EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A</u>	or the	2016 calendar year, or tax year beginning UL 1, 2016 and ending	<u>JUN 30, 2017</u>	
В	Check if applicable	SAN DIEGUTO RIVER VALLEY LAND	D Employer identifie	cation number
	Addres	S CONSERVANCY		
	Name change	Doing business as	33-0	191772
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s 3030 BUNKER HILL STREET, SUITE 309-1	suite E Telephone numbe (858	
	⊸return/ termin- ated		G Gross receipts \$	628,486.
	Amend return		H(a) Is this a group re	
F	Applica tion		for subordinates	
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	—
$\overline{}$		empt status: X 501(c)(3)		list. (see instructions)
		e: NWW.SDRVC.ORG	H(c) Group exemptio	
			Year of formation: 1986	
		Summary	real of formation. 2300 [I	or orace or regar dominenc.
		Briefly describe the organization's mission or most significant activities: TO CONSE	RVE AND PROTEC	CT THE
9	' ;	NATURAL AND CULTURAL RESOURCES OF THE SAN DI	EGUITO RIVER V	ALLEY.
Governance	2	Check this box if the organization discontinued its operations or disposed of r		
Ver	3		3	13
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)		13
∞	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		2
ij	6	Total number of volunteers (estimate if necessary)		35
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
¥	b i	Net unrelated business taxable income from Form 990-T, line 34		0.
_		The difference taxable meeting from each time of the first section in th	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	667,463.	447,726.
Revenue	9 1	Program service revenue (Part VIII, line 2g)	74,215.	75,299.
Ver	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,545.	25,137.
Be	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,171.	20,014.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	807,394.	568,176.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	178,036.	174,719.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
oeu	h iou	Total fundraising expenses (Part IX, column (D), line 25) 41,749.		
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	470,182.	370,078.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	648,218.	544,797.
		Revenue less expenses. Subtract line 18 from line 12	159,176.	23,379.
	3	Toronac 1996 expenses. Cabinat into 16 from into 12	Beginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)	4,196,226.	4,209,896.
ASS	21	Total liabilities (Part X, line 26)	189.	189.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	4,196,037.	4,209,707.
P	art II	Signature Block		
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		,
	,	<u> </u>		
Sig	n	Signature of officer	Date	
Hei	- 1	▶ PETER DEFRANCESCA, TREASURER		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	ı		, 05/02/18 self-employ	P00614928
	parer	Firm's name ► MAFFIA CONSULTING	Firm's EIN ▶	82-2513938
	Only	Firm's address 3481 CORTE SONRISA		
	-	CARLSBAD, CA 92009	Phone no.85	8-945-6964
Ma	the IF	S discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	X Yes No

Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO CONSERVE AND PROTECT THE NATURAL AND CULTURAL RESOURCES OF THE SAN
	DIEGUITO RIVER VALLEY AND ASSIST IN THE IMPLEMENTATION OF THE 70-MILE
	SAN DIEGUITO RIVER PARK AND COAST TO CREST TRAIL.
	DIA DIBOTTO RIVER TIME IMP COMPT TO CREDI TRITLEY
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$235,216. including grants of \$) (Revenue \$42,080.)
	HABITAT MANAGEMENT: GRANT FUNDED WORK CONTINUES TO REMOVE AND CONTROL
	INVASIVE PLANT INFESTATIONS AT CREST CANYON, SAN DIEGUITO LAGOON POND,
	FAIRBANKS RANCH AT LUSARDI CREEK, DEL DIOS GORGE AND LAKE HODGES.
4b	(Code:) (Expenses \$ 44,281. including grants of \$) (Revenue \$ 33,219.)
1.0	EDUCATION AND PUBLIC OUTREACH: THE CONSERVANCY WAS AWARDED AN "OPENING
	THE OUTDOORS" GRANT FROM THE SAN DIEGO FOUNDATION TO PURCHASE A
	15-PASSENGER VAN FOR THE SAN DIEGUITO WATERSHED EXPLORERS PROGRAM
	DEVELOPED BY THE CONSERVANCY, THE RIVER PARK, VOLCAN MOUNTAIN
	FOUNDATION AND THE SAN DIEGO ARCHAELOGICAL CENTER. STUDENTS VISIT PARK
	AREAS WITH DIVERSE WILDLIFE AND HABITAT TYPES AND FOCUS ON SCIENTIFIC
	THEMES WITHIN THE WATERSHED, STARTING AT THE HEADWATERS ON VOLCAN
	MOUNTAIN, THEN HEADING WEST TO LAKE SUTHERLAND, THE SAN DIEGO
	ARCHAEOLOGICAL CENTER, SIKES ADOBE HISTORIC FARMSTEAD/HODGES AND
	FINALLY, THE AWARD-WINNING BIRDWING OPEN AIR CLASSROOM AT THE SAN
	DIEGUITO LAGOON. IT CONDUCTED CITIZEN SCIENCE MONITORING PROGRAM
	EVENTS, INCLUDING SURVEYS OF ARGENTINE ANTS, BIRD SURVERYS, RARE PLANT
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 279,497.
	Form 990 (2016)

2

Part IV Checklist of Required Schedules

33-01917	772
----------	-----

Page 3

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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		<u> X</u>
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			37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	8		x
9	Schedule D, Part III	 		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	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
С	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
	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	l		v
	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	40-		х
h	Schedule D, Parts XI and XII	12a		
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 and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? 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	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	<u> </u>
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	000	X
		Form	990	(2016)

F	age	4

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		х
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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes."			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A support of former officer diseases trucks on less applicate C Vivia III	28a		х
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30		30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25-	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
o -	If "Yes," complete Schedule R, Part V, line 2	36		<u> ^</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
	Note. All Form 990 filers are required to complete Schedule O	38		<u> </u> (2016)
		⊢orm	330	(2016)

Page 5

SAN DIEGUITO RIVER VALLEY LAND

Form 990 (2016) CONSERVANCY

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	13		162	140
	Established a supplied of Established in Park 4 a Established	1b	0			
	Enter the number of Forms w-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and re					
·	(gambling) winnings to prize winners?			1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Ü		
Lu	filed for the calendar year ending with or within the year covered by this return	2a	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		X
b	If "Yes," enter the name of the foreign country:	4				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5а	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	ction?		5b		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		—	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		_		37
	to file Form 8282?	1		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e 7f		$\frac{x}{x}$
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control to the organization received a contribution of qualified intellectual property, did the organization file for					
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•	sponsoring organization have excess business holdings at any time during the year?	i Dy ti k	•	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
		10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10413) 	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	امد ا				
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c	<u> </u>	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	········		14a		
IJ	in res, mas it med a norm red to report these payments? If "No," provide an explanation in Schedule	.			990	(2016)
					1	_U !U/

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 or note to any line in this Part VI			X
Sec	tion 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 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
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?	2		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		-25
7a		7-		х
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7,7
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 (Section 501(c)(3)s only) av	ailable	•	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - (858) 755-6956			
	3030 BUNKER HILL STREET, SUITE 309-1, SAN DIEGO, CA 92109			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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 r		orga T	nıza			nper	sate	T		(=)
(A)	(B)			(C Pos	C) ition	,		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than (Reportable	Reportable	Estimated
	hours per		, unle: cer ar					compensation	compensation	amount of
	week (list any	To						from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(,)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				and related
	below	ridual	tutior	Ja Ja	Key employee	est co	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) BRAD BARTLETT	7.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) ERIC LODGE	1.00									
VICE PRESIDENT		Х						0.	0.	0.
(3) NATE NORTHUP	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) PETER DEFRANCESCA	1.50					1				
TREASURER		Х		Х				0.	0.	0.
(5) KATHARINE SHEEHAN	1.50									
SECRETARY		X		Х				0.	0.	0.
(6) PETER SHAPIRO	6.50									
PAST PRESIDENT		Х						0.	0.	0.
(7) WILLIAM ADELSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SLADER BUCK	3.00									
BOARD MEMBER		Х						0.	0.	0.
(9) KEITH COLESTOCK	2.50									
BOARD MEMBER		Х						0.	0.	0.
(10) SHELLY GLENN-LEE	1.75									
BOARD MEMBER		Х						0.	0.	0.
(11) DONALD MOSIER	2.50									
BOARD MEMBER		Х						0.	0.	0.
(12) IMMO SCHEFFLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ROBERT SHEPPARD	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) BILL SIMMONS	3.00									
BOARD MEMBER		Х						0.	0.	0.
(15) TRISH BOAZ	40.00								_	_
EXECUTIVE DIRECTOR		<u> </u>		Х				94,424.	0.	0.
		4								
	1					_				
		-								
										000

. ui	T VII Section A. Officers, Directors, Trus	tees, Key Emp (B)	JIOY	ees,		<u>я ні</u> С)	ynes	sτC					(E)	
	(A)	(B) Average			Pos	•	1		(D)	(E) Reportable			(F)	\d
	Name and title	hours per		not c	heck	more	than d is both		Reportable compensation	compensatio			stimate nount	
		week					or/trus		from	from related		٠	other	•
		(list any	ector						the	organization			pensa	
		hours for related	or dir	99			sated		organization	(W-2/1099-MIS	SC)		om the	
		organizations	truste	al trus		ee/	mpen		(W-2/1099-MISC)			_ ~	anizati d relati	
		below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	Jer.					anizatio	
		line)	lndi	Insti	Officer	Key	High	Former						
							\vdash							
							_							
							\vdash							
											_			
1b	Sub-total								94,424.		0.			0.
	Total from continuation sheets to Part V						<i>.</i>		94,424.		0.			0.
<u>a</u>	Total (add lines 1b and 1c) Total number of individuals (including but r		_					D ro	•	000 of reportable				0.
2	compensation from the organization	iot iiriiitea to tri	ose	liste	ual	JOVE	;) WII	io re	ceived more than \$100,	ooo or reportable	;			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer	, director, or tru	ıste	e, ke	y en	nplo	yee,	or l	nighest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or					•			•			_		v
Soc	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedule	e <i>J f</i>	or st	ıch <u>ı</u>	oers	on					5		<u> </u>
1	Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ntr	acto	re th	nat received more than \$	100 000 of comr	nensa	tion fr		
•	the organization. Report compensation for										Jerioa		5111	
	(A)	,			<u> </u>				(B)			((C)	
	Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
								_						
2	Total number of independent contractors (i		ot lir	nited	d to			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation >				(<u> </u>					_	000	201-
												⊢orm	990 (2	2016)

		Chook if Schodula O contains a respons	o or note to any line	o in this Dort VIII			
		Check if Schedule O contains a respons	se or note to any lin	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
					revenue	revenue	512 - 514
nts nts		Federated campaigns 1a	127 021				
Sra Tou		Membership dues 1b	137,931.				
s, (Am		Fundraising events1c	51,675.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
i, ini	е	Government grants (contributions) 1e	56,282.				
rior S	f	All other contributions, gifts, grants, and					
ig #		similar amounts not included above 1f	201,838.				
달	g	Noncash contributions included in lines 1a-1f: \$	5,284.				
<u>පි පි</u>	h	Total. Add lines 1a-1f		447,726.			
			Business Code				
ě		HABITAT MANAGEMENT	900099	42,080.	42,080.		
r Š	b	EDUCATION PROGRAMS	611710	33,219.	33,219.		
Program Service Revenue	С		_				
am	d		_				
og B	е		_				
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f	>	75,299.			
	3	Investment income (including dividends, inter-	erest, and				
		other similar amounts)	>	28,839.			28,839.
	4	Income from investment of tax-exempt bond					
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securitie					
		assets other than inventory 1,889					
	b	Less: cost or other basis					
		and sales expenses 5,591					
	С	Gain or (loss) -3,702					
		Net gain or (loss)		-3,702.			-3,702.
•	8 a	Gross income from fundraising events (not					
ng		including \$ 51,675. of					
eve		contributions reported on line 1c). See					
Other Revenu		Part IV, line 18	a 74,733.				
Ę.	b	Less: direct expenses	а 74,733. b 54,719.				
Ò		Net income or (loss) from fundraising events		20,014.			20,014.
		Gross income from gaming activities. See					
		Part IV, line 19	а				
	b	Less: direct expenses	b				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances	a				
	b	Less: cost of goods sold	b				
		Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11 a						
	b						
	С						
	d	All other revenue	_				
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		568,176.	75,299.	0.	45,151.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	02 226	250	00 070	
_	trustees, and key employees	92,336.	258.	92,078.	
6	Compensation not included above, to disqualified			4	
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	6E 240	16,203.	10 127	
7	Other salaries and wages	65,340.	10,203.	49,137.	
8	Pension plan accruals and contributions (include	1 020	212.	1 716	
_	section 401(k) and 403(b) employer contributions)	1,928. 2,340.	257.	1,716. 2,083.	
9	Other employee benefits	12,775.	1,405.	11,370.	
0	Payroll taxes	12,775.	1,405.	11,3/0.	
1	Fees for services (non-employees):				
a	Management				
b	Legal	3,968.		2 060	
	Accounting	3,900.		3,968.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	10 744		10 744	
f	Investment management fees	10,744.		10,744.	
g	Other. (If line 11g amount exceeds 10% of line 25,	05 026	61 171	0 207	12 260
	column (A) amount, list line 11g expenses on Sch 0.)	85,826.	64,171. 2,634.	9,387. 3,229.	12,268 11,146
2	Advertising and promotion	17,009.	4,074.		
3	Office expenses	17,179. 8,325.	19.	7,551. 5,616.	5,554 2,690
4	Information technology	0,323.	19.	3,010.	2,090
5	Royalties	8,684.	1 205	7 220	E 0
6	Occupancy	5,415.	1,395. 2,737.	7,239.	50 1,104
7	Travel	3,413.	4,131.	1,374.	1,104
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1/ 072		1/ 072	
3	Insurance	14,872.		14,872.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) PROGRAM WORK	163,865.	163,865.	0.	0
a b	JOINT POWERS AUTHORITY	20,051.	17,509.	1,942.	600
	NEWSLETTER PUBLICATIONS	8,260.	11,509.	700.	7,560
Ç	PLANTS AND TOOLS	4,938.	4,626.	700.	312
d		942.	132.	345.	465
	All other expenses	544,797.	279,497.	223,551.	41,749
<u>5</u>		J==, J •	<u> </u>	223,331.	41,/43
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2016)

Form 990 (2016)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	238,567.	1	59,468
2	Savings and temporary cash investments	214,033.	2	352,218
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,847.	4	12,708
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other 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			
_{တ္}	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 6 7	Notes and loans receivable, net	4	7	
8 ¥	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	4,369
10a	Land, buildings, and equipment; cost or other			
	basis. Complete Part VI of Schedule D 10a 2,564,132.			
b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,564,132. 10b 10,322.	2,553,810.	10c	2,553,810
11	Investments - publicly traded securities	1,186,969.	11	2,553,810 1,227,323
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,196,226.	16	4,209,896
17	Accounts payable and accrued expenses	189.	17	189
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
္ဟု 22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities	key employees, highest compensated employees, and disqualified persons.			
<u>a</u>	Complete Part II of Schedule L		22	
⊐ 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	100	25	4.00
26	Total liabilities. Add lines 17 through 25	189.	26	189
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
မွ	complete lines 27 through 29, and lines 33 and 34.	2 260 505		2 220 040
ဋ္ဌ 27	Unrestricted net assets	3,268,505.	27	3,338,842
28	Temporarily restricted net assets	590,712.	28	516,083
E 29	Permanently restricted net assets	336,820.	29	354,782
2	Organizations that do not follow SFAS 117 (ASC 958), check here			
Ď	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
% 31 ▼ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 25 25 25 25 26 26 27 27 27 27 27 27 27 27 27 27 27 27 27	Retained earnings, endowment, accumulated income, or other funds	1 10C 02D	32	4 200 707
00	Total net assets or fund balances	4,196,037.	33	4,209,707
34	Total liabilities and net assets/fund balances	4,196,226.	34	4,209,896

Form 990 (2016)

Pa	rt XI Reconciliation of Net Assets		,			
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		58,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2		14,7		
3	Revenue less expenses. Subtract line 2 from line 1	3		23,3	79.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,19	96,0	37.	
5	Net unrealized gains (losses) on investments	5		3,2	65.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10	02,9	74.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	4,20	9,7	07.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С						
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t l			
	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SAN DIEGUITO RIVER VALLEY LAND **Employer identification number** CONSERVANCY 33-0191772 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 12, check only one box.)

1	Ш	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 (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or
		university:						
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of its support	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	pporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	reness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f		r the number of supported o	-					
g		ide the following information Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	,,	organization	(ii) Liiv	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
		9		above (see instructions))	Yes	No		
							i	

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support	_	<u> </u>				
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		× -				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		/				
11	Total support. Add lines 7 through 10						
12	· · · · · · · · · · · · · · · · · · ·					12	
13	First five years. If the Form 990 is for				•	. , , ,	. \square
80	organization, check this box and stor	o here Per	centage				>
	ction C. Computation of Publi			. (0)		T., I	
	Public support percentage for 2016 (I					14	<u>%</u>
	Public support percentage from 2015					15	<u>%</u>
102	33 1/3% support test - 2016. If the c						
	stop here. The organization qualifies		•			or mara abaal thi	
I.	33 1/3% support test - 2015. If the c						. \square
17-	and stop here. The organization qual					and line 14 is 1004	
1/8	10% -facts-and-circumstances test	ū					,
	and if the organization meets the "fac meets the "facts-and-circumstances"			-	· ·	-	
j.							
L	 10% -facts-and-circumstances test more, and if the organization meets the 	_					
	organization meets the "facts-and-circ		•				
12	Private foundation. If the organization			•	,		
<u></u>	iodiladioni ii tile organizatio	did flot officer a	207 011 1110 10, 100	a, 100, 110, 01 11		edule A (Form 990	

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

(Complete only if you checked the box on line 10 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.)

<u>C</u>	qualify under the tests listed by	elow, please comp	lete Part II.)				
	tion A. Public Support	Ι			T		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	553,709.	588,783.	494,329.	667,463.	447,726.	2752010.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	37,330.	11,610.	8,265.	74,215.	75,299.	206,719.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	220.	357.	0.	32.	0.	609.
4	Tax revenues levied for the organ- ization'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	591,259.	600,750.	502,594.	741,710.	523,025.	2959338.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					10,367.	10,367.
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						0.
c	Add lines 7a and 7b					10,367.	10,367.
8	Public support. (Subtract line 7c from line 6.)						2948971.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	591,259.	600,750.	502,594.	741,710.	523,025.	2959338.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,670.	67,994.	56,076.			236,484.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	49,670.	67,994.	56,076.	33,905.	28,839.	236,484.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	30,651.	44,477.	27,196.	19,139.	20 014.	141,477.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						,
13	Total support. (Add lines 9, 10c, 11, and 12.)	671,580.	713,221.	585,866.	794,754.	571,878.	3337299.
	First five years. If the Form 990 is for	· ·					
					•		
Sec	tion C. Computation of Publi						<u>, </u>
	Public support percentage for 2016 (I			olumn (f))		15	88.36 %
	Public support percentage from 2015		•			16	89.12 %
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13 column (fl)		17	7.09 %
18	Investment income percentage from :	•	.,			18	6.65 %
	33 1/3% support tests - 2016. If the						
ıya							
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
b		· ·			•	•	
b	33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che	· ·			•	•	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
- OD		
3c		
30		
40		
4a		
41.		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
	•	

Pai	art IV Supporting Organizations (continued)			
`			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
	эмин эмертину турка		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
	The state of the s		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3		_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions)		
a		uctions).		
b				
c		(leas instructions)		
2	Activities Test. Answer (a) and (b) below.	(See mandenons).	Yes	No
a				
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 CONSERVANCY

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions.					
	other Type III non-functionally integrated supporting organizations must com	plete S	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2016

ı aı	Type in Non-Functionally integrated 509(ajioj Supporting Orga	mizations (continued)	T
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	· · · · · · · · · · · · · · · · ·	Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Evenes from 2016			

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY

Employer identification number 33-0191772

Schedule D (Form 990) 2016

Par	t I Org	anizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	orga	nization answered "Yes" on Form 990, Part IV, line		
		_	(a) Donor advised funds	(b) Funds and other accounts
		er at end of year		
		value of contributions to (during year)		
		value of grants from (during year)		
		alue at end of year		
	-	anization inform all donors and donor advisors in w	_	
		anization's property, subject to the organization's ex		
		anization inform all grantees, donors, and donor ad		
		le purposes and not for the benefit of the donor or		
Par		ple private benefit?		
		nservation Easements. Complete if the orga		, Part IV, line 7.
1		of conservation easements held by the organization		
		rvation of land for public use (e.g., recreation or ed		storically important land area
		ction of natural habitat	Preservation of a ce	ertified historic structure
•		rvation of open space		of a community of the last
		nes 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the ta	•		Held at the End of the Tax Year 2a 2
		er of conservation easements		206 40
	•		At we in all add in (a)	-
		conservation easements on a certified historic struc		
		conservation easements included in (c) acquired aff National Register		1 1
		conservation easements modified, transferred, relea		
	year >		ased, extilliguished, or terminated by the	e organization during the tax
4	Number of s	states where property subject to conservation ease	ment is located	_
5	Does the or	ganization have a written policy regarding the perio	odic monitoring, inspection, handling of	
	violations, a	nd enforcement of the conservation easements it h	nolds?	X Yes No
6	Staff and vo	olunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cor	nservation easements during the year
		<u>32</u>		
		expenses incurred in monitoring, inspecting, handli $17,509$.	ng of violations, and enforcing conserv	ation easements during the year
8	Does each	conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section	170(h)(4)(B)(ii)?		Yes No
9	In Part XIII,	describe how the organization reports conservation	n easements in its revenue and expens	e statement, and balance sheet, and
	include, if a	pplicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
	conservatio	n easements.		
Par		anizations Maintaining Collections of A		ther Similar Assets.
	Com	plete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organi	zation elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ment and balance sheet works of art,
	historical tre	easures, or other similar assets held for public exhil	oition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of t	he footnote to its financial statements that describe	es these items.	
b	If the organi	zation elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, o	r other similar assets held for public exhibition, edu	ication, or research in furtherance of p	ublic service, provide the following amounts
	relating to tl			
	(i) Revenu	e included on Form 990, Part VIII, line 1		
				> \$
2	If the organi	zation received or held works of art, historical treas	sures, or other similar assets for financi	
		g amounts required to be reported under SFAS 110		
а	Revenue ind	cluded on Form 990, Part VIII, line 1		
b	Assets inclu	ıded in Form 990, Part X		. .

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

Scho	SAN DIEGU dule D (Form 990) 2016 CONSERVAI	JITO RIVER	VALLEY LA	AND	33-01	.91772	2 Page 2
	t III Organizations Maintaining Col		Historical Tre	asures, or Othe			
3	Using the organization's acquisition, accession						
	(check all that apply):	,	•	Ü			
а	Public exhibition	d	Loan or exc	hange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's colle	ections and explain I	now they further th	e organization's exe	mpt purpose in Part	XIII.	
5	During the year, did the organization solicit or re	•	•	· ·			
	to be sold to raise funds rather than to be main					Yes	☐ No
Par	t IV Escrow and Custodial Arrange	ements. Complet	e if the organizatio	n answered "Yes" or	n Form 990, Part IV,	line 9, or	
	reported an amount on Form 990, Part >						
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contributions	s or other assets not	included		
	on Form 990, Part X?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII an						
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Forr	m 990, Part X, line 2	1, for escrow or cu	stodial account liab	ility?	Yes	No
	If "Yes," explain the arrangement in Part XIII. Cl						
Pai	TV Endowment Funds. Complete if the	he organization ans	wered "Yes" on Fo	rm 990, Part IV, line	10.	1	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back		years back
	Beginning of year balance	336,820.	372,275.	366,348.	372,329.	-	349,010.
b	Contributions						
	Net investment earnings, gains, and losses	37,157.	2,168.	9,618.	59,355.		41,844.
						1	
е	Other expenditures for facilities	15 500	24 450		61 350		
	and programs	17,509.	34,179.	2 604	61,372.	+	10 505
f	Administrative expenses	3,287.	3,444.	3,691.	3,964.	+	18,525.
g	End of year balance	353,181.	336,820.	372,275.	366,348.	1	372,329.
2	Provide the estimated percentage of the curren	it year end balance	line 1g, column (a)) held as:			
	Board designated or quasi-endowment		.%				
	Permanent endowment 100.00	%					
С	c Temporarily restricted endowment \%						
0-	The percentages on lines 2a, 2b, and 2c should				hiti		
Зa	Are there endowment funds not in the possession	ion of the organizati	on that are neid ar	administered for t	ne organization	Г	Vaa Na
	by:	/					Yes No X
	400					3a(i)	X
	(ii) related organizations If "Yes" on line 3a(ii), are the related organization					3a(ii)	-+
_						. 3b	
4 Par	Describe in Part XIII the intended uses of the or		ment lunds.				
	Complete if the organization answered "		Part IV line 11a S	ee Form 990 Part Y	line 10		
	Description of property	(a) Cost or oth	ĺ	T T	Accumulated	(d) Book	value
	besomption of property	basis (investme	. `	' '	epreciation	(u) Door	value
	Lond		· ·	3 810		2 553	2 810

≥ 2,553,810. Schedule D (Form 990) 2016

0.

e Other

b Buildingsc Leasehold improvements

d Equipment

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

10,322.

10,322.

chedule D (l	Form 990) 2016	CONSERVANC

/ \ D	Complete if the organization answered "Yes"			
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
I) Financia	al derivatives			
2) Closely-	held equity interests			
) Other	•			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990 Part IV Jir	e 11c See Form 990 Part Y lin	o 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)	(,	(-,	(-,	
(2)				
			 	
(3)				
(4)				
(5)			<u> </u>	
(6)				
(7)			4	
(0)				
(8)				
(9)	N)			
(9) otal. (Col. (t	b) must equal Form 990, Part X, col. (B) line 13.)			
(9) otal. (Col. (l	Other Assets.	on Four 200 Part IV lie	a 11d See Fewer 000 Part V lin	0.15
(9) otal. (Col. (t	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) otal. (Col. (I Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, lin	e 15. (b) Book value
(9) otal. (Col. (to Part IX) (1)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) otal. (Col. (t Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) otal. (Col. (t Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) otal. (Col. (t Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) otal. (Col. (t Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) otal. (Col. (t Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) otal. (Col. (t Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) ptal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation)	Other Assets. Complete if the organization answered "Yes"	Description	e 11d. See Form 990, Part X, lin	
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col/y)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)	e 11e or 11f. See Form 990, Par	(b) Book value
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation) Part X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	Description e 15.)		(b) Book value
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation of the columnation of	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)	e 11e or 11f. See Form 990, Par	(b) Book value
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	e 11e or 11f. See Form 990, Par	(b) Book value
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu.) Part X . (1) Fed	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	e 11e or 11f. See Form 990, Par	(b) Book value
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu) Part X (1) Fed (2)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	e 11e or 11f. See Form 990, Par	(b) Book value
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu.) Part X . (1) Fed (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	e 11e or 11f. See Form 990, Par	(b) Book value
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation) (1) Fed (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	e 11e or 11f. See Form 990, Par	(b) Book value
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu) Part X . (1) Fed (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	e 11e or 11f. See Form 990, Par	(b) Book value
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu) Part X . (1) Fed (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	e 11e or 11f. See Form 990, Par	(b) Book value
(9) otal. (Col. (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu) Part X . (1) Fed (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	e 11e or 11f. See Form 990, Par	(b) Book value

632053 08-29-16

Schedule D (Form 990) 2016

Par	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	T XII Reconciliation of Expenses per Audited Financial Sta		enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.	8.)	5	
		1: Dort IV lines 1h and 2h	: Dart V. line 4: Dart V. line 2: Dart VI	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar		, Part V, III e 4, Part A, III e 2, Part Ai,	
111165	20 and 40, and Fart Air, lines 20 and 40. Also complete this part to provide air	iy additional imormation.		
PAF	RT II, LINE 5:			
	11 11 11 11 11			
MAN	AGEMENT AGREEMENTS WITH THE SAN DIEGUI	TO RIVER PARK	JOINT POWERS	
AU?	HORITY ARE IN PLACE TO MANAGE AND MONIT	OR THE PROPE	RTIES FOR THE	
COL	ISERVANCY.			

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

on SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY

Employer identification number 33-0191772

COMPTILA	111101				33 0171	, , 4
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the followin	n activ	ities (Check all that annly		
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special	lunara	using e	events		
d In-person solicitations		/: l	: 	fia di t		
2 a Did the organization have a written of						□ Na
	Part VII) or entity in connection with pr			-	Yes	
b If "Yes," list the 10 highest paid indi		ant to	agreer	nents under which tr	ne fundraiser is to be	•
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	0.0					
otal 3 List all states in which the organization	on is registered or licensed to solicit o	ontrib	_ utions	or has been notified	it is exempt from req] gistration
or licensing.						

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

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 CONSERVANCY

	(1 01111 330 01 330 LZ) Z010						i agc
Part II	Fundraising Events.	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or re	eported	more	than	\$15,	000
	of fundraising event contrib	outions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross	receip	ts grea	ater t	han S	\$5,000.

		of fundraising event contributions and gro	oss income on Form 990-	E∠, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 RIVER VALLEY FEST	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	126,408.			126,408.
_	2	Less: Contributions	51,675.			51,675.
	3	Gross income (line 1 minus line 2)	74,733.			74,733.
	4	Cash prizes				
Ø	5	Noncash prizes			1	
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages	26,741.			26,741.
Ē	8	Entertainment	3,000.			3,000.
	9	Other direct expenses	24,978.			24,978. 54,719.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line				20,014.
Pa	rt l	III Gaming. Complete if the organization a		990, Part IV, line 19, or r	reported more than	20,011
		\$15,000 on Form 990-EZ, line 6a.				
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
"	2	Cash prizes				
Expenses		Noncash prizes				
Direct Ex		Rent/facility costs				
Ö		Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	
9	Fn	ter the state(s) in which the organization condu	cts gaming activities			
а	ls t	the organization licensed to conduct gaming ac No," explain:	ctivities in each of these s	tates?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

SAN DIEGUITO RIVER VALLEY LAND

Sch	edule G (Form 990 or 990-EZ) 2016 CONSERVANCY	33-0.	1917	72	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es	No
	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?		☐ Ye	٦ و	No
12	Indicate the percentage of gaming activity conducted in:			_	
		1	40-		07
	The organization's facility		13a		<u>%</u>
	An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es [No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt			
	of gaming revenue retained by the third party \$\bigs\sum_{\text{quadrate}}\$				
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:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		☐ Ye	es [No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			_	
L		ı uı c			
Do	organization's own exempt activities during the tax year \$\bigset\$ \$ TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P			4.01	
Га		art III, Iine	es 9, 9b	, 10b,	150,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions				

SAN DIEGUITO RIVER VALLEY LAND

Schedule C	6 (Form 990 or 990-EZ)	CONSERVANCY		33-0191772	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation _(continued)			
			1		
			< /		
		(hV			
		, —			
		▼			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY

Employer identification number 33-0191772

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: MONITORING, REPTILE HIKES, WILDLIFE TRACKING TRAINING, REMOTE WILDLIFE CAMERA PHOTO REVIEWS AND OTHER FUN ACTIVITIES. THE CONSERVANCY OFFERED RECREATIONAL AND OUTREACH OPPORTUNITIES FOR VISITORS AND MANY SOCIAL, RESIDENTS FROM THROUGHOUT THE RIVER VALLEY INCLUDING HIKE AND YOGA ON FURRY FRIENDS AND THE BEACH, FULL MOON HIKES, **EXEC** TREKS TECH TREKS OTHER EVENTS.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION UPDATED THEIR BYLAWS ON 6/21/2017. NO SIGNIFICANT CHANGES
TO THE ORGANIZATIONS OPERATIONS WERE MADE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS RECEIVES A TREASURER'S REPORT THAT INCLUDES THE FORM

990. THE TREASURER SPENDS DAYS REVIEWING THE FINACIAL REPORTS FOR YEAR END

WITH THE BOOKKEEPER IN ORDER TO PROVIDE THE CPA WITH GOOD INFORMATION. THE

990 IS THEN DRAFTED AND PRESENTED TO THE FINANCE COMMITTEE FOR APPROVAL.

UPON APPROVAL, THE 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE COUNSELED AT ELECTION AND QUARTERLY OF THEIR OBLIGATIONS

TO IDENTIFY AND PUBLICLY DISCLOSE IF THERE ARE ANY CONFLICT OF INTEREST

ISSUES. THE EXECUTIVE DIRECTOR IS CHARGED WITH THE RESPONSIBILITY TO CALL

TO THE ATTENTION OF THE SDRVC PRESIDENT AND BOARD POTENTIAL CONFLICTS OF

INTEREST. THE PRESIDENT AND HUMAN RESOURCES COMMITTEE MONITORS POTENTIAL

STAFF-LEVEL CONFLICTS OF INTEREST.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY	Page 2 Employer identification number 33-0191772
FORM 990, PART VI, SECTION B, LINE 15:	
COMPARABILITY DATA FROM OTHER FORM 990'S OF SIMILAR LAND O	CONSERVANCY'S ARE
REVIEWED BY THE HIRING COMMITTEE AND THE BOARD IN ORDER TO	SET THE SALARY
FOR THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL RECORDS OF THE SAN DIEGUITO RIVER VALLEY LAND CONSERVA	ANCY ARE OPEN TO
MEMBERS OF THE PUBLIC. GOVERNING DOCUMENTS, POLICIES, AND	FINANCIAL
STATEMENTS ARE IDENTIFIED AS BEING AVAILABLE ON THE SDRVC	WEB PAGE AND ARE
SUMMARIZED THERE. THE FINANCIAL STATUS OF THE ORGANIZATION	ON IS REGULARLY
REPORTED ON THE ORGANIZATIONS NEWSLETTER, CURRENTS, AND IS	S POSTED AT
GUIDESTAR. FORM 990 DATA IS ALSO CARTED AND PUBLISHED ON	BETTERGIVING AT
THE SAN DIEGO FOUNDATION.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	908.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	908.
MARKETING SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,994.
FUNDRAISING EXPENSES	12,268.
TOTAL EXPENSES	15,262.

Name of the organization SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY	Employer identification number 33-0191772
PROGRAM WORK:	
PROGRAM SERVICE EXPENSES	64,171.
MANAGEMENT AND GENERAL EXPENSES	5,485.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	69,656.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	85,826.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FUNDS RELEASED FOR BERNARDO MOUNTAIN TRAIL MAINTENANCE	
(PERM RESTRICTED)	16,361.
FUNDS RELEASED FOR EDUCATION FUND (TEMP RESTRICTED)	55,245.
FUNDS RELEASED FOR RIVER PATH DEL MAR (TEMP RESTRICTED)	-90,782.
FUNDS RELEASED FOR TRAIL MANAGEMENT (TEMP RESTRICTED)	-46,306.
FUNDS RELEASED FOR GRIFFIN DONATION (TEMP RESTRICTED)	-37,492.
TOTAL TO FORM 990, PART XI, LINE 9	-102,974.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	·			Enter file	er's identifying nur	nber	
Type or print					Employer identification number (E		
File by the due date for filing your return. See	or Number, street, and room or suite no. If a P.O. box, see instructions. 3.0.3.0 RUNKER HILL STREET SUITTE 3.09-1				Social security number (SSN)		
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92109							
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicat	ion	Return	Application			Return	
Is For Co			Is For			Code	
Form 990	O or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	O-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF 04 Form 5227					10		
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870				12			
Telepl If the	ooks are in the care of - SAN DIEGO, CA hone No. (858) 755-6956 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box	s in the Uni Group Exe	Fax No. ited States, check this box mption Number (GEN)	f this is fo	r the whole group,		
1 I re for	cauest an automatic 6-month extension of time until the organization named above. The extension is for the organization named above. The extension of time until The organization named above. The extension is for the organization named above. The extension named above.	MAN organizatio	7 15, 2018 , to file on's return for: d ending JUN 30, 2017		npt organization ret		
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less any				
no	nrefundable credits. See instructions.			3a	\$	0.	
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
est	timated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	ayment witl	n this form, if required,				
by	using EFTPS (Electronic Federal Tax Payment System).	See instruc	ctions.	3с	\$	0.	
Caution:	If you are going to make an electronic funds withdrawal	(direct del	oit) with this Form 8868, see Form 84	453-EO an	d Form 8879-EO fo	r payment	

instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045