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RETROACTIVE REINSTATEMENT

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2013**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2013 calendar year, or tax year beginning** 07-01, 2013, and ending 06-30, 2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DIABLO MANAGERS ASSOCIATION</b>		<b>D</b> Employer identification number <b>68-0429205</b>
	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number
	<b>2448 FLOYD LANE</b> City or town, state or province, country, and ZIP or foreign postal code <b>CONCORD, CA 94520</b>		<b>F</b> Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**H** Check  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)  501(c)(6) (insert no)  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 21,360

**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

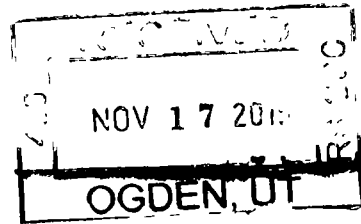
Revenue	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received		18 Excess or (deficit) for the year (Subtract line 17 from line 9)
2 Program service revenue including government fees and contracts		19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3 Membership dues and assessments		20 Other changes in net assets or fund balances (explain in Schedule O)
4 Investment income		21 Net assets or fund balances at end of year. Combine lines 18 through 20
5a Gross amount from sale of assets other than inventory		
5b Less cost or other basis and sales expenses		
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6 Gaming and fundraising events		
6a Gross income from gaming (attach Schedule G if greater than \$15,000)		
6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
6c Less direct expenses from gaming and fundraising events		
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a Gross sales of inventory, less returns and allowances		
7b Less: cost of goods sold		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe in Schedule O)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
10 Grants and similar amounts paid (list in Schedule O)		
11 Benefits paid to or for members		
12 Salaries, other compensation, and employee benefits		
13 Professional fees and other payments to independent contractors		
14 Occupancy, rent, utilities, and maintenance		
15 Printing, publications, postage, and shipping		
16 Other expenses (describe in Schedule O)		
17 Total expenses. Add lines 10 through 16		

SCANNED DEC 11 2015

ENVELOPE NOV 18 2015

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)



2/1e



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 . . . . .

Table with columns for question number, question text, and Yes/No response boxes. Questions range from 33 to 45b. Includes details for political expenditures, loans, and tax-exempt interest.

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 . . . . . 46 Yes No X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 . . . . . 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a Yes No

b If "Yes," was the related organization a section 527 organization? . . . . . 49b Yes No

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 title of each employee, (b) 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 business address of each independent contractor, (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

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 Print/Type preparer's name Monty Lee EA Preparer's signature Date 11-10-2015 Check self-employed PTIN P00585486 Firm's name Monty Lee EA Firm's address 1861 Solano Ave Ste 201 Berkeley CA 94707 Firm's EIN Phone no 510-528-1112

May the IRS discuss this return with the preparer shown above? See instructions . . . . . Yes 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2013**

**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 2014-2015 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)**

<b>ACTIVITY</b>	<b>VARIOUS GRANTS</b>
<b>AMOUNT</b>	<b>2,385</b>

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

<b>DESCRIPTION</b>	<b>AMOUNT</b>
<b>ADMINISTRATIVE EXPENSES</b>	<b>4,085</b>

