



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



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

1206

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01, 2011, and ending 06-30, 2012

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: DIABLO MANAGERS ASSOCIATION. D Employer identification number: 68-0429205. E Telephone number: (510) 528-1112. F Group Exemption Number.

G Accounting Method: [X] Cash [ ] Accrual [ ] Other (specify). H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: J Tax-exempt status (check only one) - [ ] 501(c)(3) [X] 501(c)(6) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [X] if the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50,000. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 27,149

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Description, Line Number, Amount. Includes Revenue (Total: 27,149), Expenses (Total: 22,170), and Net Assets (Total: 27,998). Includes stamps: 'STATUTES RECEIVED NOV 19 2015' and 'ACCOUNT MANAGEMENT OGDEN NOV 17 2015'.

RECEIVED NOV 19 2015 SCANNED DEC 1 2015

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2011) P NE 22



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter.
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40 c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of KRISTAN MARTIN-MEYER Telephone no. 510-528-1112 Located at 1936 CARLOTTA DRIVE CONCORD, CA ZIP + 4 94519
42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
42 c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 3 columns: Question, Yes, No. Row 46: Yes (blank), No (X)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

Table with 3 columns: Question, Yes, No. Row 47: Yes (blank), No (blank)

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes (blank), No (blank)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes (blank), No (blank)

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes (blank), No (blank)

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No (X)

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 (KRISTAN MARTIN-MEYER), CHIEF FINANCIAL OFFICER. Date: 11-10-2015.

Paid Preparer Use Only: Preparer's name (Monty Lee EA), signature, date (11-10-2015), PTIN (P00585486), firm's name (Manzanita Financial Services Inc), firm's address (1393 Solano Ave Ste B, Albany CA 94706), firm's EIN, phone no (510-528-1112).

May the IRS discuss this return with the preparer shown above? See Instructions. Yes (X) No

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

68-0429205

DIABLO MANAGERS ASSOCIATION

01. General explanation attachment

PRIMARY EXEMPT PURPOSE ORGANIZATION'S MISSION:

THE SPECIFIC PURPOSES OF THIS ORGANIZATION ARE: A. PROVIDE MEMBERS WITH PROFESSIONAL  
DEVELOPMENT TO HELP THEM BECOME MORE EFFECTIVE IN THEIR ROLES AS EDUCATIONAL LEADERS; B.  
ATTEND CONFERENCES AND HEAR PRESENTATIONS SURROUNDING NEW OR REVISED EDUCATIONAL  
REQUIREMENTS AND EDUCATIONAL PROGRAMS DESIGNED TO BE INCLUSIVE OF STUDENTS WITH SPECIAL  
NEEDS; C. TO ESTABLISH AND PROMOTE PROGRAMS TO FURTHER THE ADVANCEMENT OF MEMBERS AND  
STUDENTS THROUGH ACCESS TO HIGHER EDUCATION; D. PROMOTE RELATIONSHIPS AMONG MEMBERS TO  
RESOLVE COMMON EDUCATIONAL LEADERSHIP PROBLEMS.

MISSION/PROGRAM SERVICE ACCOMPLISHMENTS:

DURING THE 2011-2012 ACADEMIC YEAR, THE ASSOCIATION CARRIED ON PROGRAMS WHICH THE SPECIFIC  
PURPOSES OF THE ORGANIZATION STATED ABOVE.

THIS WAS DONE BY HOLDING A NUMBER OF EVENTS DURING THE SCHOOL YEAR WHICH ENABLED MEMBERS  
TO MEET AND DISCUSS EDUCATIONAL LEADERSHIP ISSUES FROM VARYING SCHOOL SITES.

02. List of grants and similar amounts paid (Part I, line 10)

ACTIVITY	VARIOUS GRANTS
AMOUNT	4,702

03. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
ADMINISTRATIVE EXPENSES	3,677
PROFESSIONAL DEVELOPMENT	555

Name of the organization

Employer identification number

DIABLO MANAGERS ASSOCIATION

68-0429205

EXPENSES ATTRIBUTABLE TO ACTIVITIES

13,036

WEB PAGE, SURVEYS, AND COMMUNICATIO

200