



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2010

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

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

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

SAVE MOUNT DIABLO
1901 OLYMPIC BOULEVARD #320
WALNUT CREEK, CA 94596

D Employer Identification Number

94-2681735

E Telephone number

925-947-3535

G Gross receipts \$ 2,793,191.

I Tax-exempt status

F Name and address of principal officer MALCOLM SPROUL
SAME AS C ABOVE

H(a) Is this a group return for affiliates?

H(b) Are all affiliates included?

If 'No,' attach a list (see instructions)

Yes No
 Yes No

J Website: ► SAVEMOUNTDIABLO.ORG

K Form of organization

 Corporation Trust Association Other ►

L Year of Formation 1971

M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>SAVE MOUNT DIABLO WORKS TO PRESERVE LAND ON AND AROUND MT. DIABLO TO ENSURE HEALTHY ECOSYSTEMS AND CONTINUED ACCESS FOR PEOPLE AND WILDLIFE. THE THREE MAJOR FOCUS AREAS ARE: INVOLVEMENT IN THE LAND USE PLANNING AREA, ACQUIRING LAND AND PROVIDING RECREATIONAL OPPORTUNITIES.</u>												
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.												
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34												
	<table border="1"> <tr><td>3</td><td>12</td></tr> <tr><td>4</td><td>12</td></tr> <tr><td>5</td><td>11</td></tr> <tr><td>6</td><td>1,000</td></tr> <tr><td>7a</td><td>612.</td></tr> <tr><td>7b</td><td>0.</td></tr> </table>	3	12	4	12	5	11	6	1,000	7a	612.	7b	0.
3	12												
4	12												
5	11												
6	1,000												
7a	612.												
7b	0.												
Expenses	8 Contributions and grants (Part VIII, line 1b) 9 Program service revenue (Part VIII, line 2b) 10 Investment income (Part VIII, column (A), lines 2011, and 2d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)												
	<table border="1"> <tr><td>Prior Year</td><td>Current Year</td></tr> <tr><td>875,509.</td><td>1,641,440.</td></tr> <tr><td>174,097.</td><td>996,245.</td></tr> <tr><td>80,355.</td><td>80,885.</td></tr> <tr><td>50,464.</td><td>64,986.</td></tr> <tr><td>1,180,425.</td><td>2,783,556.</td></tr> </table>	Prior Year	Current Year	875,509.	1,641,440.	174,097.	996,245.	80,355.	80,885.	50,464.	64,986.	1,180,425.	2,783,556.
Prior Year	Current Year												
875,509.	1,641,440.												
174,097.	996,245.												
80,355.	80,885.												
50,464.	64,986.												
1,180,425.	2,783,556.												
Net Assets / Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 113,593. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17-(must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12												
	<table border="1"> <tr><td>Prior Year</td><td>Current Year</td></tr> <tr><td>557,385.</td><td>693,687.</td></tr> <tr><td>1,377,767.</td><td>2,794,683.</td></tr> <tr><td>1,935,152.</td><td>4,514,839.</td></tr> <tr><td>-754,727.</td><td>-1,731,283.</td></tr> </table>	Prior Year	Current Year	557,385.	693,687.	1,377,767.	2,794,683.	1,935,152.	4,514,839.	-754,727.	-1,731,283.		
Prior Year	Current Year												
557,385.	693,687.												
1,377,767.	2,794,683.												
1,935,152.	4,514,839.												
-754,727.	-1,731,283.												
	<table border="1"> <tr><td>Beginning of Current Year</td><td>End of Year</td></tr> <tr><td>11,636,791.</td><td>10,080,143.</td></tr> <tr><td>838,815.</td><td>46,420.</td></tr> <tr><td>10,797,976.</td><td>10,033,723.</td></tr> </table>	Beginning of Current Year	End of Year	11,636,791.	10,080,143.	838,815.	46,420.	10,797,976.	10,033,723.				
Beginning of Current Year	End of Year												
11,636,791.	10,080,143.												
838,815.	46,420.												
10,797,976.	10,033,723.												

Part II Signature Block

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

Sign Here	Signature of officer		Date 10/27/11
	RON BROWN Type or print name and title EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS W. REGALIA	Preparer's signature DOUGLAS W. REGALIA	Date OCT 11 2011
	Firm's name ► REGALIA & ASSOCIATES, CPAS	Check <input type="checkbox"/> if self-employed PTIN P00186389	
	Firm's address ► 103 TOWN & COUNTRY DR., STE. K DANVILLE, CA 94526	Firm's EIN ► 68-0260103	
	Phone no (925) 314-0390		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010) 7

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported4a (Code) (Expenses \$ 1,957,008. including grants of \$) (Revenue \$)PROGRAM AREA 1: EDUCATION AND RECREATION

SMD PUBLISHES A NEWSLETTER TWICE A YEAR TO EDUCATE THE PUBLIC ABOUT THE AREA'S NATURAL AND CULTURAL HISTORY. WE HOST MANY EVENTS ON THE MOUNTAIN TO ENCOURAGE RECREATION WHILE ALSO PROTECTING NATURAL RESOURCES. AS WE HAVE DONE IN PRIOR YEARS, IN 2010 WE HOSTED OUTDOOR EVENTS GEARED TO A VARIETY OF USER GROUPS SUCH AS HIKERS, CYCLISTS, RUNNERS, EQUESTRIANS, ARTISTS AND SCIENTISTS. EVENTS INCLUDED A LONG DISTANCE TRAIL RUN, A BACKPACKING/HIKING TRIP, AN EQUESTRIAN EVENT, A BIKE RIDE, AND FAMILY HIKES. WE ALSO LEAD MANY FREE HIKES AND A BIOBLITZ ON OUR PROPERTIES AND IN PARKS ON MOUNT DIABLO. WE ALSO PRODUCED TWO AUDIBLE DIABLO TRAIL GUIDES THAT CAN BE DOWNLOADED TO ANY MP3 PLAYER FOR FREE. ADDITIONAL INFORMATION CAN BE FOUND AT WWW.SAVEMOUNTDIABLO.ORG

4b (Code) (Expenses \$ 1,026,469. including grants of \$ 1,026,469.) (Revenue \$)PROGRAM AREA 2: RETURN OF SETTLEMENT TRUST FUNDS

DURING THE YEAR ENDED DECEMBER 31, 2010, SAVE MOUNT DIABLO RETURNED \$1,026,469 IN FUNDS IT HAD RECEIVED IN A PRIOR YEAR AND THIS AMOUNT HAS BEEN REFLECTED AS GRANTS PAID (IN ACCORDANCE WITH IRS INSTRUCTIONS) ON FORM 990 PAGE 10 LINE 1. SEE DETAILS ON SCHEDULE I.

4c (Code) (Expenses \$ 863,487. including grants of \$) (Revenue \$)PROGRAM AREA 3: LAND ACQUISITION

IN 2010, SMD CONSIDERED 37 ACQUISITION PROJECTS AND WAS INVOLVED IN ACTIVE NEGOTIATIONS ON 25--SOME PROJECTS SPAN YEARS. WE PROTECTED 4 PROPERTIES, AND OUR ALLIES ACQUIRED ANOTHER 14. ALTHOUGH WE PURCHASED VIERA-NORTH PEAK IN 2009, WE PAID OFF THE FUND LOAN ON IT IN 2010, SO GENERAL FIGURES OF LAND PROTECTED BY SMD IN 2010 WERE 65 WITHOUT (1) 165-ACRE VIERA, OR 230 ACRES PRESERVED INCLUDING VIERA. THE OTHER THREE PROPERTIES WE ACQUIRED DIRECTLY WERE (2) "DRY CREEK", 5 ACRES FOR \$82,909; (3) "OAK HILL" A 4 PARCEL 40 ACRE PROPERTY FOR \$352,595; AND (4) MOSS ROCK, 20 ACRES FOR \$426,848. ANOTHER 9,405 ACRES WERE PROTECTED BY OUR ALLIES, IN SOME CASES WITH OUR HELP AND AT LEAST HALF OF IT WITH FUNDING WE HELPED SECURE. WE ALSO TRANSFERRED 320-ACRE IRISH CANYON TO EBRPD.

4d Other program services (Describe in Schedule O)

SEE SCHEDULE O

(Expenses \$ 374,106. including grants of \$) (Revenue \$)

4e Total program service expenses ► 4,221,070.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note: Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22 X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a X	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27 X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a X	
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b X	
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28c X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	29 X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	30 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	31 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	32 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	33 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	34 X	
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	35 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	36 X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	37 X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	38 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	15
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	
4a 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)? <i>If 'Yes,' enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1. Report of Foreign Bank and Financial Accounts</i>	4a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? <i>b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</i>	6a	X
7 Organizations that may receive deductible contributions under section 170(c).	6b	X
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.	9a	
a Did the organization make any taxable distributions under section 4966?	9b	
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>	13b	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	12	
1b Enter the number of voting members included in line 1a, above, who are independent	12	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3 X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5 X	
6 Does the organization have members or stockholders?	6 X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a X	
a The governing body?	8b X	
b Each committee with authority to act on behalf of the governing body?		
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9 X	

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed	► CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply	
<input checked="" type="checkbox"/> Own website	<input checked="" type="checkbox"/> Another's website
<input checked="" type="checkbox"/> Upon request	
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization	► MONICA_OEI, FINANCE DIR 1901 OLYMPIC BLVD #320 WALNUT CREEK CA 94596 925-947-3535

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
 Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) RON BROWN EXECUTIVE DIREC	40	X		X	X		124,295.	0.	0.
(2) MALCOLM SPROUL PRESIDENT	4	X		X			0.	0.	0.
(3) ART BONWELL FOUNDER	2	X					0.	0.	0.
(4) AMARA MORRISON SECRETARY	4	X		X			0.	0.	0.
(5) BURT BASSLER TREASURER	4	X		X			0.	0.	0.
(6) CHARLA GABERT DIRECTOR	2	X					0.	0.	0.
(7) JOHN GALLAGHER DIRECTOR	2	X					0.	0.	0.
(8) SCOTT HEIN DIRECTOR	2	X					0.	0.	0.
(9) CLAUDIA HEIN DIRECTOR	2	X					0.	0.	0.
(10) DAVID HUSTED DIRECTOR	2	X					0.	0.	0.
(11) DOUG KNAUER DIRECTOR/AUDIT	4	X					0.	0.	0.
(12) DAVID SARGENT DIRECTOR	2	X					0.	0.	0.
(13) DAVID TROTTER DIRECTOR	2	X					0.	0.	0.
(14)									
(15)									
(16)									
(17)									

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

(A) Name and title	(B) Average hours per week (describe hours for related organi- zations in Sch O)	(c) Position (check all that apply)				(D) Reportable compensation from the organization (W-21099-MISC)	(E) Reportable compensation from related organizations (W-21099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Key employee	Highest compensated employee			
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								
(26)								
(27)								
(28)								
(29)								
1b Sub-total						► 124,295.	0.	0.
c Total from continuation sheets to Part VII, Section A						► 0.	0.	0.
d Total (add lines 1b and 1c)						► 124,295.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0		

Part VIII | Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a			
	b Membership dues	1b 136,122.			
	c Fundraising events	1c 203,466.			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,301,852.			
	g Noncash contributions included in line 1a-1f	\$ 82,916.			
h Total. Add lines 1a-1f	► 1,641,440.				
PROGRAM SERVICE REVENUE		Business Code			
	2a <u>SALE OF CONSERVATION LAND</u>		766,220.	766,220.	
	b <u>PROGRAM EVENTS</u>		144,327.	144,327.	
	c <u>LAND USAGE/MANAGEMENT</u>		85,698.	85,698.	
	d -----				
	e -----				
	f All other program service revenue				
g Total. Add lines 2a-2f	► 996,245.				
3 Investment income (including dividends, interest and other similar amounts)	►	80,885.			80,885.
4 Income from investment of tax-exempt bond proceeds	►				
5 Royalties	►				
6a Gross Rents	(i) Real 612.				
b Less rental expenses					
c Rental income or (loss)	612.				
d Net rental income or (loss)	►	612.		612.	
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)	►				
8a Gross income from fundraising events (not including \$ 203,466.)					
of contributions reported on line 1c).					
See Part IV, line 18.	a 55,719.				
b Less direct expenses	b				
c Net income or (loss) from fundraising events	►	55,719.	55,719.		
9a Gross income from gaming activities					
See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities	►				
10a Gross sales of inventory, less returns and allowances					
a 11,548.					
b Less cost of goods sold	b 9,635.				
c Net income or (loss) from sales of inventory	►	1,913.	1,913.		
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS INCOME		6,742.	6,742.		
b -----					
c -----					
d All other revenue					
e Total. Add lines 11a-11d	► 6,742.				
12 Total revenue. See instructions	► 2,783,556.	1,060,619.	612.	80,885.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,026,469.	1,026,469.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	124,295.	100,435.	21,086.	2,774.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	446,456.	360,756.	75,739.	9,961.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,271.	21,228.	4,457.	586.
9 Other employee benefits	52,413.	42,352.	8,892.	1,169.
10 Payroll taxes	44,252.	35,758.	7,507.	987.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	16,084.	12,863.	2,350.	871.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	45,203.	29,166.	6,910.	9,127.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	67,305.	54,131.	9,689.	3,485.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,088.	18,946.	256.	886.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,161.	7,512.	641.	1,008.
23 Insurance	14,446.	7,606.	6,456.	384.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a COST OF SALE CONSERVATION LAND	1,350,167.	1,350,167.		
b ACQUISITION CONSERVATION LAND	863,487.	863,487.		
c LAND ADVOCACY/PERMITS/LOBBYING	150,889.	150,145.	744.	
d IN-KIND EXPENSES	66,441.	38,537.	27,904.	
e SUPPLIES AND MATERIALS	65,934.	28,493.	669.	36,772.
f All other expenses	125,478.	73,019.	6,876.	45,583.
25 Total functional expenses. Add lines 1 through 24f	4,514,839.	4,221,070.	180,176.	113,593.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	37,788.	32,120.		5,668.

Part X | Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	215.	1	9,123.
	2 Savings and temporary cash investments	224,546.	2	393,714.
	3 Pledges and grants receivable, net	89,500.	3	67,674.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,892.	8	6,222.
	9 Prepaid expenses and deferred charges		9	592.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 73,448.		
	b Less accumulated depreciation	10b 48,788.	14,256.	10c 24,660.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities See Part IV, line 11	5,173,157.	12	3,942,593.
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	6,122,225.	15	5,635,565.
16 Total assets Add lines 1 through 15 (must equal line 34)	11,636,791.	16	10,080,143.	
LIABILITIES	17 Accounts payable and accrued expenses	152,301.	17	43,270.
	18 Grants payable		18	
	19 Deferred revenue	800.	19	3,150.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	685,714.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	838,815.	26	46,420.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	9,591,401.	27	9,887,324.
	28 Temporarily restricted net assets	1,206,575.	28	146,399.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	10,797,976.	33	10,033,723.
	34 Total liabilities and net assets/fund balances	11,636,791.	34	10,080,143.

BAA

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	2,783,556.
2 Total expenses (must equal Part IX, column (A), line 25)	2	4,514,839.
3 Revenue less expenses Subtract line 2 from line 1	3	-1,731,283.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,797,976.
5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	967,030.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,033,723.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

BAA

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

OMB No 1545-0047

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

SAVE MOUNT DIABLO

Employer identification number

94-2681735

Part I | Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iv)** Enter the hospital's name, city, and state
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(v)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(vi)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vii)**. (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(viii)**. (Complete Part II)
 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III).
 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III – Functionally integrated d Type III – Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants.')	1,545,394.	1,861,999.	2,008,745.	834,069.	1,558,524.	7,808,731.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	1,545,394.	1,861,999.	2,008,745.	834,069.	1,558,524.	7,808,731.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						7,808,731.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,545,394.	1,861,999.	2,008,745.	834,069.	1,558,524.	7,808,731.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	153,441.	147,593.	138,155.	80,355.	80,885.	600,429.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV		321.	950.			1,271.
11 Total support. Add lines 7 through 10						8,410,431.
12 Gross receipts from related activities, etc (see instructions)					12	4,033,523.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	92.9 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	93.7 %
16 a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17 a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►

1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

5 The value of services or facilities furnished by a governmental unit to the organization without charge

6 **Total.** Add lines 1 through 5

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year

c Add lines 7a and 7b

8 **Public support** (Subtract line 7c from line 6)

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

9 Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

c Add lines 10a and 10b

11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)

13 **Total support.** (Add lines 9, 10, 11, and 12)

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9						
10a						
b						
c						
11						
12						
13						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) **15** %

16 Public support percentage from 2009 Schedule A, Part III, line 15 **16** %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) **17** %

18 Investment income percentage from 2009 Schedule A, Part III, line 17 **18** %

19a **33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b **33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

804

SCHEDULE C
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010Open to Public
Inspection**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization

SAVE MOUNT DIABLO

Employer identification number

94-2681735

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV SEE PART IV
- 2 Political expenditures ► \$ 100,862.
- 3 Volunteer hours 500

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
 Yes No

4a Was a correction made?

b If 'Yes,' describe in Part IV

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

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

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

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2010

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

A Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures
(The term 'expenditures' means amounts paid or incurred.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)
b Total lobbying expenditures to influence a legislative body (direct lobbying)
c Total lobbying expenditures (add lines 1a and 1b)
d Other exempt purpose expenditures
e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is.	The lobbying nontaxable amount is
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

877.

0.

h Subtract line 1g from line 1a If zero or less, enter -0-

143,713.

0.

i Subtract line 1f from line 1c If zero or less, enter -0-

144,590.

0.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	186,835.	273,685.	231,918.	361,054.	1,053,492.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,580,238.
c Total lobbying expenditures	25,009.	83,185.	2,286.	98,577.	209,057.
d Grassroots nontaxable amount	- 46,709.	- 68,421.	-- 57,980.	- 90,264.	-- 263,374.
e Grassroots ceiling amount (150% of line 2d, column (e))					395,061.
f Grassroots lobbying expenditures		488.	2,286.	877.	3,651.

BAA

Schedule C (Form 990 or 990-EZ) 2010

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If 'Yes,' describe in Part IV SEE PART IV				
j Total Add lines 1c through 1i				
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information

PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES

SAVE MOUNT DIABLO CONTRIBUTED \$23,577 TO THE "NO ON MEASURE W" CAMPAIGN, A PROPOSITION THAT WOULD HAVE ALLOWED DEVELOPERS AND THE SAN RAMON CITY COUNCIL TO BREAK THE VOTER-APPROVED URBAN GROWTH BOUNDARY TO DEVELOP OVER 1,600 ACRES OF THE TASSAJARA VALLEY. VOTERS OVERWHELMINGLY REJECTED THE MEASURE RECOGNIZING THAT THE TASSAJARA VALLEY IS A STUNNING, AGRICULTURAL AREA THAT'S ALSO RICH WITH RARE

Part IV Supplemental Information (continued)**PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES (CONTINUED)****WILDLIFE**

SAVE MOUNT DIABLO CONTRIBUTED \$75,000 TO "YES ON 21," A CAMPAIGN REJECTED BY THE VOTERS WHICH WOULD HAVE ESTABLISHED AN \$18 ANNUAL VEHICLE LICENSE SURCHARGE TO HELP FUND STATE PARKS AND WILDLIFE PROGRAMS. THE SURCHARGE REVENUES WOULD HAVE BEEN USED TO PROVIDE FUNDING FOR STATE PARK AND WILDLIFE CONSERVATION PROGRAMS. VEHICLES SUBJECT TO THE SURCHARGE WOULD HAVE BEEN GIVEN FREE ADMISSION AND PARKING AT ALL STATE PARKS.

SAVE MOUNT DIABLO CONTRIBUTED \$2,285 TO THE "BRENTWOOD RESIDENTS OPPOSED TO MEASURE F" CAMPAIGN, A PROPOSITION IN BRENTWOOD PUT FORTH BY DEVELOPERS WHO SOUGHT TO BREAK A VOTER-APPROVED URBAN LIMIT LINE IN AN EFFORT TO BUILD 1,300 HOUSES AND DEVELOP COMMERCIAL AREAS ON 740 ACRES OF PROTECTED AGRICULTURAL LAND AND OPEN SPACE. VOTERS REJECTED THE MEASURE BY 15 PERCENTAGE POINTS RECOGNIZING THE IMPORTANCE OF MAINTAINING THE INTEGRITY OF AGRICULTURAL OPEN SPACES SURROUNDING THE CITY.

PART II-B, LINE 11 - OTHER ACTIVITIES DESCRIPTION

ON A WEEKLY BASIS SAVE MOUNT DIABLO MONITORS 35 DIFFERENT PLANNING AGENDAS AND, IN 2010, RESPONDED TO 49 DIFFERENT DEVELOPMENT PROJECTS AROUND MT. DIABLO - FROM CELL TOWER PROPOSALS AND SMALL SUBDIVISIONS ALL THE WAY TO REUSE OF THE CONCORD NAVAL WEAPONS STATION, LOS VAQUEROS RESERVOIR EXPANSION, AND THREATS TO THE URBAN LIMIT LINE. IN ADDITION TO SUCH LAND PRESERVATION PROJECTS, SIX OTHER PROJECTS WERE STOPPED OR WITHDRAWN, TOTALING 1,112 ACRES. WE CONTINUE TO WATCHDOG THE REMAINDER.

STATE PARK CLOSURES - AS A MEMBER OF THE SAVE OUR STATE PARKS COALITION, SMD HELPED BLOCK GOVERNOR SCHWARZENEGGER FROM CLOSING OVER 200 STATE PARKS, INCLUDING MT. DIABLO AND 46 OTHER PARKS IN THE BAY AREA.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

OMB No. 1545-0047

2010

Open to Public
Inspection

Employer identification number

SAVE MOUNT DIABLO

94-2681735

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		

	Held at the End of the Tax Year
a Total number of conservation easements.	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	► \$ _____
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	► \$ _____
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	► \$ _____
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes

No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes

No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes

No

b If 'Yes,' explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	67,399.			67,399.
e Other	6,049.	48,788.	-42,739.	24,660.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

BAA

Schedule D (Form 990) 2010

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other <u>BONDS AND CERTIFICATES OF DEP</u>	<u>1,928,751.</u>	<u>END OF YEAR MARKET VALUE</u>
(A) <u>CORPORATE FIXED INCOME</u>	<u>150,120.</u>	<u>END OF YEAR MARKET VALUE</u>
(B) <u>GOVERNMENT SECURITIES</u>	<u>809,890.</u>	<u>END OF YEAR MARKET VALUE</u>
(C) <u>MUTUAL FUNDS AND STOCKS</u>	<u>685,228.</u>	<u>END OF YEAR MARKET VALUE</u>
(D) <u>CASH AND MONEY MARKET FUNDS</u>	<u>368,604.</u>	<u>END OF YEAR MARKET VALUE</u>
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12)	3,942,593.	

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)		

Part IX Other Assets. (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1) CONSERVATION LAND	<u>5,631,099.</u>
(2) DEPOSITS	<u>4,466.</u>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15)	5,635,565.

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) SEE PART XIV

Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	2,783,556.
2 Total expenses (Form 990, Part IX, column (A), line 25)	4,514,839.
3 Excess or (deficit) for the year Subtract line 2 from line 1	-1,731,283.
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV) SEE PART XIV	967,030.
9 Total adjustments (net) Add lines 4 through 8	967,030.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	-764,253.

Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	2,793,191.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV) SEE PART XIV	2d	9,635.
e Add lines 2a through 2d	2e	9,635.
3 Subtract line 2e from line 1	3	2,783,556.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,783,556.

Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	4,524,474.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV) SEE PART XIV	2d	9,635.
e Add lines 2a through 2d	2e	9,635.
3 Subtract line 2e from line 1	3	4,514,839.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,514,839.

Part XIV | Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X-FIN 48 FOOTNOTE**INCOME TAXES**

FINANCIAL STATEMENT PRESENTATION FOLLOWS THE RECOMMENDATIONS OF ASC 740, INCOME TAXES. UNDER ASC 740, SAVE MOUNT DIABLO IS REQUIRED TO REPORT INFORMATION REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE ORGANIZATION AND REQUIRES A TWO-STEP PROCESS THAT SEPARATES RECOGNITION FROM MEASUREMENT. THE FIRST STEP IS DETERMINING WHETHER A TAX POSITION HAS MET THE RECOGNITION THRESHOLD; THE SECOND STEP IS MEASURING A TAX POSITION THAT MEETS THE RECOGNITION THRESHOLD. MANAGEMENT

PART X - FIN 48 FOOTNOTE (CONTINUED)

BELIEVES THAT THE ORGANIZATION HAS ADEQUATELY ADDRESSED ALL TAX POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES.

SAVE MOUNT DIABLO HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA THAT IT QUALIFIES FOR TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 27301D OF THE CALIFORNIA REVENUE AND TAXATION CODE. THIS EXEMPTION IS SUBJECT TO PERIODIC REVIEW BY THE FEDERAL AND STATE TAXING AUTHORITIES AND MANAGEMENT IS CONFIDENT THAT THE ORGANIZATION CONTINUES TO SATISFY ALL FEDERAL AND STATE STATUTES IN ORDER TO QUALIFY FOR CONTINUED TAX EXEMPTION STATUS. SAVE MOUNT DIABLO IS THE RECIPIENT OF INCOME FROM THE SALE OF CERTAIN INVENTORY ITEMS WHICH IS SUBJECT TO SALES TAXES. ACCORDINGLY, SAVE MOUNT DIABLO FILES THE REQUISITE TAX FORMS WITH THE APPROPRIATE TAXING AGENCIES AND HAS PROPERLY ACCRUED ALL PERTINENT TAX LIABILITIES.

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

REVENUE		(a) Event #1 MOONLIGHT MTN (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	259,185.			259,185.
	2 Less: Charitable contributions	203,466.			203,466.
	3 Gross income (line 1 minus line 2)	55,719.			55,719.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4- through 9 in column (d)				
	11 Net income summary Combine line 3, column (d), and line 10				55,719.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

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

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

b If 'No,' explain _____

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

b If 'Yes,' explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in.

a The organization's facility

b An outside facility

13 a	%
13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If 'Yes,' enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

OMB No 1545-0047
2010

Open to Public
Inspection

Name of the organization
SAVE MOUNT DIABLO

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
12 GOLDEN GATE AUDUBON 2530 SAN PABLO AVENUE -- BERKELEY, CA 94702	94-6086896	501C3	1,026,469.	0.			FOR PROGRAM ACTIVITIES
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c) (3) and government organizations

3 Enter total number of other organizations

► 1

0

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

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(b) Type of grant or assistance	(c) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	1				
2	1				
3	1				
4	1				
5	1				
6	1				
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

IN THE PAST, SAVE MOUNT DIABLO ACTED AS A FISCAL SPONSOR FOR AN UNINCORPORATED ASSOCIATION, THE GATEWAY SETTLEMENT FUND ASSOCIATION, WHICH WAS AWARDED A SETTLEMENT FEE FOR A DEVELOPMENT IN ORINDA. SAVE MOUNT DIABLO WAS HOLDING THE FUNDS UNTIL THE APPROPRIATE LAND ACQUISITION WAS IDENTIFIED OR UNTIL THE GATEWAY SETTLEMENT FUND ASSOCIATION INSTRUCTED SAVE MOUNT DIABLO TO MOVE THE FUNDS TO ANOTHER QUALIFIED ENTITY. IN ACCORDANCE WITH THE GATEWAY SETTLEMENT FUND ASSOCIATION'S REQUEST, FUNDS WERE TRANSFERRED TO THE GOLDEN GATE AUDUBON WHICH TOOK OVER THE RESPONSIBILITY AS THE FISCAL SPONSOR.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organization answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open To Public
Inspection

Name of the organization

SAVE MOUNT DIABLO

Employer identification number

94-2681735

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	13,875.	
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (SEE PART II) _____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)	—	—	—	—
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2010

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

SAVE MOUNT DIABLO

Employer identification number

94-2681735

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

SAVE MOUNT DIABLO'S MISSION IS TO PRESERVE MOUNT DIABLO'S PEAKS, SURROUNDING FOOTHILLS AND WATERSHEDS THROUGH LAND ACQUISITION AND PRESERVATION STRATEGIES DESIGNED TO PROTECT THE MOUNTAIN'S NATURAL BEAUTY, BIOLOGICAL DIVERSITY AND HISTORIC AND AGRICULTURAL HERITAGE; ENHANCE OUR AREA'S QUALITY OF LIFE; AND PROVIDE RECREATIONAL OPPORTUNITIES CONSISTENT WITH PROTECTION OF NATURAL RESOURCES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**PROGRAM AREA 4: LAND USE AND STEWARDSHIP**

WE ARE MONITORING OR HAVE COMMENTED ON 50 DEVELOPMENT APPLICATIONS, 19 OF WHICH HAVE BEEN LARGELY COMPLETED. WE WERE INVOLVED IN 15 CAMPAIGNS, COALITIONS AND RESPONSES TO LEGISLATIVE OR OTHER POLICY ISSUES; AND REVIEW (WEEKLY, BIWEEKLY, OR MONTHLY) 37 PLANNING AGENCY AGENDAS. SIGNIFICANT WINS WERE MEASURE F IN BRENTWOOD, MEASURE W IN SAN RAMON, RESOLUTION OF THE LIME RIDGE TOWER ISSUE, ONGOING PROGRESS AT CONCORD NAVAL WEAPONS STATION AND ENHANCED GROWTH MANAGEMENT AND URBAN LIMIT LINE STANDARDS RELATED TO MEASURE J. IN STEWARDSHIP (THE PERIOD BEFORE WE TRANSFER PARCELS TO PARK AGENCIES) WE OWNED AND MANAGED 11 PROPERTIES INCLUDING 14 PARCELS TOTALING 622.5 ACRES, MANAGED 320-ACRE IRISH CANYON FOR THE EAST BAY REGIONAL PARK DISTRICT, AND MONITORED THE 36-ACRE GATEWAY CONSERVATION EASEMENT, ALSO FOR THE PARK DISTRICT. WE UNDERTOOK 84 WORK PROJECTS ON THESE PROPERTIES - CLEAN-UP, RECREATIONAL TRAIL BUILDING, HABITAT RESTORATION, ETC.

CONSERVATION ACQUISITION COSTS

AFTER UTILIZING ITS CASH RESERVES IN ORDER TO ACQUIRE CONSERVATION LAND, SAVE MOUNT DIABLO CAPITALIZES THE EXPENDITURES AS AN ASSET IN ORDER TO REFLECT ITS INVESTMENT IN CONSERVATION LAND. THIS ADJUSTMENT IS SHOWN AS AN INCREASE TO THE NET ASSETS ON THE BALANCE SHEET [REFLECTED ON FORM 990, PAGE 12, PART XI AS A COMPONENT OF LINE 5]

Name of the organization

SAVE MOUNT DIABLO

Employer identification number

94-2681735

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.**

BOARD MEMBERS SCOTT AND CLAUDIA HEIN ARE HUSBAND AND WIFE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE, TREASURER AND MANAGEMENT. THIS GROUP OF INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT OR THE BOARD SIGNS AND MAILED THE RETURN TO THE DEPARTMENT OF THE TREASURY.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. THE EXECUTIVE DIRECTOR AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL ANNUALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S

Name of the organization

Employer identification number

SAVE MOUNT DIABLO

94-2681735

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT.

POLICIES AND PROCEDURES. ALL DECISIONS ARE THEN DOCUMENTED IN MINUTES TAKEN AT THE MEETING(S).

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

COMPENSATION OF OTHER HIGH-LEVEL PERSONNEL AND KEY EMPLOYEES IS REVIEWED AT LEAST ANNUALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS. ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL FILES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO WWW.GUIDESTAR.ORG (WHERE IT IS AVAILABLE FOR VIEWING AS AN ELECTRONIC COPY) AND ARE ALSO AVAILABLE AT THE ORGANIZATION'S OFFICE IN WALNUT CREEK, CALIFORNIA (FOR A PHYSICAL INSPECTION).

FORM 990, PART 1, LINE 19 - REVENUE LESS EXPENSES

AS PART OF ITS MISSION SAVE MOUNT-DIABLO ACQUIRES LAND AND LATER TRANSFERS THE

PROPERTY TO APPROPRIATE AGENCIES. THESE LARGE VALUE TRANSACTIONS MAY TAKE PLACE IN
- - - - -
DIFFERENT REPORTING YEARS, MAKING YEAR TO YEAR ONGOING RESULTS COMPARISON DIFFICULT.

THE FOLLOWING DATA DETAILS 2009 AND 2010 LAND TRANSACTIONS AND SIGNIFICANT ONE TIME EVENTS INCLUDED IN THE PART I SUMMARY AND SHOWS THE UNDERLYING RESULTS EXCLUDING THESE TRANSACTIONS.

CONTINUED ON NEXT PAGE

Name of the organization

SAVE MOUNT DIABLO

Employer identification number

94-2681735

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)

	2009	2010	TOTAL	OPERATIONAL
			CHANGE	CHANGE
TOTAL REVENUE	1,180,425	2,783,556	1,603,131	
LESS SPECIAL ITEMS:				
LAND SALE	-	(766,220)	(766,220)	
OPERATIONAL REVENUE	1,180,425	2,017,336		836,911
TOTAL EXPENSES	1,935,152	4,514,839	2,579,687	
LESS SPECIAL ITEMS:				
LAND PURCHASE	(979,028)	(863,487)	115,541	
COST OF PROPERTY SOLD	-	(1,350,167)	(1,350,167)	
GRANTS PAID TO AUDUBON SOCIETY	-	(1,026,469)	(1,026,469)	
OPERATIONAL EXPENSES	956,124	1,274,716		318,592
TOTAL REVENUE LESS EXPENSES:				
SUBTOTALS	224,301	742,620		
FROM OPERATIONS				518,319

2010**SCHEDULE O - SUPPLEMENTAL INFORMATION****PAGE 3****CLIENT 27006****SAVE MOUNT DIABLO****94-2681735**

10/11/11

09 37AM

**FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CAPITALIZATION OF CONSERVATION LAND	\$ 863,487.
CHANGE IN PRESENT VALUE OF RECEIVABLES	-865.
UNREALIZED GAINS ON INVESTMENTS	104,408.
TOTAL	<u>\$ 967,030.</u>

2010

SCHEDULE M, PART II - SUPPLEMENTAL INFORMATION PAGE 3

CLIENT 27006

SAVE MOUNT DIABLO

94-2681735

10/11/11

09 37AM

SCH M, PART I, LINES 25-28
OTHER NON-CASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>APPL?</u>	<u>NUMBER OF CONTR.</u>	<u>REVENUE ON FORM 990, PART VIII</u>	<u>METHOD OF DETER. REV.</u>
ADVERTISING	X	2	\$ 34,293.	FAIR MKT VALUE
FIXED ASSETS	X	3	2,600.	FAIR MKT VALUE
PROF SERVICES	X	3	1,066.	FAIR MKT VALUE
SUPPLIES	X	22	15,097.	FAIR MKT VALUE
FOOD	X	20	15,985.	FAIR MKT VALUE

2010**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4****CLIENT 27006****SAVE MOUNT DIABLO****94-2681735**

10/11/11

09 37AM

**SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CAPITALIZATION OF CONSERVATION LAND	\$ 863,487.
CHANGE IN PRESENT VALUE OF RECEIVABLES	-865.
UNREALIZED GAINS ON INVESTMENTS	104,408.
TOTAL	<u>\$ 967,030.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

COST OF GOODS SOLD	\$ 9,635.
TOTAL	<u>\$ 9,635.</u>

**SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

COST OF GOODS SOLD	\$ 9,635.
TOTAL	<u>\$ 9,635.</u>

2010**SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5****CLIENT 27006****SAVE MOUNT DIABLO****94-2681735**

10/11/11

09.37AM

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
OTHER INCOME			950.	321.	
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 950.</u>	<u>\$ 321.</u>	<u>\$ 0.</u>

2010

FEDERAL WORKSHEETS

PAGE 1

CLIENT 27006

SAVE MOUNT DIABLO

94-2681735

10/11/11

09 37AM

RENTAL INCOME WORKSHEET

REAL ESTATE RETNAL

GROSS RENTAL INCOME	\$ 612.
EXPENSES	\$ 0.
TOTAL EXPENSES	\$ 0.
NET RENTAL INCOME OR LOSS	\$ <u>612.</u>

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR	12,892.
2. PURCHASES	2,965.
3. COST OF LABOR	0.
4. ADDITIONAL 263A COSTS	0.
5. OTHER COSTS	0.
6. TOTAL (ADD LINES 1 THROUGH 5)	<u>15,857.</u>
7. INVENTORY AT END OF YEAR	6,222.
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6)	<u>9,635.</u>

FORM 990, PART IX, LINE 24F
OTHER EXPENSES

	(A) <u>TOTAL</u>	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES AND OTHER FEES	6,878.	4,732.	1,483.	663.
COMMUNICATIONS	10,014.	8,482.	766.	766.
EQUIPMENT/MAINTENANCE/RENTAL	43,402.	21,799.	2,407.	19,196.
MISCELLANEOUS	5,360.	2,590.		2,770.
OUTSIDE SERVICES				
POSTAGE AND SHIPPING	32,468.	14,795.	360.	17,313.
PRINTING AND PUBLICATIONS	36,991.	30,256.	1,860.	4,875.
X-REFLECTED AS COGS ELSEWHERE	-9,635.	-9,635.		
TOTAL	<u>\$ 125,478.</u>	<u>\$ 73,019.</u>	<u>\$ 6,876.</u>	<u>\$ 45,583.</u>

2010

FEDERAL SUPPORTING DETAIL

PAGE 1

CLIENT 27006

SAVE MOUNT DIABLO

94-2681735

10/11/11

09 37AM

**CONTRIBUTIONS, GIFTS, AND GRANTS
OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC.**

CONTRIBUTIONS, GRANTS AND GIFTS

\$ 1,218,936.
TOTAL \$ 1,218,936.

**SUPPORT INFORMATION (SCHEDULE A)
GIFTS, GRANTS & CONTRIBUTIONS RECEIVED**

CONTRIBUTIONS
MEMBERSHIPS
SPECIAL EVENTS

\$ 1,218,936.
136,122.
203,466.
TOTAL \$ 1,558,524.

2010

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 27006

SAVE MOUNT DIABLO

94-2681735

10/11/11

09 37AM

INVESTMENTS

INVESTMENTS CONSIST OF MONEY MARKET FUNDS AND FIXED INCOME SECURITIES ON DEPOSIT AT VARIOUS BROKERAGE FIRMS. COST BASIS AND MARKET VALUE OF INVESTMENTS ARE AS FOLLOWS AT DECEMBER 31, 2010 AND 2009:

	2010		2009	
	COST BASIS	MARKET VALUE	COST BASIS	MARKET VALUE
BONDS & CERTIFICATES OF DEPOSIT	\$ 1,926,921	1,928,751	3,690,000	3,689,818
CORPORATE FIXED INCOME	150,000	150,120	150,000	142,950
GOVERNMENT SECURITIES	811,226	809,890	100,000	98,719
MUTUAL FUNDS	631,690	685,228	620,858	562,813
MONEY MARKET FUNDS	368,604	368,604	678,856	678,857
TOTAL INVESTMENTS	\$ 3,888,441	3,942,593	5,239,714	5,173,157

PROPERTY AND EQUIPMENT

A SUMMARY OF PROPERTY AND EQUIPMENT IS AS FOLLOWS AT DECEMBER 31, 2010 AND 2009:

	2010	2009
OFFICE FURNITURE	\$ 6,049	6,049
STEWARDSHIP EQUIPMENT	13,395	13,395
COMPUTER EQUIPMENT	40,129	34,440
VEHICLE	13,875	-
SUBTOTAL	73,448	53,884
LESS ACCUMULATED DEPRECIATION	(48,788)	(39,628)
TOTAL PROPERTY AND EQUIPMENT, NET	\$ 24,660	14,256

TOTAL DEPRECIATION EXPENSE FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009 AMOUNTED TO \$9,160 AND \$8,716, RESPECTIVELY.

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization SAVE MOUNT DIABLO	Employer identification number 94-2681735
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions 1901 OLYMPIC BOULEVARD #320	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WALNUT CREEK, CA 94596	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► MONICA OEI, FINANCE DIR

Telephone No ► 925-947-3535 FAX No ► 925-947-0642

- 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 organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above

The extension is for the organization's return for

- calendar year 20 10 or
- tax year beginning _____, 20 ____, and ending _____, 20 ____

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a 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	3a \$	0.
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	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)

- 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. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of exempt organization SAVE MOUNT DIABLO	Employer identification number 94-2681735
	Number, street, and room or suite number. If a P O box, see instructions REGALIA & ASSOCIATES, CPAS 103 TOWN & COUNTRY DR., STE. K	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DANVILLE, CA 94526	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 ► MONICA_OEI, FINANCE DIR Telephone No ► 925-947-3535 FAX No ► 925-947-0642
- 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 organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► If it is for 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 11
- 5 For calendar year 2010, or other tax year beginning _____, 20 ___, and ending _____, 20 ___,
- 6 If the tax year entered in line 5 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 IS IN THE PROCESS OF OBTAINING THE NECESSARY INFORMATION IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX 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.	8a \$
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	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

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

103 Town and Country Dr Ste K

Signature 

Title →

Danville, CA 94526

Form 8868 (Rev 1-2011)

BAA

Date ► 8-12-11

Form 8868 (Rev 1-2011)