

Return of Organization Exempt from Income Tax

2004

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning 2004, 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, Accrual, Other (specify)

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? Yes No

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? Yes No (If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: WWW.SAVEMOUNTDIABLO.ORG

J Organization type (check only one) 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 Group Exemption Number

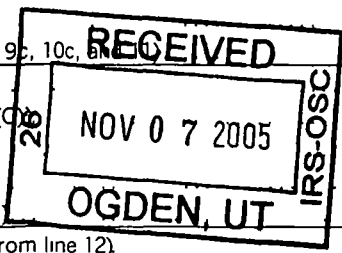
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12. 926,967.

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

Table with columns for line number, description, and amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 883,298. Total expenses is 407,173. Net assets at end of year is 3,688,522.

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**Part IV Balance Sheets** (See Instructions)

		(A)		(B)
		Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
ASSETS	45 Cash – non-interest-bearing	10,714.	45	618.
	46 Savings and temporary cash investments	942,148.	46	1,178,888.
	47a Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	47c
	48a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)		51a	
	b Less: allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use	2,837.	52	1,714.
	53 Prepaid expenses and deferred charges	3,266.	53	3,831.
	54 Investments – securities (attach schedule). SEE ST 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	501,130.	54	801,525.
	55a Investments – land, buildings, & equipment basis		55a	
	b Less: accumulated depreciation (attach schedule)		55b	55c
	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment, basis	1,962,041.	57a	
	b Less: accumulated depreciation (attach schedule). STATEMENT 7	12,575.	57b	1,949,466.
	58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8 )	1,601.	58	1,601.
59 Total assets (add lines 45 through 58) (must equal line 74)	3,411,096.	59	3,937,643.	
LIABILITIES	60 Accounts payable and accrued expenses	28,253.	60	29,667.
	61 Grants payable		61	
	62 Deferred revenue		62	2,450.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9 )	165,174.	65	217,004.
66 Total liabilities (add lines 60 through 65)	193,427.	66	249,121.	
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	3,084,169.	67	3,072,772.
	68 Temporarily restricted	133,500.	68	615,750.
	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)	3,217,669.	73	3,688,522.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	3,411,096.	74	3,937,643.	

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	878,026.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . . \$ -5,272.		
(2)	Donated services and use of facilities . . . . \$		
(3)	Recoveries of prior year grants . . . . . \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4). ▶	b	-5,272.
c	Line a minus line b . . . . . ▶	c	883,298.
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	883,298.

a	Total expenses and losses per audited financial statements . . . . . ▶	a	407,173.
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):		
	----- \$		
	Add amounts on lines (1) through (4). ▶	b	
c	Line a minus line b . . . . . ▶	c	407,173.
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	407,173.

**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 10		103,000.	5,257.	0.
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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 VI 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
80a	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 and 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? . . . . .	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .		N/A
85b	b 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.		N/A
85c	c Dues, assessments, and similar amounts from members . . . . .	85c	N/A
85d	d Section 162(e) lobbying and political expenditures . . . . .	85d	N/A
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	N/A
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .		N/A
85h	h 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? . . . . .		N/A
86a	86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	N/A
87a	87 501(c)(12) organizations. Enter: a Gross income from members or shareholders . . . . .	87a	N/A
87b	b 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	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		X
89a	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	b 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 . . . . . ▶ <u>0.</u>		
	d Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ <u>0.</u>		
90a	90a List the states with which a copy of this return is filed ▶ <u>CALIFORNIA</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions) . . . . .	90b	4
91	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	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 . . . . . ▶ <u>92</u> N/A ▶ <input type="checkbox"/>		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 . . . . .					72,622.
95 Interest on savings & temporary cash invmnts.			14	22,660.	
96 Dividends & interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .			16	6,085.	
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 . . . .					134,226.
102 Gross profit or (loss) from sales of inventory . .					
103 Other revenue a _____					
b MISCELLANEOUS _____					2,334.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)). . . .				28,745.	209,182.
105 Total (add line 104, columns (B), (D), and (E)) . .					237,927.

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 11

**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	%			
	%			
	%			
	%			


**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  Date 10/31/05

**EXECUTIVE DIRECTOR**

**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

**2004**

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 <b>SAVE MOUNT DIABLO</b>	Employer identification number <b>94-2681735</b>
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**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	71,000.	3,713.	0.
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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 -----		
-----		
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-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶		0

Part III Statements About Activities (See instructions.)

Yes No

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... \$ 13,143.

1 X

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.

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?

a Sale, exchange, or leasing of property? 2a X

b Lending of money or other extension of credit? 2b X

c Furnishing of goods, services, or facilities? 2c X

SEE FORM 990, PART V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d X

e Transfer of any part of its income or assets? 2e X

3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments) 3a X

b Do you have a section 403(b) annuity plan for your employees? 3b X

4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? 4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? 4b X

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)(iii). 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 X 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)

Table with 2 columns: (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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) . . . . .	305,676.	499,818.	1,713,274.	570,106.	3,088,874.
<b>16</b> Membership fees received . . . . .	61,465.	71,100.	57,775.	9,605.	199,945.
<b>17</b> 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 . . . . .	54,992.	37,485.	2,909.		95,386.
<b>18</b> 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 . . . . .	8,228.	15,769.	34,889.	32,575.	91,461.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> 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 . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT. 12.		188.			188.
<b>23</b> Total of lines 15 through 22 . . . . .	430,361.	624,360.	1,808,847.	612,286.	3,475,854.
<b>24</b> Line 23 minus line 17 . . . . .	375,369.	586,875.	1,805,938.	612,286.	3,380,468.
<b>25</b> Enter 1% of line 23 . . . . .	4,304.	6,244.	18,088.	6,123.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 67,609.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . .					<b>26b</b> 232,391.
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .					<b>26c</b> 3,380,468.
d Add: Amounts from column (e) for lines: 18 91,461. 19 _____					<b>26d</b> 324,040.
22 188. 26b 232,391.					<b>26e</b> 3,056,428.
e Public support (line 26c minus line 26d total) . . . . .					<b>26e</b> 3,056,428.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 90.41 %
<b>27 Organizations described on line 12:</b> N/A					
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: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
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. (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					<b>27c</b> _____
17 _____ 20 _____ 21 _____					<b>27d</b> _____
d Add: Line 27a total _____ and line 27b total _____					<b>27e</b> _____
e Public support (line 27c total minus line 27d total)					<b>27e</b> _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) <b>27f</b> _____					<b>27f</b> _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> _____ %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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

<p><b>29</b> 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? .....</p>	<p><b>29</b></p>		
<p><b>30</b> 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? .....</p>	<p><b>30</b></p>		
<p><b>31</b> 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.)</p> <p>-----</p> <p>-----</p> <p>-----</p>	<p><b>31</b></p>		
<p><b>32</b> Does the organization maintain the following:</p>			
<p><b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?</p>	<p><b>32a</b></p>		
<p><b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....</p>	<p><b>32b</b></p>		
<p><b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</p>	<p><b>32c</b></p>		
<p><b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?</p>	<p><b>32d</b></p>		
<p>If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )</p> <p>-----</p> <p>-----</p>			
<p><b>33</b> Does the organization discriminate by race in any way with respect to:</p>			
<p><b>a</b> Students' rights or privileges? .....</p>	<p><b>33a</b></p>		
<p><b>b</b> Admissions policies? .....</p>	<p><b>33b</b></p>		
<p><b>c</b> Employment of faculty or administrative staff? .....</p>	<p><b>33c</b></p>		
<p><b>d</b> Scholarships or other financial assistance? .....</p>	<p><b>33d</b></p>		
<p><b>e</b> Educational policies? .....</p>	<p><b>33e</b></p>		
<p><b>f</b> Use of facilities? .....</p>	<p><b>33f</b></p>		
<p><b>g</b> Athletic programs? .....</p>	<p><b>33g</b></p>		
<p><b>h</b> Other extracurricular activities?</p>	<p><b>33h</b></p>		
<p>If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )</p> <p>-----</p> <p>-----</p>			
<p><b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?</p>	<p><b>34a</b></p>		
<p><b>b</b> Has the organization's right to such aid ever been revoked or suspended?</p>	<p><b>34b</b></p>		
<p>If you answered 'Yes' to either 34a or b, please explain using an attached statement</p>			
<p><b>35</b> 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.</p>	<p><b>35</b></p>		





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

Type or print	Name of Exempt Organization <b>SAVE MOUNT DIABLO</b>	Employer identification number <b>94-2681735</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>1196 BOULEVARD WAY #10</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WALNUT CREEK, CA 94596</b>	

Check type of return to be filed (File a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 4720                                   |                                    |

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

- The books are in care of. ▶ SAVE MOUNT DIABLO  
Telephone No. ▶ 925-947-3535 FAX No ▶ \_\_\_\_\_
- 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) . . . . . If this is for the 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, 2005.
- 5 For calendar year 2004, 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. . . . . \$ \_\_\_\_\_
- b 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. . . . . \$ \_\_\_\_\_
- c **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 ▶ [Signature] Title ▶ CPA Date ▶ 8-5-05

**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 extended 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.

Type or print	Name <b>BUNKER &amp; COMPANY</b>
	Number and street (include suite, room, or apartment number) or a P.O. box number <b>4340 REDWOOD HWY., SUITE 117</b>
	City or town, province or state, and country (including postal or ZIP code) <b>SAN RAFAEL, CA 94903-2123</b>

EXTENSION APPROVED  
AUG 11 2005  
SUBMITTED TO IRS PROCESSING CENTER

## SAVE MOUNT DIABLO

94-2681735

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

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
MOONLIGHT ON THE MOUNTAIN	167,357.	0.	167,357.	39,123.	128,234.
TRAIL ADVENTURE	6,300.	0.	6,300.	3,120.	3,180.
FOUR DAYS OF DIABLO	4,068.	0.	4,068.	1,426.	2,642.
STARGAZING	170.	0.	170.	0.	170.
TOTAL	<u>\$ 177,895.</u>	<u>\$ 0.</u>	<u>\$ 177,895.</u>	<u>\$ 43,669.</u>	<u>\$ 134,226.</u>

**STATEMENT 2**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED LOSS ON INVESTMENTS.	\$ -5,272.
TOTAL	<u>\$ -5,272.</u>

**STATEMENT 3**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	<u>(A) TOTAL</u>	<u>(B) PROGRAM SERVICES</u>	<u>(C) MANAGEMENT &amp; GENERAL</u>	<u>(D) FUNDRAISING</u>
ADVOCACY AND LOBBYING	19,229.	19,229.		
DUES, FEES, AND SUBSCRIPTIONS	3,189.	2,870.	319.	
INSURANCE	4,760.	1,710.	2,520.	530.
MEALS AND ENTERTAINMENT	2,620.	2,620.		
MISCELLANEOUS	466.	154.	156.	156.
PROFESSIONAL FEES	14,964.	8,544.	4,432.	1,988.
TOTAL	<u>\$ 45,228.</u>	<u>\$ 35,127.</u>	<u>\$ 7,427.</u>	<u>\$ 2,674.</u>

**STATEMENT 4**  
**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.

## SAVE MOUNT DIABLO

94-2681735

STATEMENT 5  
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.		308,885.
	\$ 0.	\$ 308,885.

STATEMENT 6  
FORM 990, PART IV, LINE 54  
INVESTMENTS - SECURITIES

CORPORATE BONDS	VALUATION METHOD	AMOUNT
BONDS AND CERTIFICATES OF DEPOSIT	MARKET VALUE	\$ 801,525.
	TOTAL	\$ 801,525.
TOTAL INVESTMENTS - SECURITIES		\$ 801,525.

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 4,074.	\$ 3,715.	\$ 359.
MACHINERY AND EQUIPMENT	10,414.	8,860.	1,554.
LAND	1,947,553.		1,947,553.
TOTAL	\$ 1,962,041.	\$ 12,575.	\$ 1,949,466.

SAVE MOUNT DIABLO

94-2681735

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

RENTAL DEPOSIT .....	\$ 1,601.
TOTAL	<u>\$ 1,601.</u>

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

AGENCY FUNDS HELD-MDGA.. . . . .	\$ 217,004.
TOTAL	<u>\$ 217,004.</u>

STATEMENT 10  
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.
ALLAN PRAGER 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	VICE PRESIDENT AS NEEDED		0.	0.
DOUG KNAUER 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	SECRETARY AS NEEDED		0.	0.
FRANK VARENCHIK 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	TREASURER AS NEEDED		0.	0.
MARY BOWERMAN 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED		0.	0.
BURT BASSLER 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED		0.	0.
DONALD DE FREMERY 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED		0.	0.

## SAVE MOUNT DIABLO

94-2681735

STATEMENT 10 (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
SCOTT HEIN 1196 BOULEVARD WAY, SUITE 10 WALNUT CREEK, CA 94595	DIRECTOR AS NEEDED	\$ 0.	\$ 0.	\$ 0.
DAVID OGDEN 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	103,000.	5,257.	0.
		TOTAL \$ 103,000.	\$ 5,257.	\$ 0.

STATEMENT 11  
 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.
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.

SAVE MOUNT DIABLO

94-2681735

STATEMENT 12  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2003</u>	<u>(B) 2002</u>	<u>(C) 2001</u>	<u>(D) 2000</u>	<u>(E) TOTAL</u>
MISCELLANEOUS	\$ 0.	\$ 188.	\$ 0.	\$ 0.	\$ 188.
TOTAL	<u>\$ 0.</u>	<u>\$ 188.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 188.</u>