037,109.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	22,392,138.	27	24,309,944.
	28 Net assets with donor restrictions	2,951,405.	28	3,018,520.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,343,543.	32	27,328,464.
	33 Total liabilities and net assets/fund balances	27,506,303.	33	29,365,573.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,026,768.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,953,606.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,073,162.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,343,543.
5	Net unrealized gains (losses) on investments	5	-38,241.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-50,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,328,464.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization <p style="text-align:center;">SAVE MOUNT DIABLO</p>	Employer identification number <p style="text-align:center;">94-2681735</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3542387.	3136903.	3341066.	5660882.	5374021.	21055259.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3542387.	3136903.	3341066.	5660882.	5374021.	21055259.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4617749.
6 Public support. Subtract line 5 from line 4.						16437510.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	3542387.	3136903.	3341066.	5660882.	5374021.	21055259.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	178,454.	125,905.	111,682.	218,767.	332,473.	967,281.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	5,132.			72,361.	95,052.	172,545.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,478.	41,476.	8,985.	10,865.	61,707.	126,511.
11 Total support. Add lines 7 through 10						22321596.
12 Gross receipts from related activities, etc. (see instructions)					12	190,068.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	73.64 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	69.76 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

Part VI

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

SCHEDULE A, PART II, LINE 1:

CONTRIBUTIONS FOR THE 2021 TAX YEAR DIFFER FROM THAT WHICH WAS REPORTED ON THE ORIGINALLY FILED FORM 990 TO ACCOUNT FOR A PLEDGE WHICH WAS INITIALLY RECORDED AS A REVENUE ITEM DURING THE 2021 TAX YEAR BUT WHICH WAS SUBSEQUENTLY WRITTEN-OFF DURING THE 2024 TAX YEAR.

Multiple horizontal lines for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

SAVE MOUNT DIABLO

Employer identification number

94-2681735

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>296,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>225,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>728,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>262,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>176,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	2,381.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	269,870.													
c	Total lobbying expenditures (add lines 1a and 1b)	272,251.													
d	Other exempt purpose expenditures	3,647,330.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	3,919,581.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	345,979.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	86,495.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	351,320.	322,576.	320,819.	345,979.	1,340,694.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,011,041.
c Total lobbying expenditures		19,177.	24,946.	272,251.	316,374.
d Grassroots nontaxable amount	87,830.	80,644.	80,205.	86,495.	335,174.
e Grassroots ceiling amount (150% of line 2d, column (e))					502,761.
f Grassroots lobbying expenditures	3,430.	6,868.	11,456.	2,381.	24,135.

Schedule C (Form 990) 2024

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)).

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 2 columns: Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 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 campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Yes, No. Rows include: 1 Dues, assessments, and similar amounts from members; 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); 2a Current year; 2b Carryover from last year; 2c 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	3
b Total acreage restricted by conservation easements	176.00
c Number of conservation easements on a certified historic structure included on line 2a	0
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 0

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 31

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 1,114.

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

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

Schedule D (Form 990) (Rev. 12-2024)

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,057,969.	2,679,925.	2,585,960.	2,565,494.	1,827,434.
b Contributions	525,416.	2,257,030.	307,500.	5,500.	407,000.
c Net investment earnings, gains, and losses	-112,813.	121,014.	-213,535.	145,798.	331,060.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses				130,832.	
g End of year balance	5,470,572.	5,057,969.	2,679,925.	2,585,960.	2,565,494.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 81.3177 %
- b** Permanent endowment 18.6823 %
- c** Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		28,292.	9,984.	18,308.
d Equipment		521,719.	379,912.	141,807.
e Other		60,731.	37,767.	22,964.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				183,079.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS HELD BY OTHERS	604,382.
(2) ASSETS HELD UNDER A CHARITABLE REMAINDER TRUST	135,623.
(3) CONSERVATION LAND AND EASEMENTS	16,129,103.
(4) CONSERVATION LAND STRUCTURES AND IMPROVEMENTS, NET	1,218,074.
(5) DEPOSITS	19,125.
(6) LAND PURCHASE OPTIONS	820,553.
(7) RIGHT-OF-USE ASSETS	952,340.
(8) WORK IN PROGRESS	37,338.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	19,916,538.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER CHARITABLE REMAINDER TRUST	62,853.
(3) RIGHT-OF-USE LIABILITIES	1,086,641.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,149,494.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	6,182,030.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-38,241.	
b	Donated services and use of facilities	2b	5,105.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-33,136.	
3	Subtract line 2e from line 1	3	6,215,166.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,000.	
b	Other (Describe in Part XIII.)	4b	-198,398.	
c	Add lines 4a and 4b	4c	-188,398.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,026,768.	

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

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

1	Total expenses and losses per audited financial statements		1	4,197,109.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	5,105.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	248,398.	
e	Add lines 2a through 2d	2e	253,503.	
3	Subtract line 2e from line 1	3	3,943,606.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,000.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	10,000.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,953,606.	

Part XIII Supplemental Information

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

PART II, LINE 5:

SMD HAS A "CONSERVATION EASEMENT ENFORCEMENT POLICY" WHICH OUTLINES ANNUAL MONITORING, LAND-OWNER RELATIONSHIPS, VIOLATION PROTOCOLS, AND ENFORCEMENT GUIDELINES.

SMD RECOGNIZES THAT EDUCATION AND RELATIONSHIP BUILDING, NOT LITIGATION, ARE THE BEST IMMEDIATE AND LONG-TERM METHODS OF ENSURING THE INTEGRITY OF CONSERVATION EASEMENTS, AND SMD IS COMMITTED TO WORKING WITH LANDOWNERS WHOSE LAND IS SUBJECT TO SMD CONSERVATION EASEMENTS TO HELP THEM UNDERSTAND THE EASEMENTS AND BE GOOD STEWARDS OF THEIR LANDS. HOWEVER, EASEMENT VIOLATIONS MAY STILL OCCUR. IN THESE SITUATIONS, PROMPT AND EFFECTIVE ENFORCEMENT ACTION IS NEEDED TO: PROTECT THE CONSERVATION VALUE OF SUBJECT PROPERTIES; MAINTAIN PUBLIC CONFIDENCE IN SMD'S MISSION TO CONSERVE OPEN SPACE; PRESERVE SMD'S LEGAL AUTHORITY TO ENFORCE ITS EASEMENTS; AND MAINTAIN SMD'S TAX-EXEMPT STATUS AND ITS ABILITY TO ACCEPT FUTURE DONATIONS OF CONSERVATION EASEMENTS.

SMD RECOGNIZES THAT IT IS BETTER TO PREVENT VIOLATIONS THAN REMEDY THEM. TO THIS END, SMD: MONITORS ALL PROPERTIES ANNUALLY; MAINTAINS GOOD RELATIONSHIPS WITH GRANTORS; PERIODICALLY REMINDS GRANTORS TO CHECK THEIR EASEMENT AGREEMENT BEFORE ALTERING THE PROPERTY IN ANY WAY AND TO NOTIFY SMD IF THEY ARE PLANNING TO SELL THEIR LAND; AND MEETS WITH NEW OWNERS TO DISCUSS EASEMENT TERMS AND CONSERVATION PURPOSES AS SOON AS POSSIBLE AFTER PURCHASE OR TRANSFER OF CONSERVATION EASEMENT PROPERTY.

Part XIII Supplemental Information (continued)

SHOULD A VIOLATION BE DISCOVERED, IT IS IMMEDIATELY REPORTED TO THE LAND PROGRAMS DIRECTOR, WHO WILL REVIEW THE VIOLATION ALONG WITH THE RELATED EASEMENT FILE TO DETERMINE WHETHER A VIOLATION HAS OCCURRED, AND IF SO, ITS LEVEL OF SEVERITY. RESPONSES TO VIOLATIONS VARY DEPENDING ON THE SITUATION, AND SMD AIMS TO BE CONSISTENT AND FAIR; SMD'S RESPONSE TO A VIOLATION WILL MATCH THE SEVERITY OF THE VIOLATION. MINOR OR TECHNICAL INFRACTIONS MAY SIMPLY WARRANT A LETTER FROM LAND DEPARTMENT STAFF; MORE EGREGIOUS VIOLATIONS MAY REQUIRE A MORE IMMEDIATE, FORMAL RESPONSE (WHICH MUST BE APPROVED BY THE EXECUTIVE DIRECTOR).

SAVE MOUNT DIABLO ALSO MAINTAINS A LEGAL DEFENSE FUND AND HOLDS TERRA FIRMA CONSERVATION INSURANCE.

PART II, LINE 9:

CONSERVATION LAND AND EASEMENTS - CAPITALIZED COSTS FOR ACQUISITION OF CONSERVATION LAND CONSIST OF THE PURCHASE PRICE AND RELATED CLOSING COSTS. SMD RECORDS THE EXPENDITURES INCURRED FOR THE ACQUISITION OF CONSERVATION LAND IN PROGRAM EXPENSES AND AN OFFSETTING ITEM RELATED TO THE ACQUISITION OF CONSERVATION LAND FOR THE SAME AMOUNT ON THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS. CONSERVATION LAND IS NOT DEPRECIATED.

CONSERVATION LAND STRUCTURES AND IMPROVEMENTS - CAPITALIZED COSTS FOR ACQUISITION AND PURCHASE OF LAND STRUCTURES AND IMPROVEMENTS CONSIST OF THE PURCHASE PRICE AND RELATED CLOSING COSTS. LAND STRUCTURES AND IMPROVEMENTS LOCATED ON CONSERVATION LAND AND ALL IMPROVEMENTS ON THE CONSERVATION LAND ARE DEPRECIATED OVER AN ESTIMATED USEFUL LIFE OF TEN TO TWENTY YEARS.

DEED OF CONSERVATION EASEMENTS - A PERPETUAL CONSERVATION EASEMENT IS A VOLUNTARY LEGAL AGREEMENT BETWEEN A LANDOWNER AND A QUALIFIED ORGANIZATION, SUCH AS A LAND TRUST, TO PROTECT THE NATURAL OR CULTURAL RESOURCES OF THAT LAND FOREVER. THE CONSERVATION EASEMENTS WILL PROTECT THE RESOURCES THAT SMD PURCHASED THE PROPERTY TO SAVE, BY HAVING THE LANDOWNER HELP STEWARD THE LAND WHILE ALSO ALLOWING THEM TO LIVE ON THE LAND THEY LOVE, WHEN APPLICABLE. THE AGREEMENTS LIMIT THE LANDOWNERS' RIGHTS ON THE PROPERTY IN ORDER TO PROTECT THE LAND'S CONSERVATION VALUES. SMD HAS VALUED THE EASEMENTS AT \$1 IN THE FINANCIAL STATEMENTS AS MANAGEMENT DOES NOT BELIEVE THESE DEEDS HAVE ANY COMMERCIAL VALUE.

PART V, LINE 4:

IN 2017, SMD CREATED THE STEWARDSHIP ENDOWMENT FUND TO FINANCIALLY SUPPORT, IN PERPETUITY, SMD'S STEWARDSHIP OBLIGATIONS FOR ITS CONSERVED LANDS AND OTHER PROPERTIES UNDER ITS CARE. SMD HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS, ESTABLISHED BY THE FINANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS, THAT ATTEMPT TO MAINTAIN THE CORPUS AND THE PURCHASING POWER OF THOSE ENDOWMENT ASSETS OVER THE LONG TERM. ACCORDINGLY, THE PRIMARY INVESTMENT GOAL IS TO PROVIDE INCOME TO SUPPORT STEWARDSHIP PROGRAM ACTIVITY, GROW THE PRINCIPAL TO AT LEAST KEEP PACE WITH INFLATION TO PROVIDE INCOME AT APPROPRIATE LEVELS TO SUPPORT FUTURE STEWARDSHIP ACTIVITIES, MANAGE RISK, AND GENERATE AN EVEN, STEADY, PAY-OUT STREAM FROM THE STEWARDSHIP ENDOWMENT FUND IN ORDER TO DELIVER A CONSISTENT QUALITY STEWARDSHIP PROGRAM.

PART X, LINE 2:

SMD IS A 501(C)(3) ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER

Part XIII Supplemental Information (continued)

SECTION 501(A) OF THE INTERNAL REVENUE CODE AND UNDER SECTION 23701D OF THE STATE REVENUE AND TAXATION CODE. SMD IS, HOWEVER, SUBJECT TO TAX ON BUSINESS INCOME UNRELATED TO ITS EXEMPT PURPOSE. NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS FOR THE YEARS ENDED MARCH 31, 2025 AND 2024, SINCE SMD HAD NO TAXABLE INCOME FROM UNRELATED BUSINESS ACTIVITIES.

SMD BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS OR THAT WOULD HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. THERE ARE NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES THAT NEED TO BE RECORDED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES -198,398.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 198,398.

REVERSAL OF PRIOR YEAR CONTRIBUTION REVENUE 50,000.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 248,398.

Multiple horizontal lines for additional entries.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		MOONLIGHT ON THE MOUNTAIN		NONE		
		(event type)	(event type)	(total number)		
Revenue	1 Gross receipts	551,940.			551,940.	
	2 Less: Contributions	258,490.			258,490.	
	3 Gross income (line 1 minus line 2)	293,450.			293,450.	
Direct Expenses	4 Cash prizes					
	5 Noncash prizes					
	6 Rent/facility costs					
	7 Food and beverages	106,454.			106,454.	
	8 Entertainment	85,939.			85,939.	
	9 Other direct expenses	6,005.			6,005.	
	10 Direct expense summary. Add lines 4 through 9 in column (d)				198,398.	
11 Net income summary. Subtract line 10 from line 3, column (d)				95,052.		

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: **MARSHA MATHER-THRIFT**

(I) ADDRESS OF FUNDRAISER: **182 HUMBOLDT STREET, SAN RAFAEL, CA 94901**

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PINNACLES NATIONAL PARK FOUNDATION PO BOX 2080 HOLLISTER, CA 95024	76-0849623	501(C)(3)	20,336.	0.			SCIENCE & RESEARCH GRANT - CONDORS OF THE DIABLO RANGE
DIGITAL STORY COMPANY, LLC 787 MILLER AVENUE MILL VALLEY, CA 94941	82-3902396		16,600.	0.			SUPPORT FOR TV SERIES: OPEN ROAD WITH DOUG MCCONNELL & FRIENDS
FRESNO CHAFFEE ZOO CORPORATION 1250 W OLIVE AVENUE FRESNO, CA 93728	42-1661145	501(C)(3)	5,240.	0.			SUPPORT FOR BLUNT-NOSED LEOPARD LIZARD WEATHER STATION

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

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

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

PART I, LINE 2:

STAFF MEMBERS OF THE ORGANIZATION MONITOR AND ENFORCE COMPLIANCE WITH ALL GRANT AGREEMENTS TO ENSURE FUNDS ARE USED FOR THEIR INTENDED PURPOSES, AND ARE RESPONSIBLE FOR OVERSEEING THAT ALL GRANT REQUIREMENTS ARE MET (IF REQUIRED). AS A CONDITION OF FUNDING, GRANTEEES ARE OFTEN REQUIRED TO PRESENT FINDINGS AND OR PROVIDE A WRITTEN REPORT.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

SAVE MOUNT DIABLO

Employer identification number

94-2681735

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EDWARD SORTWELL CLEMENT, JR. EXECUTIVE DIRECTOR	(i)	195,950.	0.	0.	0.	13,874.	209,824.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SETH ADAMS LAND CONSERVATION DIRECTOR	(i)	141,852.	0.	0.	7,101.	18,166.	167,119.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SAVE MOUNT DIABLO

Employer identification number

94-2681735

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WATERSHEDS; AND ITS SUSTAINING DIABLO RANGE, THROUGH LAND ACQUISITION
AND PRESERVATION STRATEGIES DESIGNED TO PROTECT THE MOUNTAIN'S NATURAL
BEAUTY, BIOLOGICAL DIVERSITY, AND HISTORIC AND AGRICULTURAL HERITAGE;
ENHANCE OUR AREA'S QUALITY OF LIFE; AND PROVIDE EDUCATIONAL AND
RECREATIONAL OPPORTUNITIES CONSISTENT WITH PROTECTION OF NATURAL
RESOURCES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HISTORIC AND AGRICULTURAL HERITAGE; ENHANCE OUR AREA'S QUALITY OF LIFE;
AND PROVIDE EDUCATIONAL AND RECREATIONAL OPPORTUNITIES CONSISTENT WITH
PROTECTION OF NATURAL RESOURCES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SOLUTIONS. WE RESPONDED TO MORE THAN A DOZEN LAND USE PROJECTS IN THE
2024 - 2025 FISCAL YEAR.
- FURTHERED OUR DIABLO RANGE EXPANSION WORK DEVELOPING NEW PARTNERS AND
ADVANCING ADVOCACY EFFORTS TO PROTECT IMPORTANT LANDS LIKE TESLA AND
DEL PUERTO CANYON.
- PREPARED FOR THE FIRST EVER DIABLO RANGE CONVENING TO BE HELD IN JUNE
2025. WE ANTICIPATE OVER 150 INDIVIDUALS REPRESENTING OVER 60 GROUPS
DISCUSSING CONSERVATION THROUGHOUT THE DIABLO RANGE.
- WE SUPPORTED OR LED THREE BALLOT MEASURE CAMPAIGNS: STATEWIDE PROP 4
CLIMATE BOND, A SAN BENITO COUNTY GROWTH CONTROL MEASURE A, AND NO ON
MEASURE II IN DUBLIN TO DEFEND A TEN-YEAR-OLD URBAN LIMIT LINE WE
HELPED CREATE THERE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
HELPING RESTORE ECOLOGICAL SYSTEMS, BECOMING A HIKE LEADER, ASSISTING
WITH EVENT REGISTRATION, STAFFING AID STATIONS, TAKING PHOTOS, OR
SETTING UP EQUIPMENT. THEIR HARD WORK AND GENEROSITY ARE WHAT HELP
MAKE THIS ORGANIZATION'S EFFORTS SO SUCCESSFUL.
- STEWARDS ALSO CONTINUED MONTHLY PROPERTY OUTINGS, AND ORGANIZED SMALL
WORKDAYS FOR RESTORATION PLANTINGS, WEEDING, MULCHING, WATERING NATIVE
PLANTINGS AND CLEAN UP OF OUR PROPERTIES.
- STAFF CONTINUED MONITORING IMPACTS TO VEGETATION IN THE JACKASS
CANYON AREA, WITH CALIFORNIA STATE PARKS AND CAL FIRE, WORKING TOGETHER
TO THIN, CHIP AND MANAGE HAZARDOUS FUEL LOAD IN THE AREA.
- WITH OUR PARTNERS AT THE LINDSAY WILDLIFE EXPERIENCE, WE CONTINUED TO
RELEASE REHABILITATED AMERICAN KESTRELS INTO THE MOUNT DIABLO
FOOTHILLS, STRENGTHENING WILDLIFE CORRIDORS.
- ADVANCED OUR 10,000 TREES AND NATIVE PLANTS PROJECT, PLANTING AND
CARING FOR MORE THAN 3,000 PLANTS AT OUR RESTORATION SITES, MANY OF
THOSE PLANTS BEING CALIFORNIA MILKWEED AND OTHER POLLINATOR PLANTS FOR
MONARCH FORAGING, BUILDING AND STRENGTHENING HABITAT FOR WILDLIFE.
- WE MONITOR AND REMEDIATE STORM DAMAGE ON ALL OUR PROPERTIES. WE
INSTALLED A SOLAR WELL AND A WILDLIFE TROUGH AT MC7 TO MAINTAIN AND
STRENGTHEN WILDLIFE HABITAT AND WATER QUALITY IN MARSH CREEK.
- STAFF WORKED WITH STUDENTS AND VOLUNTEERS TO CREATE A POLLINATOR
GARDEN AT MC7, AND FENCED IT WITH CEDAR SPLIT-RAIL FENCING, TO PROTECT
THE AREA FROM CATTLE THAT GRAZE FOR FIRE ABATEMENT. THIS IS ALL IN
PARTNERSHIP WITH A GRANT FROM CDFW TO STRENGTHEN WILDLIFE HABITAT FOR

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization SAVE MOUNT DIABLO	Employer identification number 94-2681735
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LISTED SPECIES AND IMPROVE WATER QUALITY IN MARSH CREEK.

- STAFF LED THE 4TH ANNUAL PINE CANYON CLEAN-UP WITH THE MOUNT DIABLO STATE PARK, THE EAST BAY REGIONAL PARK DISTRICT, THE AMERICAN ALPINE CLUB, AND THE BAY AREA CLIMBERS COALITION, WHERE WE REMOVED INVASIVE SPECIES, GRAFFITI, AND TRASH FROM THE PINE CANYON AREA, AS WELL AS HAZARDOUS FUEL LOAD FROM THE ASPARA DRIVE AREA WITH A CHIPPER.
- WE HOSTED MAJOR CLEAN-UP WORKDAYS, INCLUDING A COASTAL CLEAN-UP WORKDAY IN KIRKER CREEK, WITH THE HELP OF A SMALL GROUP OF VOLUNTEERS TO REMOVE 10 GARBAGE BAGS OF TRASH.
- ON OUR COASTAL CLEANUP DAY, WE REMOVED 3,000 LBS OF DEBRIS.
- IN 2025, SAVE MOUNT DIABLO FINISHED CREATING AND OPENING MORE PUBLIC TRAILS AT OUR CURRY CANYON RANCH PRESERVE WHICH MEANS OUR ORGANIZATION HAS NOW CREATED AND OPENED OVER 7 MILES OF NEW PUBLIC TRAILS, AT OUR CURRY CANYON RANCH AND MANGINI RANCH EDUCATIONAL PRESERVE, IN JUST THE LAST FEW YEARS.
- STEWARDSHIP STAFF LED 4 ENVIRONMENTAL EDUCATION DAYS AT CURRY CANYON RANCH FOR MDUSD STUDENTS IN THE BACR CARES PROGRAM, EFFECTIVELY CREATING AN INSPIRING WORKDAY IN THE HILLS.

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

- OUR DR. MARY BOWERMAN SCIENCE AND RESEARCH PROGRAM, WHICH PROVIDES SMALL GRANTS TO ENCOURAGE MORE SCIENTIFIC RESEARCH IN THE NORTHERN DIABLO RANGE, BIOBLITZ, ETC.
- CONTINUE TO ENABLE THE PUBLIC TO ENJOY OUR NEW MANGINI RANCH EDUCATIONAL PRESERVE, RUN WITH A FREE ONLINE RESERVATION SYSTEM WITH OVER 4 MILES OF TRAILS BUILT THERE WITH THE HELP OF VOLUNTEERS AND LOCAL STUDENTS.
- STAFF AND VOLUNTEERS LED 14 TABLING EVENTS IN THE COMMUNITY TO EDUCATE, INSPIRE AND CONNECT THE PUBLIC TO DIABLO RANGE AND SOME OF THE PROJECTS THAT WE LEAD TO PROTECT IT.
- AS WE REFLECT ON THE COMPLETED APRIL 1, 2024, TO MARCH 31, 2025 FISCAL YEAR, WE FEEL IMMENSE GRATITUDE FOR OUR SUPPORTERS BECAUSE THEY HELPED US COMPLETE ANOTHER HIGHLY SUCCESSFUL YEAR FROM A PROGRAMMATIC, FINANCIAL, AND OVERALL ORGANIZATIONAL PERSPECTIVE.

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

BOARD MEMBERS CLAUDIA HEIN AND SCOTT HEIN HAVE A FAMILY RELATIONSHIP.

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

THE FORM 990 IS COMPLETED BY AN INDEPENDENT TAX ACCOUNTANT IN CONJUNCTION WITH THE ORGANIZATION'S ACCOUNTING AND FINANCE DEPARTMENT. THE FORM 990 IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT AND AUDIT COMMITTEE; ADJUSTMENTS ARE MADE, AS NECESSARY. AFTER A FULL REVIEW, THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL THE MEMBERS OF THE ORGANIZATION'S VOTING GOVERNING BODY PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHICH COVERS ALL MEMBERS OF THE BOARD OF DIRECTORS AND EMPLOYEES. UNDER THE POLICY, DIRECTORS AND CORPORATE OFFICERS ANNUALLY SIGN A STATEMENT AFFIRMING THAT EACH PERSON HAS: RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; HAS READ AND UNDERSTOOD THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY; AND DISCLOSES THE PERSON'S INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. POTENTIAL CONFLICTS ARE REPORTED TO THE EXECUTIVE DIRECTOR (IN THE CASE OF A POTENTIAL CONFLICT INVOLVING AN EMPLOYEE) OR THE BOARD OF

Name of the organization SAVE MOUNT DIABLO	Employer identification number 94-2681735
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DIRECTORS (FOR POTENTIAL CONFLICTS REGARDING OTHER BOARD MEMBERS AS WELL AS THE EXECUTIVE DIRECTOR). THE EXECUTIVE DIRECTOR AND/OR DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS THEN DECIDE IF AN ACTUAL CONFLICT OF INTEREST EXISTS, AS WELL AN APPROPRIATE RESPONSE; INSIDERS AND ANY OTHER INTERESTED PERSONS INVOLVED WITH THE TRANSACTION ARE NOT PRESENT DURING THE BOARD'S DELIBERATIONS REGARDING THESE MATTERS. THE MINUTES OF ANY MEETING OF THE BOARD DOCUMENT THE CONSIDERATION AND RESOLUTION OF ALL CONFLICTS, AS APPLICABLE.

FORM 990, PART VI, SECTION B, LINE 15:
 THE EXECUTIVE COMMITTEE (COMPRISED OF ELECTED BOARD MEMBERS) REVIEWS THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL PERIODICALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AR, CA, GA, MA, MD, NC, NJ, NM, NY, OH, OR, PA, TN, WA, WI

FORM 990, PART VI, SECTION C, LINE 19:
 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 REVERSAL OF PRIOR YEAR CONTRIBUTION REVENUE -50,000.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

