EXTENDED TO MAY 15, 2020

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

<u>A I</u>	For the	2018 calendar year, or tax year beginning $$ JUL 1 , 2018 and ending	g JUN	1 30, 2019	
В	Check if applicable	SAN DIEGUTO RIVER VALLEY LAND	D	Employer identifi	cation number
	Addres	SCONSERVANCY			
	Name change	Doing business as		33-0	191772
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delivered to street address) 3030 BUNKER HILL STREET, SUITE 309-1	suite E	Telephone numbe (858	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	449,919.
	Amend		H((a) Is this a group re	eturn
	Application	F Name and address of principal officer: PETER DEFRANCESCA		for subordinates	
	pendin	SAME AS C ABOVE	н((b) Are all subordinates in	ncluded? Yes No
<u> </u>	Гах-ехе	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)
		e: ► WWW.SDRVC.ORG	H((c) Group exemption	
K	orm of	organization: X Corporation			M State of legal domicile: CA
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: ${ t TO t PRESE}$	ERVE,	PROTECT,	AND SHARE
Governance	'	THE NATURAL AND CULTURAL RESOURCES OF THE SAI	N DIE	EGUITO RIV	ER VALLEY.
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more tha	ın 25% of its net as	sets.
) Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
S S	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			3
/itie	6	Total number of volunteers (estimate if necessary)			30
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
				Prior Year	Current Year
ø)	8	Contributions and grants (Part VIII, line 1h)		357,296.	263,097.
ž	9	Program service revenue (Part VIII, line 2g)		56,068.	46,143.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		363,857.	49,399.
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		29,077.	30,442.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		806,298.	389,081.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		233,197.	233,743.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<u>B</u>	. b	Total fundraising expenses (Part IX, column (D), line 25) 40,211.			
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		254,753.	188,340.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		487,950.	422,083.
		Revenue less expenses. Subtract line 18 from line 12		318,348.	-33,002.
Net Assets or	3			ning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	4	1,114,464.	4,092,745.
t As	21	Total liabilities (Part X, line 26)		5,899.	162.
	22	Net assets or fund balances. Subtract line 21 from line 20	4	1,108,565.	4,092,583.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules and st		•	/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has	any knowledge.	
		0:			
Sig	n	Signature of officer		Date	
Her	·e	PETER DEFRANCESCA, TREASURER			
		Type or print name and title	D-4-	. T.,	DTIN
_		Print/Type preparer's name Preparer's signature	Date	i, L	PTIN
Paid	1	·	1,01/	/17/20 self-employ	
	parer	Firm's name MAFFIA CONSULTING		Firm's EIN ▶	82-2513938
Use	Only	Firm's address 3481 CORTE SONRISA			0 045 6061
		CARLSBAD, CA 92009		Phone no. 85	8-945-6964
Ma	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	t III 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 PRESERVE, PROTECT, AND SHARE THE NATURAL AND CULTURAL RESOURCES OF
	THE SAN DIEGUITO RIVER VALLEY THROUGH COLLABORATIVE EFFORTS TO ACQUIRE
	LANDS, COMPLETE TRAILS, RESTORE HABITATS, ESTABLISH EDUCATIONAL
	PROGRAMS, CREATE INTERPRETIVE CENTERS, ENCOURAGE RECREATION, AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	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 \$ 161,692 • including grants of \$) (Revenue \$)
	CONSERVATION: THE CONSERVANCY PARTNERS WITH PUBLIC AND PRIVATE
	ORGANIZATIONS, INDIVIDUALS AND GOVERNMENT AGENCIES TO STRATEGICALLY AND
	SUSTAINABLY COMBAT INVASIVES AND RESTORE HABITAT THROUGHOUT THE SAN
	DIEGUITO WATERSHED, THROUGH GRANT FUNDING, VOLUNTEER EVENTS AND PUBLIC
	EDUCATION. CURRENT CONSERVANCY INVASIVE CONTROL AND RESTORATION
	PROJECTS ARE LOCATED AT BERNARDO MOUNTAIN, RIVER PATH DEL MAR,
	FAIRBANKS RANCH, THE DEL DIOS GORGE AND SAN PASQUAL VALLEY.
4b	(Code:) (Expenses \$ 66 , 360 •including grants of \$) (Revenue \$ 46 , 143 •)
	EDUCATION: OUR WATERSHED EXPLORERS AND CITIZEN SCIENCE MONITORING
	PROGRAMS CONTINUE TO GROW AND GAIN MOMENTUM UNDER THE LEADERSHIP OF
	CONSERVATION MANAGER JONATHAN APPELBAUM AND ANA LUTZ. WE BROUGHT OVER
	200 YOUTH INTO THE RIVER VALLEY THIS YEAR AND OVER 612 CITIZEN
	SCIENTISTS HAVE SURVEYED BIRDS, RARE PLANTS AND HERPS, AND ASSISTED
	WITH MOTION-ACTIVATED WILDLIFE CAMERA TRAPPING THROUGHOUT THE RIVER
	VALLEY. THE EXPLORING OUR SENSE OF PLACE PROGRAM ENTERED ITS 11TH YEAR, WITH 25 STUDENTS.
	TEAR, WITH 25 STODENTS:
4c	(Code:) (Expenses \$ 4 , 801 • including grants of \$) (Revenue \$)
	RECREATION: SEVERAL SEGMENTS OF THE COAST TO CREST TRAIL ARE CLOSER TO
	CONNECTING COMMUNITIES AT SANTA FE VALLEY, LUSARDI CREEK, OSUNA VALLEY,
	PAMO VALLEY AND SANTA YSABEL.
	A MAJOR INITIATIVE INVOLVED PHOTOGRAPHING RIVER VALLEY TRAILS WITH
	THE GOOGLE TREKKER. GOOGLE TREKKER LOANED ONE OF ITS GOOGLE STREET VIEW CAMERAS TO THE CONSERVANCY THROUGH A PROGRAM DESIGNED TO LET
	ORGANIZATIONS AND INDIVIDUALS PHOTOGRAPH AREAS OF CULTURAL, HISTORICAL,
	OR TOURISTIC SIGNIFICANCE - WHICH DESCRIBES THE RIVER PARK PERFECTLY!
	WITH THE HELP OF SOME VOLUNTEER CAMERA CREWS, WE TOOK THE STREET
	VIEW CAMERA TO THE TRAILS FEATURED IN THE COAST TO CREST TRAIL
	CHALLENGE: SAN DIEGUITO LAGOON AND DEL DIOS GORGE SEGMENTS OF THE COAST
	TO CREST TRAIL, THE BERNARDO MOUNTAIN SUMMIT TRAIL, AND THE SOUTH
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 232,853.
	Form 990 (2018)

SAN DIEGUITO RIVER VALLEY LAND

Form 990 (2018)

CONSERVANCY Part IV Checklist of Required Schedules

3	3 –	0:	19	1	77	2	Р

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		37
	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			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	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,	_		х
0	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? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
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, VII, IX, or X	10		
••	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	Х	
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		Х
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_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
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		X
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		<u>X</u>
b	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	٠		v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	4.5		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IV, column (A) line 3, more than \$5,000 of aggregate greats or other assistance to	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢ ''−		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		Х
20a		20a		X
	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		Х
			aan	(2010)

SAN DIEGUITO RIVER VALLEY LAND

Form 990 (2018)

CONSERVANCY

Part IV Checklist of Required Schedules (continued)

			Yes	No
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
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		X
26	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		X
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			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		21
C	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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D -	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			\sqcup
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	<u> </u>

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Form **990** (2018

CONSERVANCY 33-0191772

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	· · ·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

CONSERVANCY 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			
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	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			
	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	37	
	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.		v	
_	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		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	in Schedule O how this was done	12c 13	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Х	
	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		Х
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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availab	ole
	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	al	
	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		Jiga 	ııı∠a			iper	isale			(F)
(A)	(B))) Pos	C) ition	1		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than (Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				- -		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	,	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	vidua	Institutional trustee	Ser	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) BRAD BARTLETT	7.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(2) NATE NORTHUP	1.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(3) PETER DEFRANCESCA	1.50	ļ								_
TREASURER		X		Х		_		0.	0.	0.
(4) KATHARINE SHEEHAN	1.50									_
SECRETARY	1 20	Х		Х				0.	0.	0.
(5) WILLIAM ADELSON	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(6) JOESEPH BONNER	1.00	l								•
BOARD MEMBER	2 00	Х						0.	0.	0.
(7) SLADER BUCK	3.00									•
BOARD MEMBER	2 50	Х						0.	0.	0.
(8) KEITH COLESTOCK	2.50	.,								•
BOARD MEMBER	1 75	Х						0.	0.	0.
(9) SHELLEY GLENN-LEE BOARD MEMBER	1.75	~						0.	0.	0.
(10) ALEX KILIAN	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(11) DONALD MOSIER	2.50							0.	0.	0.
BOARD MEMBER	2.50	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) JAMES SMITH	1.00									
BOARD MEMBER		х						0.	0.	0.
(15) TRISH BOAZ	40.00									
EXECUTIVE DIRECTOR				Х				95,499.	0.	0.

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Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average	(do		Posi) than c	nne	Reportable	Reportable	r	Estimat	ed
	hours per	box,	, unles	ss per	son i	s both	n an	compensation	compensation	6	amount	of
	week		cer an	d a di	irecto	r/trus	tee)	from	from related		othe	ſ
	(list any	ector						the	organizations		mpens	ation
	hours for	or dir	au l			rted		organization	(W-2/1099-MISC	′ I	from th	
	related	stee	truste			bens		(W-2/1099-MISC)			rganiza	
	organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				- 1	nd rela	
	line)	dividu	stituti	Officer	/ emp	thest	Former			or	ganizat	ions
	11110)	<u> </u>	Ë	10¢	Ke	를 등	요			-		
								4				
-										\top		
										\dashv		
										$+\!\!\!-\!\!\!\!+$		
								1		$-\!$		
1b Sub-total					4		ightharpoons	95,499.).		0.
c Total from continuation sheets to Part VII	, Section A						ightharpoons	0.).		0.
d Total (add lines 1b and 1c)								95,499.	().		0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												0
		\bigvee									Yes	No
3 Did the organization list any former officer.	director, or tru	ıstee	e, ke	y en	olqr	yee,	or h	nighest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J for si				•	•	•		-		3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150			•					•	•	4		х
5 Did any person listed on line 1a receive or a										📑		
										5		х
rendered to the organization? If "Yes." com Section B. Independent Contractors	<u> piete Scheaule</u>	9 J T	or su	icn ŗ	oers	on .				3		
	manastrii i	lo	n el -			n a 4 -		act received as a second to a second	100 000		fuo :==	
1 Complete this table for your five highest con										isation 1	IIOM	
the organization. Report compensation for t	ne calendar ye	ear e	ndin	ig w	ith c	or wi	thin T		ear.			
(A) Name and business	addraga	376	\ \ T.T.	,				(B)	oniooo		(C)	an.
	audress	MC	ONE				_	Description of s	ei vices	Сопр	ensatio	JII
							_					
							T					
							一					
2 Total number of independent contractors (in	ocluding but o	at lin	nitod	1 + 2 +	thoo	ما مد	ted	ahove) who recoived me	ore than			
		J. 1111	11100		(.cu	above, will received IIIC	no triair			
\$100,000 of compensation from the organiz	aliUii 🚩					_				Г	n 990	(2010)
										Forr	n ショリ	(2018)

Page 9

Ра	IL VII				a in this Dark VIII			
		Check if Schedule O cont	ains a response	or note to any iin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gransimilar amounts not included about Noncash contributions included in lines Total. Add lines 1a-1f	1c 1d 1d 1e 1s, and 1f 1a-1f: \$		263,097.			
<u> </u>		Totali / Ida iii Ida ii I		Business Code				
ě	2 a	EDUCATION PROGR	AMS	611710	46,143.	46,143.		
e rvic	b					4		
Se une	С							
ran ?ev	d							
Program Service Revenue	е							
Д	•	All other program service reve			16 112			
		Total. Add lines 2a-2f			46,143.			
	3	Investment income (including other similar amounts)	•	•	38,730.			38,730.
	4	Income from investment of tax			30,730.			30,730.
	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)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	10,669.					
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		•	10,669.			10,669.
		Net gain or (loss)Gross income from fundraising		·····	10,000.			10,005.
Other Revenue		including \$ 35,7 contributions reported on line Part IV, line 18	55 • of 1c). See	91,280.				
Σthε		Less: direct expenses		60,838.	20 115			20 115
•		Net income or (loss) from fund	-	>	30,442.			30,442.
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less: direct expenses						
		Net income or (loss) from gam Gross sales of inventory, less	-	>				
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	-						
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions			389,081.	46,143.	0.	79,841.
83200	9 12-31	-18						Form 990 (2018)

	Check if Schedule O contains a respons			(0)	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,	04 220	42 440	42 449	0 422
_	trustees, and key employees	94,330.	42,449.	42,448.	9,433
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			4	
_	persons described in section 4958(c)(3)(B)	110,472.	93,901.	16,571.	
7	Other salaries and wages	110,4/4.	33,301	10,3/1.	
8	Pension plan accruals and contributions (include	2 172	2,113.	01/	116
_	section 401(k) and 403(b) employer contributions)	3,173. 10,024.	6,674.	914.	146 462 725
9	Other employee benefits	15,744.	10,482.	4,537.	725
0 1	Payroll taxes Fees for services (non-employees):	13,711	10,402	4 ,557•	723
	Management				
a b					
	Accounting	3,433.		3,433.	
	Lobbying	3,1331		3 / 233 1	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	13,451.		13,451.	
g					
9	column (A) amount, list line 11g expenses on Sch O.)	53,329.	32,376.	9,254.	11,699
2	Advertising and promotion	13,155.	32,376. 55.	9,254. 7,817.	11,699 5,283
3	Office expenses	5,691.	1,172.	2,711.	1,808
4	Information technology		·		•
5	Royalties				
6	Occupancy	8,547.	109.	8,438.	
7	Travel	6,650.	3,269.	2,536.	845
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				
3	Insurance	17,199.		17,199.	
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.)				
а	JOINT POWERS AUTHORITY	19,239.	19,239.		
b	PROGRAM WORK	18,968.	18,968.		
С	NEWSLETTER PUBLICATIONS	9,739.		3,135.	6,604
d	BANK SERVICE CHARGES	5,414.	2.	3,034.	2,378
е	All other expenses	13,525.	2,044.	10,653.	828
5_	Total functional expenses. Add lines 1 through 24e	422,083.	232,853.	149,019.	40,211
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

Form 990 (2018)
Part X Balance Sheet

Part >	^	Balance Sneet			
		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	12,507.	1	17,729
2	2	Savings and temporary cash investments	254,828.	2	172,840
3	3	Pledges and grants receivable, net		3	
4		Accounts receivable, net	2,166.	4	
5	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	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			
ıΩ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
8 8	8	Inventories for sale or use		8	
و	9	Prepaid expenses and deferred charges	14,837.	9	25,940
10	0a	Land, buildings, and equipment; cost or other			
		basis. Complete Part VI of Schedule D 10a 2,314,132.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,314,132 10b 10,322	2,303,810.	10c	2,303,810
11	1	Investments - publicly traded securities	2,303,810. 1,526,316.	11	2,303,810 1,572,426
12	2	Investments - other securities. See Part IV, line 11		12	
13	3	Investments - program-related. See Part IV, line 11		13	
14	4	Intangible assets		14	
15	5	Other assets. See Part IV, line 11		15	
16	6	Total assets. Add lines 1 through 15 (must equal line 34)	4,114,464.	16	4,092,745
17	7	Accounts payable and accrued expenses	5,899.	17	4,092,745 162
18	8	Grants payable		18	
19	9	Deferred revenue		19	
20	0	Tax-exempt bond liabilities		20	
21		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ທ 22	2	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
ig		Complete Part II of Schedule L		22	
23 ٿ	3	Secured mortgages and notes payable to unrelated third parties		23	
24	4	Unsecured notes and loans payable to unrelated third parties		24	
25	5	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		25	
26	6	Total liabilities. Add lines 17 through 25	5,899.	26	162
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
တ္ဆ		complete lines 27 through 29, and lines 33 and 34.			
ပ္ကို 27	7	Unrestricted net assets	3,158,739.	27	3,147,305
<u>e</u> 28	8	Temporarily restricted net assets	592,802.	28	591,132
n 29	9	Permanently restricted net assets	357,024.	29	354,146
돌		Organizations that do not follow SFAS 117 (ASC 958), check here			
<u>-</u>		and complete lines 30 through 34.			
हूं 30	0	Capital stock or trust principal, or current funds		30	
8g 31	1	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	2	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	3	Total net assets or fund balances	4,108,565.	33	4,092,583
34		Total liabilities and net assets/fund balances	4,114,464.	34	4,092,745

Form **990** (2018)

Form	1 990 (2018) CONSERVANCY	33-01	91772	Pad	ge 12
	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	389	9,0	81.
2	Total expenses (must equal Part IX, column (A), line 25)	2	422	2,0	83.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,108		
5	Net unrealized gains (losses) on investments	5	2:	1,5	<u>68.</u>
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	- 4	4,5	<u>48.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	4,092	2,5	<u>83.</u>
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		X
	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	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			

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

832012 12-31-18

Form 990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

SAN DIEGUITO RIVER VALLEY LAND **Employer identification number** Name of the organization CONSERVANCY 33-0191772 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

33-0191772 Page 2

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.)

	tion A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	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								
	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)								
6	Public support. Subtract line 5 from line 4.								
Sec	tion B. Total Support					_	_		
Caler	ndar year (or fiscal year beginning in) ► 📙	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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.)								
	Total support. Add lines 7 through 10		<u> </u>			40			
	Gross receipts from related activities, e	, ,	,			12			
13	First five years. If the Form 990 is for t	•			•	. , . ,			
Sec	organization, check this box and stop letion C. Computation of Public	Support Per	centage	•••••					
	Public support percentage for 2018 (lin	• •		column (f))		14	(
	Public support percentage from 2017 S		•	.,,		15	(
	33 1/3% support test - 2018. If the org								
	stop here. The organization qualifies as								
b	33 1/3% support test - 2017. If the or		· ·						
	and stop here. The organization qualifi	~							
17a	10% -facts-and-circumstances test -								
	and if the organization meets the "facts	-							
	_			=	=	_			
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances test -	2017. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
b		-							
b	10% -facts-and-circumstances test -	"facts-and-circur	mstances" test, ch	neck this box and	stop here. Explai	n in Part VI how th			

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.)

Sac	qualify under the tests listed b	elow, please comp	lete Part II.)				
	• • • • • • • • • • • • • • • • • • • •		# \ aa. =	4 3 2242	(N 22 (=		(0
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	494,329.	667 463.	447 726.	357,296.	263,097.	2229911.
2	Gross receipts from admissions,	454,525.	007,403.	117,7200	337,230.	203,037.	2223311.
	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,265.	74,215.	75,299.	56,068.	46,143.	259,990.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513		32.				32.
4	Tax revenues levied for the organ-		<u> </u>				
·	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				1		
_	the organization without charge	502,594.	741,710.	523,025.	413,364.	309,240.	2489933.
	Total. Add lines 1 through 5	304,394.	/41,/10.	343,045.	413,304.	309,240.	4409933.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			10,367.	29,346.	28,110.	67,823.
h	Amounts included on lines 2 and 3 received			10,307.	29,340.	20,110.	07,023.
~	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b			10,367.	29,346.	28,110.	67,823.
	Public support. (Subtract line 7c from line 6.)			,	,	,	2422110.
Sec	tion B. Total Support				1	ı	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	502,594	741,710.	523,025.	413,364.	309,240.	2489933.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	56,076.	33,905.	28,839.	28,613.	38,730.	186,163.
b	Unrelated business taxable income			,	,	,	•
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	56,076.	33,905.	28,839.	28,613.	38,730.	186,163.
	Net income from unrelated business activities not included in line 10b, whether or not the business is					-	,
	regularly carried on	27,196.	19,139.	20,014.	29,077.	30,442.	125,868.
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.)	585,866.	794,754.	571,878.	471,054.	378,412.	2801964.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	ation,
	check this box and stop here				<u></u>	·····	>
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	86.44 %
	Public support percentage from 2017					16	87.41 %
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)18 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	6.64 %
18	Investment income percentage from					18	6.87 %
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	►X
b	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	>
						adula A /Earm 000	

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.
- 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")? "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?
- 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 (as 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).
- 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	
		Yes	No
	1		
	2		
	3a		
	3b		
	0-		
	3c		
	4a		
	Tu		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	<u>~:</u>		
	9b		
	9c		
	90		
	10a		
	10b		
_			

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Par	t 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		
С	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	tion B. Type I Supporting Organizations			
			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	Did the organization operate for the benefit of any supported organization other than the supported			
	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	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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	\Box	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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	tion 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 instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)	/	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	, ,, ,	-		
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		ı

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust o	n Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must comp	olete 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 i	ntegra	ated Type III supporting orga	anization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2018

ı aı	Type in Non-Functionally integrated 509(a)(3) Supporting Orga	ilizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
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 th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY

Employer identification number 33-0191772

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Pai	T II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	X Preservation of land for public use (e.g., recreation or e	education) X Preservation of a hist	torically important land area
	X Protection of natural habitat	Preservation of a cer	tified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a 2
b	Total acreage restricted by conservation easements		2b 206.40
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c 0
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d 0
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located 1	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	→ 32		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	►\$ <u>17,582.</u>		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
Da	conservation easements.	i Aut. Historical Transcures or Ot	hay Cimilay Assats
Pai	't III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. .
_			·
2	If the organization received or held works of art, historical tre		ı gaın, provide
	the following amounts required to be reported under SFAS 1		. .
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

832051 10-29-18

Schedule D (Form 990) 2018

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

	SAN DIEGO	JITO RIVER	VALLEY L	AND				
Sche	dule D (Form 990) 2018 CONSERVAL						91772	
Par	t III Organizations Maintaining Col	lections of Art	, Historical Tre	asures, or O	ther Simil	ar Assets	(continue	ed)
3	Using the organization's acquisition, accession	, and other records	, check any of the f	ollowing that are	a significan	t use of its o	ollection ite	ems
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain	how they further th	ne organization's	exempt purp	ose 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							
	reported an amount on Form 990, Part >		o.ga _ a					
1a	Is the organization an agent, trustee, custodian		ary for contributions	s or other assets	not included	1		
	on Form 990, Part X?		•				Yes	□ No
h	If "Yes," explain the arrangement in Part XIII an						_ 100	110
	in res, explain the arrangement in rait xiii air	a complete the lone	owing table.				Amount	
_	Reginning balance				10		Amount	
	Beginning balance				I			
	Additions during the year							
	Distributions during the year							
	Ending balance						Yes	□ Na
	_						_ res	No No
Par	If "Yes," explain the arrangement in Part XIII. Cl							
· ui				(c) Two years ba		a vaara baak	(a) Four w	aara baali
4.		(a) Current year 357,024.	(b) Prior year 353,181.	336,82		372,275.		66,348.
	Beginning of year balance	337,024.	333,101.	330,82	40.	312,213.	,	00,340.
	Contributions	17 247	24 112	27 15	7	2 160		9,618.
	Net investment earnings, gains, and losses	17,347.	24,112.	37,15	7.	2,168.		9,010.
	Grants or scholarships							
е	Other expenditures for facilities	15 501	15.554	15.5		24 450		
	and programs	17,581.	17,551.	<u> </u>		34,179.		2 601
	Administrative expenses	2,644.	2,718.			3,444.		3,691.
g	End of year balance	354,146.	357,024.	•	31.	336,820.	3	72,275.
2	Provide the estimated percentage of the curren	t year end balance	(line 1g, column (a)) held as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment ► 100.00	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.						
3a	Are there endowment funds not in the possessi	on of the organizat	ion that are held ar	nd administered f	or the organ	ization	_	
	by:						Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the or		ment funds.					
Pai	t VI Land, Buildings, and Equipmer							
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	rt X, line 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other	c) Accumula	ated	(d) Book v	/alue
		basis (investm		(other)	depreciation	on		
1a	Land		2,30	3,810.			2,303	, 810.
	Buildings							

Schedule D (Form 990) 2018

2,303,810.

0.

e Other

c 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.

Schedule D	(Form 990) 20)18	CONSERVANCY	

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes"	on Form 990 Part IV li	ne 11d See Form 990 Part X line 15	
	Description	Te Tru. Oce Form 330, Fart X, mie 13.	(b) Book value
(1)	_		()
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			
(9)			
(9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin art X Other Liabilities.	,		>
tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes"	,		▶ ≥ 25.
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	,	ne 11e or 11f. See Form 990, Part X, line (b) Book value	▶ ≥ 25.
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	,		≥ 25.
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	,		▶ 25.
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	,		▶ ≥ 25.
tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	,		▶ ≥ 25.
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	,		▶ 25.
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	,		▶ 25.
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	,		▶ ≥ 25.
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	,		▶
tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, li		▶ ≥ 25.
tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, li	(b) Book value	

Pai	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 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.)	1 2 1		
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.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta			
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
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	2a		
b	Prior year adjustments	2b	<u> </u>	
С	Other losses			
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 IX, line 25, but not on line 1:	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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	(.)	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		art V, line 4; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		
D 7 T	OM TT TIME E.			
PAI	RT II, LINE 5:			
1.47 N	JACEMENIM ACDEEMENING WIND MUE CAN DIECUITO	י אמגמ משוום או	TOTAM DOWEDC	
MAI	NAGEMENT AGREEMENTS WITH THE SAN DIEGUIT	O KIVEK PARK (JOINT POWERS	
א דדר	THORITY ARE IN PLACE TO MANAGE AND MONIT	ירם יישי סטרסיים	חדהמ הטם שחה	
AU.	HORITI ARE IN PLACE TO MANAGE AND MONTE	OK THE PROPERT	ILES FOR THE	
വാ	NSERVANCY.			
<u> </u>	ADDITATACE .			
				_

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

QU IO
Open to Public

Inspection

Name of the organization

SAN DIEGUITO RIVER VALLEY LAND

Employer identification number

CONSERVANCY 33-0191772 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

832081 10-03-18

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

Schedule G (Form 990 or 990-EZ) 2018

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RIVER VALLEY		NONE	(add col. (a) through
			FEST	WAX & WINE		col. (c))
Φ			(event type)	(event type)	(total number)	
Revenue		_	100 405	4 600		107 025
Rev	1	Gross receipts	122,435.	4,600.		127,035.
	2	Less: Contributions	35,755.			35,755.
	_	Leas. Contributions	3377331			3377331
	3	Gross income (line 1 minus line 2)	86,680.	4,600.		91,280.
	4	Cash prizes				
	_	Nanagah prizas	1,900.			1,900.
S	5	Noncash prizes	1,500.			1,500.
ense	6	Rent/facility costs				
Direct Expenses				4		
ect	7	Food and beverages	35,155.	4,627.		39,782.
ä			2 000	500		2 500
	8	Entertainment Other direct expanses	3,000. 14,956.	500. 700.		3,500. 15,656.
	10	Other direct expenses Direct expense summary. Add lines 4 through	0: ' ''		<u> </u>	60,838.
		Net income summary. Subtract line 10 from li	. ,			30,442.
Pa	rt l			990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., ,	bingo/progressive bingo	., ,	col. (a) through col. (c))
Rev		0				
	1	Gross revenue	_			
	2	Cash prizes				
Direct Expenses						
xpe	3	Noncash prizes				
ct E						
Dire	4	Rent/facility costs				
	_	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		P	
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac	_			Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re			rear?	Yes No
D	ıf "	Yes," explain:				
	_					
	_					

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

SAN DIEGUITO RIVER VALLEY LAND

Sch	nedule G (Form 990 or 990-EZ) 2018 CONSERVANCY	33-01	917	772	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[\	′ es	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	[\neg	es	No
13	Indicate the percentage of gaming activity conducted in:				
	a The organization's facility		13a		%
	o An outside facility		13b		// %
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		100		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	S.			
	Name ▶				
	Address				
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[<u> </u>	′ es	☐ No
ı	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization	unt			
	of gaming revenue retained by the third party \$\bigs\\$				
(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:				
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	1			
	retain the state gaming license?	l	\	′ es	∟ No
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	า the			
_	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part I	II, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
_					

SAN DIEGUITO RIVER VALLEY LAND

Schedule 6	G (Form 990 or 990-EZ)	CONSERVANCY	33-0191772	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)		
		(**************************************		
		*		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY

Employer identification number 33-0191772

Pai	rt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	terminino	1	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu			i
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	37,775.	FAIR MARKET	VALU	JΕ	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other			1				
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts		V					
23	Scientific specimens	\mathbf{X}						
24	Archeological artifacts	\sim						
25	Other ()							
26	Other (
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	•	, ,					
	for which the organization completed Form 828	33, Part IV, I	Jonee Acknowledg	gement 29		1,,	$\overline{}$	
20-	Division the constraint the approximation president			autodia Daut I liana 4 thuasa	.b 00 4b+ :4	Y	es	No
зua	During the year, did the organization receive by							
	must hold for at least three years from the date		,	·		20-		Х
L	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that ro	acuires the review	of any nonstandard contribut	ions?	21		Х
31	Does the organization have a gift acceptance p Does the organization hire or use third parties of					31	\dashv	
s∠a			•	•		330		Х
l ~						32a		
33	If the organization didn't report an amount in co	olumn (a) far	r a type of property	for which column (a) is show	skad			
33	describe in Part II.	Jiulilii (C) 101	a type of property	nor willon column (a) is chec	oncu,			
	describe in Falt II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

SAN DIEGUITO RIVER VALLEY LAND

Schedule M	(Form 990) 2018	CONSERVANCY			33-0191772	Page 2
Part II	(Form 990) 2018 Supplemental I	Information. Provide	the information requ	uired by Part I. lines 30b. 32	2b, and 33, and whether the organiza , or a combination of both. Also com	ation
	is reporting in Part I	I. column (b), the number	of contributions, the	e number of items received.	or a combination of both. Also com	plete
	this part for any add	ditional information.			, 5. 4 55	
					·	
			_			
			by			
			<u> </u>			

Schedule M (Form 990) 2018

832142 10-18-18

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY

Employer identification number 33-0191772

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MOBILIZE PUBLIC SUPPORT.

PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990,

CLEVENGER CANYON TRAIL. THE VOLCAN MOUNTAIN FOUNDATION ALREADY USED THE SO WE DIDN'T NEED TO REPEAT THEIR WORK.

IT TAKES GOOGLE ABOUT A YEAR TO "STITCH" ALL THE IMAGES TOGETHER CREATE A 360-DEGREE VIEW, LIKE YOU'VE PROBABLY SEEN WHEN USING THE STREETVIEW FUNCTION OF GOOGLE MAPS. ONCE THAT WORK IS COMPLETE, WILL BE ABLE TO VIRTUALLY "WALK" ALONG THE TRAILS, PLUS VIEW SPECIAL POINTS ALONG THE WAY, INCLUDING THE BIRDWING OPEN AIR CLASSROOM, AND THE CHAIRS NEAR THE TOP OF THE SOUTH CLEVENGER OLD GRAND BRIDGE, CANYON TRAIL.

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

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. THE 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS.

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

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

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 THE ATTENTION OF THE SDRVC PRESIDENT AND BOARD POTENTIAL CONFLICTS OF

832211 10-10-18

Name of the organization SAN DIEGUITO RIV CONSERVANCY	ER VALLEY LAND	Employer identification number 33-0191772
INTEREST. THE PRESIDENT AND H	UMAN RESOURCES COMMITTEE MON	ITORS POTENTIAL
STAFF-LEVEL CONFLICTS OF INTER	EST.	
FORM 990, PART VI, SECTION B,	LINE 15:	
COMPARABILITY DATA FROM OTHER	FORM 990'S OF SIMILAR LAND C	ONSERVANCY'S ARE
REVIEWED BY THE HIRING COMMITT	EE 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 DIEGUIT	O RIVER VALLEY LAND CONSERVA	NCY ARE OPEN TO
MEMBERS OF THE PUBLIC. GOVERN	ING DOCUMENTS, POLICIES, AND	FINANCIAL
STATEMENTS ARE IDENTIFIED AS B	EING AVAILABLE ON THE SDRVC	WEB PAGE AND ARE
SUMMARIZED THERE. THE FINANCIA	AL STATUS OF THE ORGANIZATIO	N IS REGULARLY
REPORTED ON THE ORGANIZATIONS	NEWSLETTER, CURRENTS, AND IS	POSTED AT
GUIDESTAR. FORM 990 DATA IS A	LSO CARTED AND PUBLISHED ON	BETTERGIVING AT
THE SAN DIEGO FOUNDATION.		
FORM 990, PART IX, LINE 11G, O	THER FEES:	
PAYROLL SERVICES:		
PROGRAM SERVICE EXPENSES		0.
MANAGEMENT AND GENERAL EXPENSE	S	991.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		991.
MARKETING SERVICES:		
PROGRAM SERVICE EXPENSES		25.
MANAGEMENT AND GENERAL EXPENSE	S	8,263.
FUNDRAISING EXPENSES		3,961.
832212 10-10-18	Sched	dule O (Form 990 or 990-EZ) (2018

Name of the organization SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY	Employer identification number 33-0191772
TOTAL EXPENSES	12,249.
PROGRAM WORK:	
PROGRAM SERVICE EXPENSES	32,351.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	32,351.
RIVER VALLEY FEST:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	7,738.
TOTAL EXPENSES	7,738.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	53,329.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FUNDS RELEASED FOR BERNARDO MOUNTAIN TRAIL MAINTENANCE	
(PERM RESTRICTED)	-2,879.
FUNDS RELEASED FOR EDUCATION FUND (TEMP RESTRICTED)	-14,565.
FUNDS RELEASED FOR FUEL REDUCTION PROGRAM (TEMP RESTRICTED	21,128.
FUNDS RELEASED FOR LAND PURCHASE (TEMP RESTRICTED)	-3,609.
FUNDS RELEASED FOR RIVER PATH DEL MAR (TEMP RESTRICTED)	-16,446.
FUNDS RELEASED FOR TRAIL MANAGEMENT (TEMP RESTRICTED)	11,823.
TOTAL TO FORM 990, PART XI, LINE 9	-4,548.

Form **8868**

(Rev. January 2019)

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.

► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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 filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or SAN DIEGUITO RIVER VALLEY LAND print CONSERVANCY 33-0191772 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 3030 BUNKER HILL STREET, SUITE 309-1 return. See 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 a separate application for each return) Return **Application Application** Return Code Is For Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION -3030 BUNKER HILL STREET, SUITE 309-1 The books are in the care of ▶ - SAN DIEGO, CA 92109 Telephone No. \blacktriangleright (858) $7\overline{55-6956}$ Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the extension is for. MAY 15, 2020 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year $_$, and ending $_$ \mathtt{JUN} $\,\,30$, $\,\,2019$ ► X tax year beginning JUL 1, 2018 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2019)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment