

**Return of Organization Exempt From Income Tax**

**2005**

Department of the Treasury  
Internal Revenue Service

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

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

**A For the 2005 calendar year, or tax year beginning** , 2005, **and ending** ,

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instruc- tions.	SAVE MOUNT DIABLO 1901 OLYMPIC BLVD. #220 WALNUT CREEK, CA 94596	<b>D</b> Employer Identification Number 94-2681735
		E Telephone number 925-947-3535	
		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

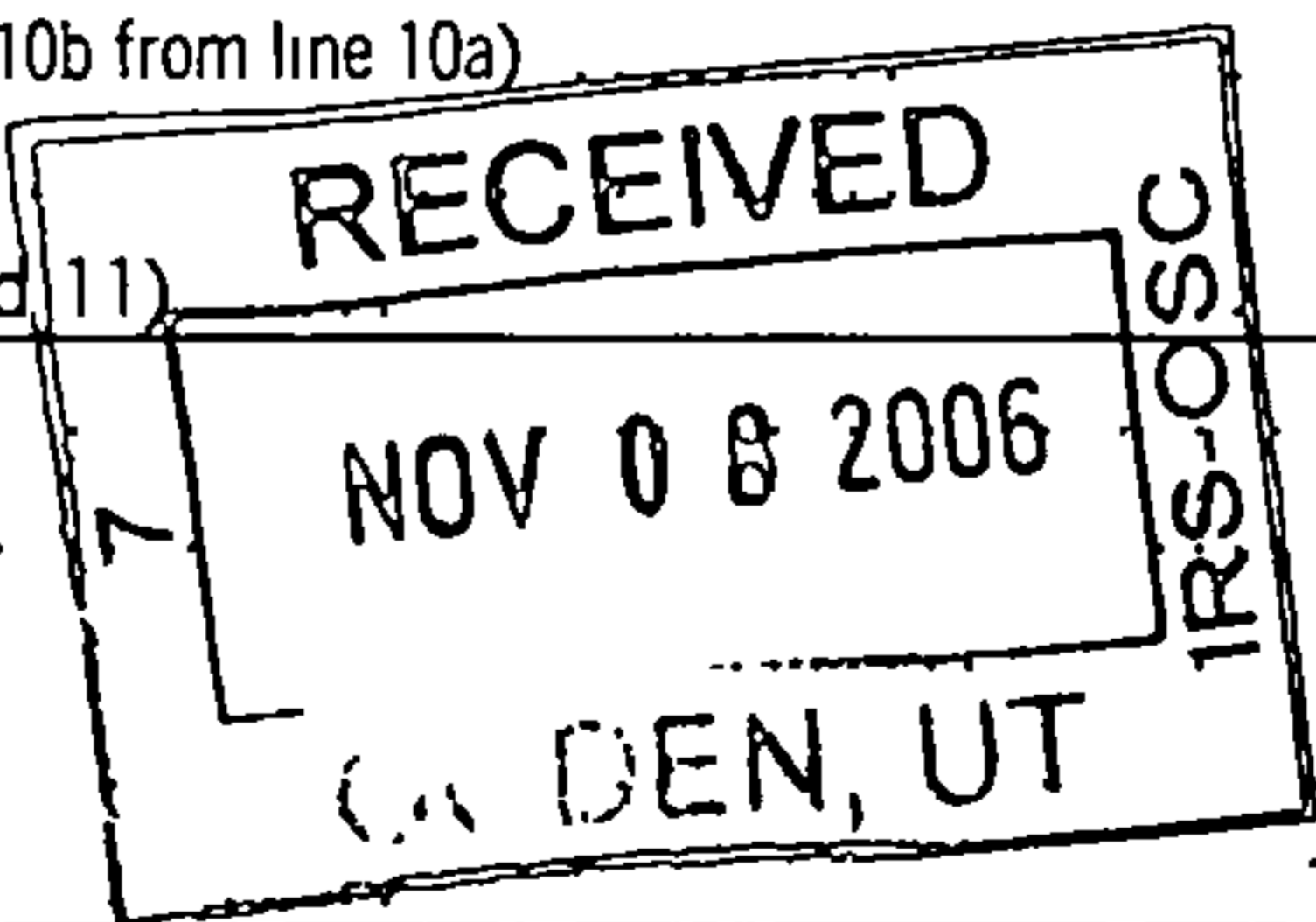
**I** Group Exemption Number

**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 **2,534,215.**

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

REVENUE	<b>1</b> Contributions, gifts, grants, and similar amounts received.			
	<b>a</b> Direct public support	1a	2,105,256.	
	<b>b</b> Indirect public support	1b		
	<b>c</b> Government contributions (grants)	1c		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 1,143,196. noncash \$ 962,060.)	1d		2,105,256.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	<b>3</b> Membership dues and assessments	3		112,851.
	<b>4</b> Interest on savings and temporary cash investments	4		41,744.
	<b>5</b> Dividends and interest from securities	5		
	<b>6a</b> Gross rents	6a	5,424.	
	<b>b</b> Less: rental expenses	6b		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c		5,424.
<b>7</b> Other investment income (describe )	7			
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a		
		8b		
		8c		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	9a	268,866.	
	<b>b</b> Less: direct expenses other than fundraising expenses	9b	65,282.	
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c	STATEMENT 1	203,584.
<b>10a</b> Gross sales of inventory, less returns and allowances		10a		
	<b>b</b> Less: cost of goods sold	10b		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
<b>11</b> Other revenue (from Part VII, line 103)	11		74.	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,468,933.	
EXPENSES	<b>13</b> Program services (from line 44, column (B))	13		348,522.
	<b>14</b> Management and general (from line 44, column (C))	14		47,198.
	<b>15</b> Fundraising (from line 44, column (D))	15		96,331.
	<b>16</b> Payments to affiliates (attach schedule)	16		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	17		492,051.
ASSETS	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18		1,976,882.
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,688,522.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20		
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		5,665,404.



SCANNED 11/22/06

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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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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	107,000.	61,601.	33,447.	11,952.
26 Other salaries and wages	26	221,274.	168,099.		53,175.
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	4,969.	3,911.	1,058.	
34 Telephone	34	5,688.	4,455.	493.	740.
35 Postage and shipping	35	17,425.	7,586.	733.	9,106.
36 Occupancy	36	27,428.	15,886.	2,335.	9,207.
37 Equipment rental and maintenance	37	5,236.	2,973.	957.	1,306.
38 Printing and publications	38	24,798.	20,473.	768.	3,557.
39 Travel	39	3,423.	3,001.	89.	333.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	1,842.	1,105.	276.	461.
43 Other expenses not covered above (itemize).					
a SEE STATEMENT 2	43a	72,968.	59,432.	7,042.	6,494.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	492,051.	348,522.	47,198.	96,331.

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 \$ 17,273. ; (ii) the amount allocated to Program services \$ 14,682. ; (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ 2,591.

**Part III Statement of Program Service Accomplishments**

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.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 3</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
<b>a</b> <u>SEE STATEMENT 4</u> ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	348,522.
<b>b</b> ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> ----- ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	348,522.

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

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
<b>ASSETS</b>	45 Cash – non-interest-bearing	618.	45	-912.
	46 Savings and temporary cash investments	1,178,888.	46	714,362.
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	1,714.	52	1,714.
	53 Prepaid expenses and deferred charges	3,831.	53	2,821.
	54 Investments – securities (attach schedule) SEE ST 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	801,525.	54	1,750,836.
	55a Investments – land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments – other (attach schedule) SEE STMT 6		56	733,344.
	57a Land, buildings, and equipment basis	2,124,855.		
	b Less: accumulated depreciation (attach schedule) STATEMENT 7	14,417.	57c	2,110,438.
	58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8 )	1,601.	58	612,505.
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	3,937,643.	59	5,925,108.	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses.	29,667.	60	41,950.
	61 Grants payable		61	
	62 Deferred revenue	2,450.	62	750.
	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 )	217,004.	65	217,004.
	66 <b>Total liabilities.</b> Add lines 60 through 65	249,121.	66	259,704.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	3,072,772.	67	4,648,514.
	68 Temporarily restricted	615,750.	68	1,016,890.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	3,688,522.	73	5,665,404.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	3,937,643.	74	5,925,108.	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	2,542,258.
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>	8,043.	
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>	65,282.	
	SEE STM 10			
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	73,325.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	2,468,933.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	2,468,933.

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

<b>a</b>	Total expenses and losses per audited financial statements.		<b>a</b>	565,376.
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>	8,043.	
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>	65,282.	
	SEE STMT 11			
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	73,325.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	492,051.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	492,051.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the 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 plans	(E) Expense account and other allowances
SEE STATEMENT 12		107,000.	5,393.	0.
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Part VI Other Information (continued)		Yes	No
<b>82 a</b> 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	
<b>b</b> 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.)	<b>82b</b> 8,043.		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?			X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	
<b>85 501(c)(4), (5), or (6) organizations a</b> Were substantially all dues nondeductible by members?		N/A	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b> N/A		
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b> N/A		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b> N/A		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> N/A		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			N/A
<b>h</b> 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
<b>86 501(c)(7) organizations</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b> N/A		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b> N/A		
<b>87 501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b> N/A		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b> N/A		
<b>88</b> 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
<b>89 a 501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.			
<b>b 501(c)(3) and 501(c)(4) organizations.</b> 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			X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
<b>90 a</b> List the states with which a copy of this return is filed ▶ CA			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions)			4
<b>91 a</b> The books are in care of ▶ SAVE MOUNT DIABLO Telephone number ▶ 925-947-3535 Located at ▶ 1901 OLYMPIC BLVD, #220, WALNUT CREEK CA ZIP + 4 ▶ 94596			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶			X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶			X
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92	N/A	▶ <input type="checkbox"/> N/A

**Part VII Analysis of Income-Producing Activities** (See the 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					112,851.
95 Interest on savings & temporary cash invmnts			14	41,744.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	5,424.	
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					203,584.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b MISCELLANEOUS					74.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				47,168.	316,509.
105 Total (add line 104, columns (B), (D), and (E))					363,677.

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 the 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)
	SEE STATEMENT 13

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the 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 the 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 Here:   
 Signature of officer: Dave W. Trotter Date: OCTOBER 31, 2006  
 Type or print name and title: DAVE W. TROTTER, SECRETARY

Paid Preparer's Use Only:   
 Preparer's signature: [Signature], CPA Date: 10-19-06 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): P00204452  
 Firm's name (or yours if self-employed), address, and ZIP + 4: BUNKER & COMPANY  
4340 REDWOOD HWY., SUITE 117  
SAN RAFAEL, CA 94903-2123 EIN: 68-0385804 Phone no: (415) 499-7661

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

Department of the Treasury  
Internal Revenue Service

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

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

**2005**

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
SEE STATEMENT 14		123,448.	3,805.	0.
Total number of other employees paid over \$50,000 ▶	0			

**Part II – A**

**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 II – B**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter 'None' See instructions)

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

**Part III Statements About Activities** (See instructions)

	Yes	No
<b>1</b> 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 <b>▶</b> \$ <u>34,861.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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.	1	X
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3a</b> 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>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
<b>4a</b> 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>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

SEE FORM 990, PART V

**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**  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). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	645,371.	305,676.	499,818.	1,713,274.	3,164,139.
16 Membership fees received	72,622.	61,465.	71,100.	57,775.	262,962.
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	142,645.	54,992.	37,485.	2,909.	238,031.
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	22,660.	8,228.	15,769.	34,889.	81,546.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 15			188.		188.
23 Total of lines 15 through 22	883,298.	430,361.	624,360.	1,808,847.	3,746,866.
24 Line 23 minus line 17	740,653.	375,369.	586,875.	1,805,938.	3,508,835.
25 Enter 1% of line 23	8,833.	4,304.	6,244.	18,088.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 70,177.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 279,646.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 3,508,835.
d Add: Amounts from column (e) for lines: 18 81,546. 19 26b 279,646.					26d 361,380.
e Public support (line 26c minus line 26d total)					26e 3,147,455.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 89.70 %
27 Organizations described on line 12: 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 11b, 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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
<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?		
<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?		
<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 ) ----- ----- -----		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	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 ) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>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		
<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.		





## 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	186,354.	0.	186,354.	42,094.	144,260.
DIABLO BIKE CHALLENGE	57,052.	0.	57,052.	18,215.	38,837.
FOUR DAYS OF DIABLO	14,593.	0.	14,593.	1,466.	13,127.
TRAIL ADVENTURE	10,867.	0.	10,867.	3,507.	7,360.
TOTAL	<u>\$ 268,866.</u>	<u>\$ 0.</u>	<u>\$ 268,866.</u>	<u>\$ 65,282.</u>	<u>\$ 203,584.</u>

**STATEMENT 2**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVOCACY AND LOBBYING	26,922.	26,922.		
DUES, FEES, AND SUBSCRIPTIONS	6,309.	5,789.	520.	
INSURANCE	5,411.	2,330.	2,760.	321.
MEALS AND ENTERTAINMENT	2,541.	2,379.		162.
MISCELLANEOUS	10,442.	6,574.	1,407.	2,461.
PROFESSIONAL FEES	19,040.	13,176.	2,355.	3,509.
TAXES, LICENSES & FEES	2,303.	2,262.		41.
TOTAL	<u>\$ 72,968.</u>	<u>\$ 59,432.</u>	<u>\$ 7,042.</u>	<u>\$ 6,494.</u>

**STATEMENT 3**  
**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 4**  
**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,		

SAVE MOUNT DIABLO

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STATEMENT 4 (CONTINUED)  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
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.		348,522.
INCLUDES FOREIGN GRANTS: NO		
	<u>\$ 0.</u>	<u>\$ 348,522.</u>

STATEMENT 5  
FORM 990, PART IV, LINE 54  
INVESTMENTS - SECURITIES

CORPORATE BONDS	VALUATION METHOD	AMOUNT
BONDS AND CERTIFICATES OF DEPOSIT	MARKET VALUE	\$ 1,262,683.
	TOTAL	\$ 1,262,683.
OTHER SECURITIES	VALUATION METHOD	AMOUNT
GOVERNMENT SECURITIES	MARKET VALUE	488,153.
	TOTAL	\$ 488,153.
TOTAL INVESTMENTS - SECURITIES		<u>\$ 1,750,836.</u>

STATEMENT 6  
FORM 990, PART IV, LINE 56  
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
CORPORATE FIXED INCOME	MARKET VALUE	\$ 201,608.
MUTUAL FUNDS	MARKET VALUE	531,736.
	TOTAL	<u>\$ 733,344.</u>

SAVE MOUNT DIABLO

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 4,074.	\$ 3,920.	\$ 154.
MACHINERY AND EQUIPMENT	16,373.	10,497.	5,876.
LAND	2,104,408.		2,104,408.
TOTAL	<u>\$ 2,124,855.</u>	<u>\$ 14,417.</u>	<u>\$ 2,110,438.</u>

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

CONTRIBUTION RECEIVABLE	\$ 608,059.
RENTAL DEPOSIT	4,446.
TOTAL	<u>\$ 612,505.</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 IV-A, LINE B(4)  
OTHER AMOUNTS**

SPECIAL EVENT EXPENSE	\$ 65,282.
TOTAL	<u>\$ 65,282.</u>

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

SPECIAL EVENT EXPENSE	\$ 65,282.
TOTAL	<u>\$ 65,282.</u>

SAVE MOUNT DIABLO

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STATEMENT 12  
FORM 990, PART V-A  
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 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
ART BONWELL 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	VICE PRESIDENT 0	0.	0.	0.
ALLAN PRAGER 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	VICE PRESIDENT 0	0.	0.	0.
MIKE HITCHCOCK 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	DIRECTOR 0	0.	0.	0.
FRANK VARENCHIK 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	TREASURER 0	0.	0.	0.
MARY BOWERMAN 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	DIRECTOR 0	0.	0.	0.
BURT BASSLER 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	DIRECTOR 0	0.	0.	0.
DONALD DE FREMERY 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	DIRECTOR 0	0.	0.	0.
SCOTT HEIN 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	DIRECTOR 0	0.	0.	0.
DAVID OGDEN 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	DIRECTOR 0	0.	0.	0.
DANA DORNSIFE 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	DIRECTOR 0	0.	0.	0.
STEVEN MEHLMAN 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	DIRECTOR 0	0.	0.	0.

## SAVE MOUNT DIABLO

94-2681735

STATEMENT 12 (CONTINUED)  
 FORM 990, PART V-A  
 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	
JOHN MERCURIO 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.	
DAVE SARGENT 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	DIRECTOR 0	0.	0.	0.	
DAVE TROTTER 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	SECRETARY 0	0.	0.	0.	
SHARON WALTERS 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	DIRECTOR 0	0.	0.	0.	
RONALD BROWN 1901 OLYMPIC BLVD. WALNUT CREEK, CA 94596	EXECUTIVE DIREC 40	107,000.	5,393.	0.	
		TOTAL	\$ 107,000.	\$ 5,393.	\$ 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", "THE DIABLO BIKE CHALLENGE", 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

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STATEMENT 14  
 SCHEDULE A, PART I  
 COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
SETH ADAMS 1901 OLYMPIC BLV#220 WALNUT CREEK, CA 94596	DIR OF LAND PRG 40	72,700.	3,805.	0.
JENNIFER ANNAN HOUSE 1901 OLYMPIC BLV#220 WALNUT CREEK, CA 94596	DIR., ADMIN. 40	50,748.	0.	0.
		TOTAL \$ 123,448.	\$ 3,805.	\$ 0.

STATEMENT 15  
 SCHEDULE A, PART IV-A, LINE 22  
 OTHER INCOME

DESCRIPTION	(A) 2004	(B) 2003	(C) 2002	(D) 2001	(E) TOTAL
MISCELLANEOUS	\$ 0.	\$ 0.	\$ 188.	\$ 0.	\$ 188.
TOTAL	\$ 0.	\$ 0.	\$ 188.	\$ 0.	\$ 188.

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.

Form fields for Name of Exempt Organization (SAVE MOUNT DIABLO), Employer identification number (94-2681735), and address (1901 OLYMPIC BLVD. #220, WALNUT CREEK, CA 94596).

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

- Form 990 (checked), Form 990-T (section 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

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.

I request an additional 3-month extension of time until 11/15, 2006.

For calendar year 2005, or other tax year beginning 2005, and ending 2005.

If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.

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. 8c Balance Due. Subtract line 8b from line 8a.

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: 8-4-06

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... 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

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.

Form fields for Name (BUNKER & COMPANY), Number and street (4340 REDWOOD HWY., SUITE 117), and City or town, province or state, and country (SAN RAFAEL, CA 94903-2123).

