

Return of Organization Exempt from Income Tax

2002

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year beginning, 2002, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

SAVE MOUNT DIABLO 1196 BOULEVARD WAY #10 WALNUT CREEK, CA 94596

D Employer identification number: 94-2681735 E Telephone number: 925-947-3535 F Accounting method: Cash [X] Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

- H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? H(b) If Yes enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site WWW.SAVEMOUNTDIABLO.ORG

J Organization type (check only one) [X] 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Enter 4 digit GEN M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 640,945.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for line numbers, descriptions, and amounts. Includes sub-columns for 1a, 1b, 1c, 6a, 6b, 8a, 8b, 8c, 9a, 9b, 10a, 10b, 10c, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21.

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b 8b 9b 10b or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers directors, etc	25 90,000	63,000	9,000	18,000
26 Other salaries and wages	26 159,541	131,176	17,027	11,338
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 3,521	2,617	678	226
34 Telephone	34 3,789	2,881	363	545
35 Postage and shipping	35 11,180	9,721	394	1,065
36 Occupancy	36 16,782	12,098	1,728	2,956
37 Equipment rental and maintenance	37			
38 Printing and publications	38 16,209	14,499	177	1,533
39 Travel	39 936	936		
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 2,905	2,177	269	459
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 4	43a 31,965	25,429	3,078	3,458
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44 336,828	264,534	32,714	39,580

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 6 ----- ----- ----- (Grants and allocations \$ _____)	264,534.
b ----- ----- ----- (Grants and allocations \$ _____)	
c ----- ----- ----- (Grants and allocations \$ _____)	
d ----- ----- ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	264,534

Part IV Balance Sheets (See Instructions)

Note		(A) Beginning of year		(B) End of year		
ASSETS	45	Cash – non-interest bearing	-441.	45	11,216	
	46	Savings and temporary cash investments	871,917	46	1,132,504	
	47 a	Accounts receivable	39,420.			
		b Less allowance for doubtful accounts		47 c	39,420.	
	48 a	Pledges receivable				
		b Less allowance for doubtful accounts		48 c		
	49	Grants receivable		49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51 a	Other notes & loans receivable (attach sch)				
		b Less allowance for doubtful accounts		51 c		
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges		53	1,132.	
	54	Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	11,310.	54	
	55 a	Investments – land, buildings, & equipment basis				
		b Less accumulated depreciation (attach schedule)		55 c		
	56	Investments – other (attach schedule)		56		
	57 a	Land, buildings, and equipment basis	2,034,827.			
		b Less accumulated depreciation (attach schedule) STATEMENT 7	8,982.	2,032,225.	57 c	2,025,845.
	58	Other assets (describe ► SEE STATEMENT 8)		1,602.	58	56,601.
59	Total assets (add lines 45 through 58) (must equal line 74)		2,967,007.	59	3,266,718	
LIABILITIES	60	Accounts payable and accrued expenses	11,375	60	22,262.	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a	Tax exempt bond liabilities (attach schedule)		64 a		
		b Mortgages and other notes payable (attach schedule)		64 b		
	65	Other liabilities (describe ► SEE STATEMENT 9)		67,633.	65	67,785.
66	Total liabilities (add lines 60 through 65)		79,008.	66	90,047	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	2,864,289.	67	2,876,756.	
	68	Temporarily restricted	23,710.	68	299,915	
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		2,887,999.	73	3,176,671.
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		2,967,007.	74	3,266,718

Form 990 is available for public inspection and, for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	640,477
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	SEE STM 10 \$ 16,117		
	Add amounts on lines (1) through (4)	b	16,117
c	Line a minus line b	c	624,360
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	624,360

a	Total expenses and losses per audited financial statements	a	352,945
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	SEE STMT 11 \$ 16,117		
	Add amounts on lines (1) through (4)	b	16,117
c	Line a minus line b	c	336,828
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	336,828

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 12		90,000	2,997	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations? Yes No

If 'Yes,' attach schedule - see instructions

Part V Other Information (See instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
80b	If 'Yes,' enter the name of the organization <u>N/A</u>		
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85a	501(c)(4) (5) or (6) organizations Were substantially all dues nondeductible by members?	85a	N/A
85b	Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0.</u> , section 4955 <u>0</u>		
89b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d Enter Amount of tax on line 89c above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	3
91	The books are in care of <u>SAVE MOUNT DIABLO</u> Telephone number <u>925-947-3535</u> Located at <u>1196 BOULEVARD WAY, WALNUT CREEK, CA</u> ZIP + 4 <u>94596</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					71,100
95 Interest on savings & temporary cash invmnts			14	15,769.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property			16	4,015.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					32,483.
102 Gross profit or (loss) from sales of inventory					987.
103 Other revenue					
a _____					
b MISCELLANEOUS					188.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				19,784.	104,758.
105 Total (add line 104, columns (B), (D), and (E))					124,542.

Note. Line 105 plus line 1d Part I should equal the amount on line 12 Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	0			
	0			
	0			
	0			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

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

Note If Yes to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please Sign: Ronald Brown Signature of officer Date: 10/31/03

VE DIRECTOR

10A Date: 10-28-03 Check if self: Preparer's SSN or PTIN (see General Instruction W):

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2002

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

SAVE MOUNT DIABLO

Employer identification number

94-2681735

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SETH ADAMS 1196 BLVD WAY, #10 WALNUT CREEK CA	DIR OF LAND PRG 40	65,000.	2,081	0.
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 21,074</p> <p>(Must equal amounts on line 38, Part VI A, or line 1 of Part VI B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities</p>	X	
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	X	
<p>Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments</p>		

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(ii) **Enter the hospital's name, city, and state ▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12** 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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,713,274	570,106.	225,902.	293,021.	2,802,303.
16 Membership fees received	57,775.	9,605.			67,380
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,909				2,909
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	34,889.	32,575.	26,442.	12,418	106,324
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	1,808,847.	612,286.	252,344.	305,439.	2,978,916.
24 Line 23 minus line 17	1,805,938.	612,286.	252,344	305,439.	2,976,007
25 Enter 1% of line 23	18,088.	6,123.	2,523	3,054.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	59,520.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	2,976,007.
d Add: Amounts from column (e) for lines 18 <u>106,324.</u> 19 _____		26d	106,324
22 _____ 26b _____		26e	2,869,683.
e Public support (line 26c minus line 26d total)		26f	96.43 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26g	

27 Organizations described on line 12	N/A	27c	
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each disqualified person. Do not file this list with your return. Enter the sum of such amounts for each year.	(2001) _____ (2000) _____ (1999) _____ (1998) _____	27d	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2001) _____ (2000) _____ (1999) _____ (1998) _____	27e	
c Add: Amounts from column (e) for lines 15 _____ 16 _____	17 _____ 20 _____ 21 _____	27f	
d Add: Line 27a total _____ and line 27b total _____		27g	%
e Public support (line 27c total minus line 27d total)		27h	%
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27i		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))			
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32 a	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32 b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32 c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32 d	d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 a	33 Does the organization discriminate by race in any way with respect to a Students' rights or privileges?		
33 b	b Admissions policies?		
33 c	c Employment of faculty or administrative staff?		
33 d	d Scholarships or other financial assistance?		
33 e	e Educational policies?		
33 f	f Use of facilities?		
33 g	g Athletic programs?		
33 h	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34 a	34 a Does the organization receive any financial aid or assistance from a governmental agency?		
34 b	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No' attach an explanation		

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: SAVE MOUNT DIABLO
Employer Identification number: 94-2681735
Address: 1196 BOULEVARD WAY #10, WALNUT CREEK, CA 94596

Check type of return to be filed (file a separate application for each return)
[X] Form 990, Form 990 EZ, Form 990 T (Section 401(a) or 408(a) trust), Form 1041 A, Form 5227, Form 8870, Form 990 BL, Form 990 PF, Form 990 T (trust other than above), Form 4720, Form 6069

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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

4 I request an additional 3 month extension of time until 11/15, 20 03
5 For calendar year 2002, or other tax year beginning 20 and ending 20
6 If this tax year is for less than 12 months, check reason Initial return, Final return, Change in accounting period
7 State in detail why you need the extension TAXPAYER REQUIRES ADDITIONAL TIME TO GATHER SUFFICIENT DATA TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions
8b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868
8c Balance due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature: [Handwritten Signature] Title: CPA Date: 8-5-03

Notice to Applicant - To be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
We have not approved this application However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return
We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10 day grace period
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Name: BUNKER & COMPANY
Address: 4340 REDWOOD HWY, SUITE 117, SAN RAFAEL, CA 94903

EXTENSION APPROVED
AUG 15 2003
LINDA WEISKOPF, FIELD DIRECTOR,
SUCCESSION PROCESSING, OGDEN

SAVE MOUNT DIABLO

94-2681735

STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
MOONLIGHT ON THE MOUNTAIN	35,652	0.	35,652	11,813	23,839.
FOUR DAYS OF DIABLO	9,250.	0.	9,250	1,300	7,950.
TRAIL ADVENTURE	3,698.	0	3,698	3,004	694
TOTAL	<u>\$ 48,600.</u>	<u>\$ 0</u>	<u>\$ 48,600</u>	<u>\$ 16,117.</u>	<u>\$ 32,483</u>

STATEMENT 2
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

T-SHIRTS, MUGS	\$ 1,455.
GROSS SALES	<u>\$ 1,455.</u>
LESS RETURNS & ALLOWANCES	<u>0.</u>
NET SALES	<u>\$ 1,455.</u>
LESS COST OF GOODS SOLD	<u>468.</u>
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 987.</u>

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENT	\$ 1,140.
TOTAL	<u>\$ 1,140</u>

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	9,026.	6,696	1,155	1,175
FEES AND PERMITS	8,680	8,680		
MEALS AND ENTERTAINMENT	980	910.	63.	7
MISCELLANEOUS	3,888	1,561.	245	2,082.
CONTINGENCY	3,532	3,532.		
DUES, FEES, AND SUBSCRIPTIONS	2,642.	2,416	226	
INSURANCE	2,217	634	1,389	194.
ADVOCACY AND LOBBYING	1,000	1,000.		
TOTAL	<u>\$ 31,965</u>	<u>\$ 25,429.</u>	<u>\$ 3,078.</u>	<u>\$ 3,458</u>

SAVE MOUNT DIABLO

94-2681735

STATEMENT 5
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO RECEIVE AND DISBURSE FUNDS FOR LAND ACQUISITION ON MOUNT DIABLO AND ITS SURROUNDING FOOTHILLS, AND TO COOPERATE WITH THE CALIFORNIA DEPARTMENT OF PARKS AND RECREATION AND WITH REGIONAL, COUNTY AND LOCAL AGENCIES, IN ORDER TO DEDICATE SUCH LANDS AS ADDITIONS TO MOUNT DIABLO STATE PARK OR FOR PARKS ESTABLISHED BY OTHER PUBLIC ENTITIES

STATEMENT 6
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
CREATED DEDICATED OPEN SPACE WITH LAND ACQUIRED THROUGH GIFTS, PURCHASES, AND COOPERATIVE EFFORTS WITH PUBLIC AND PRIVATE ENTITIES; EDUCATED THE PUBLIC ABOUT THREATS TO THE MOUNTAIN; WORKED WITH LANDOWNERS TO PRESERVE THEIR PROPERTY WHILE REALIZING ECONOMIC BENEFITS; PARTNERED WITH MOUNT DIABLO STATE PARK, EAST BAY REGIONAL PARKS DISTRICT, AND OTHER PUBLIC AGENCIES TO INCREASE OPEN SPACE; MONITORED LAND USE PLANNING; AIDED IN THE RESTORATION OF HABITAT AND THE PRESERVATION OF RARE AND ENDANGERED SPECIES; AND OFFERED TECHNICAL ADVICE TO AGENCIES AND NEIGHBORHOOD GROUPS WITH REGARD TO SECURING OPEN SPACE		264,534.
	<u>\$ 0.</u>	<u>\$ 264,534.</u>

STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 4,074	\$ 3,305	\$ 769
MACHINERY AND EQUIPMENT	8,406.	5,677.	2,729
LAND	2,022,347.		2,022,347
TOTAL	<u>\$ 2,034,827.</u>	<u>\$ 8,982.</u>	<u>\$ 2,025,845</u>

STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS

RENTAL DEPOSIT	\$ 1,601
DEPOSITS ON CONSERVATION LAND	55,000.
TOTAL	<u>\$ 56,601</u>

SAVE MOUNT DIABLO

94-2681735

STATEMENT 9
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

AGENCY FUNDS HELD-MDGA

TOTAL \$ 67,785.
\$ 67,785

STATEMENT 10
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

SPECIAL EVENT EXPENSES

TOTAL \$ 16,117
\$ 16,117

STATEMENT 11
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

SPECIAL EVENT EXPENSES

TOTAL \$ 16,117.
\$ 16,117.

STATEMENT 12
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MALCOLM SPROUL 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	PRESIDENT AS NEEDED	\$ 0	\$ 0	\$ 0
ART BONWELL 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	VICE PRESIDENT AS NEEDED	0	0.	0.
ALLAN PRAGER 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	VICE PRESIDENT AS NEEDED	0	0	0.
DOUG KNAUER 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	SECRETARY AS NEEDED	0	0	0.
FRANK VARENCHIK 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	TREASURER AS NEEDED	0	0	0

SAVE MOUNT DIABLO

94-2681735

STATEMENT 12 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARY BOWERMAN 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED	\$ 0.	\$ 0	\$ 0.
BURT BASSLER 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED	0	0.	0
DONALD DE FREMERY 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED	0	0.	0.
SCOTT HEIN 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED	0	0	0.
STEPHEN JOSEPH 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED	0	0	0
BOB MARX 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED	0	0	0
STEVEN MEHLMAN 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED	0	0.	0.
JOHN MERCURIO 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED	0	0	0.
DAVE SARGENT 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED	0	0	0.
DAVE TROTTER 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED	0	0.	0.
SHARON WALTERS 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED	0	0	0.
RONALD BROWN 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	EXECUTIVE DIREC 40	90,000	2,997	0
TOTAL		\$ 90,000	\$ 2,997	\$ 0.

STATEMENT 13
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
94	THESE INCOME STREAMS ARE FROM MEMBERS, WHO RECEIVE NEWSLETTERS FROM THE CORPORATION, WHICH HELPS TO CONTRIBUTE TO THE EXEMPT PURPOSE OF THE CORPORATION
101	THESE INCOME STREAMS ARE FROM THE "MOONLIGHT ON THE MOUNTAIN", "FOUR DAYS OF DIABLO", AND "TRAIL ADVENTURE" EVENTS, WHICH CONTRIBUTE TO THE EXEMPT PURPOSE OF THE CORPORATION
102	THESE INCOME STREAMS ARE FROM INVENTORY SALES CONSISTING OF T-SHIRTS AND MUGS, WHICH CONTRIBUTE TO THE EXEMPT PURPOSE OF THE CORPORATION
103B	THESE INCOME STREAMS ARE RELATED TO THE RECEPTION AND DISBURSEMENT OF FUNDS FOR LAND ACQUISITION ON MOUNT DIABLO AND ITS SURROUNDING FOOTHILLS, WHICH IS THE CORPORATION'S EXEMPT PURPOSE.