EXTENDED TO MAY 15, 2017

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

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 Inspection

<u>A</u> F	or the 2	015 calendar year, or tax year beginning $$	ding J	<u>UN 30, 2016</u>	
B c	heck if oplicable:	C Name of organization SAN DIEGUITO RIVER VALLEY LAND		D Employer identific	cation number
X	Address change	CONSERVANCY			
	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	om/suite	E Telephone number 858-	r 755–6956
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	851,509.
	Amended return			H(a) Is this a group re	
	Applica- tion	F Name and address of principal officer: TRISH BOAZ		for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	······ — —
ΙΤ	ax-exem	ppt status: X 501(c)(3) 501(c) ()	527		list. (see instructions)
JV	Vebsite:	▶ WWW.SDRVC.ORG		H(c) Group exemptio	
K F	orm of or	ganization: X Corporation	L Year o		A State of legal domicile: CA
		Summary	•	•	-
	1 Br	iefly describe the organization's mission or most significant activities: CONSER	VE A	ND PROTECT ?	THE NATURAL
Governance		ND CULTURAL RESOURCES OF THE SAN DIEGUITO			
na I	2 Cł	neck this box 🕨 🔲 if the organization discontinued its operations or disposed	of more	than 25% of its net ass	sets.
ĕ	3 Nu	umber of voting members of the governing body (Part VI, line 1a)		3	14
	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)			14
Activities &	5 To	otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	2
/itie		otal number of volunteers (estimate if necessary)			161
₹	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		et unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
•	8 Co	ontributions and grants (Part VIII, line 1h)		494,329.	667,463.
ñ		ogram service revenue (Part VIII, line 2g)		8,265.	74,215.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		67,961.	46,545.
æ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,196.	19,171.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		597,751.	807,394.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(0		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		154,583.	178,036.
Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		otal fundraising expenses (Part IX, column (D), line 25) 49,081			
ы		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		371,305.	470,182.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		525,888.	648,218.
		evenue less expenses. Subtract line 18 from line 12		71,863.	159,176.
or es		•	Beg	ginning of Current Year	End of Year
Assets or	20 To	otal assets (Part X, line 16)		4,343,991.	4,196,226.
ASS	21 To	otal liabilities (Part X, line 26)		379.	189.
Net/	22 Ne	et assets or fund balances. Subtract line 21 from line 20		4,343,612.	4,196,037.
	rt II	Signature Block			
Und	er penaltie	es of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	nts, and to the best of my	knowledge and belief, it is
true,	correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which	preparer l	has any knowledge.	
Sign	, ,	Signature of officer		Date	
Her	e	PETER DEFRANCESCA, TREASURER			
	J	Type or print name and title			
	Р	rint/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	E:		PA, 0	2/17/17 self-employ	
Prep		irm's name ▶ REDFERN & COMPANY		Firm's EIN ▶	20-8295356
Use	Only F	irm's address 631 3RD STREET, SUITE 102			
		ENCINITAS, CA 92024		Phone no. 76	0-634-1120
Мау	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No

Check It Schedule Contains a sesponee or note to any line in the Part II Briefly describe the organization mission: CONSERVE AND PROTECT THE NATURAL AND HISTORICALLY SIGNIFICANT CULTURAL RESOURCES OF THE SAN DIEGUITO RIVER VALLEY AND ASSIST IN THE IMPLEMENTATION OF THE 70-MILE SAN DIEGUITO RIVER PARK AND COAST TO CREST TRAIL.	Par	t III Statement of Program Service Accomplishments
CONSERVE AND PROTECT THE NATURAL AND HISTORICALLY SIGNIFICANT CULTURAL RESOURCES OF THE SAN DIRECUITO RIVER VALLEY AND ASSIST IN THE IMPLEMENTATION OF THE 70-MILE SAN DIEGUITO RIVER PARK AND COAST TO CREST TRAIL. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 1900 E27		Check if Schedule O contains a response or note to any line in this Part III
RESOURCES OF THE SAN DIEGUITO RIVER VALLEY AND ASSIST IN THE IMPLEMENTATION OF THE 70-MILE SAN DIEGUITO RIVER PARK AND COAST TO CREST TRAIL. 2 Did the organization undertake any significant program services during the year which were not listed on the prior from 800 r050 €2. If "ves," describe these new services on Schedule O. O both the organization case conducting, or make significant changes in how it conducts, any program services?	1	, and the second se
TWPLEMENTATION OF THE 70-MILE SAN DIEGUITO RIVER PARK AND COAST TO CREST TRAIL. 2 Dot the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 Yes X No 1" Yes, "describe these new services on Schedule O. 1" Yes, "describe these new services on Schedule O. 2 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
Territory Trail. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 €2? 1 "Yes," describe these new services on Schedule 0. 2 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 3 Did the organization cease conducting, or make second plant in the conducts, any program services, as measured by expenses. Section 501(c)(d) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service sports. 4a (cose) (spenses 3 345,482. "relating spatial of the program service sports. 4b (Cose) (spenses 3 345,482. "relating spatial of the program services). Prevents 5 0,000.) FAIRBANKS RANCH AT LUSARDI CREEK, DEL DIOS GORGE AND LAKE HODGES. 4b (Cose) (spenses 3 345,482. "relating spatial of the program services). Prevents 5 0,000.) FAIRBANKS RANCH AT LUSARDI CREEK, DEL DIOS GORGE AND LAKE HODGES. 4c EDUCATION AND PUBLIC OUTREACH: THE CONSERVANCY WAS AWARDED AN "OPENING THE OUTDOORS" GRANT FROM THE SAN DIEGO FOUNDATION TO PURCHASE A 15-PASSENGER VAN FOR THE SAN DIEGO FOUNDATION TO PURCHASE A 15-PASSENGER VAN FOR THE SAN DIEGO ARCHAEOLOGICAL CENTER. STUDENTS VISIT PARK AREAS WITH DIVERSE WILDIAM SAN DIEGO ARCHAEOLOGICAL CENTER. STUDENTS VISIT PARK AREAS WITH DIVERSE WILDIAM SAN DIEGO ARCHAEOLOGICAL CENTER. STUDENTS VISIT PARK AREAS WITH DIVERSE WILDIAM SAN DIEGO ARCHAEOLOGICAL CENTER, SIKES ADOBE HISTORIC FARMSTEAD / HODGES AND FINALLY, THE AWARD-WINNING BIRDWING OPEN AIR CLASSROOM AT THE SAN DIEGO ARCHAEOLOGICAL CENTER, SIKES ADOBE HISTORIC FARMSTEAD / HODGES AND FINALLY, THE AWARD-WINNING BIRDWING OPEN AIR CLASSROOM AT THE SAN DIEGO ARCHAEOLOGICAL CENTER, SIKES ADOBE HISTORIC FARMSTEAD / HODGES AND FINALLY, THE AWARD-WINNING BIRDWING OPEN AIR CLASSROOM AT THE SAN DIEGO		
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the prior Form 980 or 980-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?		
If "Yes," describe the each ranges on Schedule O.		
40 Poscribe the organization's program services accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if sthy, for each program service reported. 4a (coox	3	· · · · · · · · · · · · · · · · · · ·
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4e Total program service expenses ▶ 373,828.	4d	,
	4-	(Expenses \$ including grants of \$) (Revenue \$)
	40	Total program service expenses ► 373,626 • Form 990 (2015)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			l
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			l
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	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			37
	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			37
	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			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40:		v
40	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			
		14h		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		-22
15		45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"		17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	' <i>'</i>		
10		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13		19		x
	complete Schedule G, Part III		990	

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|--|

20-	Did the experientian energete one or more begained facilities?	200	Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		┝≏
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			٠,
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Ι,
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		2
3	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			Ι,
	Schedule J	23		2
1 a	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			_ ا
	Schedule K. If "No", go to line 25a	24a		2
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ā	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		_:
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] :
3	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			Г
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26] :
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			Г
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		:
3	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):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		
		200		H
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		ŀ
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Ι.
	contributions? If "Yes," complete Schedule M	30		Ľ
	Did the organization liquidate, terminate, or dissolve and cease operations?			Ι.
	If "Yes," complete Schedule N, Part I	31		Ŀ
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Ι.
	Schedule N, Part II	32		Ŀ
}	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		Ŀ
ļ	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		
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		\Box
	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		
;	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			Г
•	If "Yes," complete Schedule R, Part V, line 2	36		:
,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		H
		37		
,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		H
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	(2C

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						
		ı	1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6	_			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> </u>	4			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re		ole gaming		_	77	
_	(gambling) winnings to prize winners?	 I	 I	H	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2				
	filed for the calendar year ending with or within the year covered by this return	2a_		_		х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return			H	2b	$\stackrel{f \wedge}{}$	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions						X
				\vdash	Ba Bb		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a			H	עכ		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial a				l a		Х
h	If "Yes," enter the name of the foreign country:	iccoui	19:		Tu		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			,	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			-	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			\vdash	ōc		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th						
	any contributions that were not tax deductible as charitable contributions?			1	3a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi						
	were not tax deductible?			Le	6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	<u> </u> -7	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<u> </u> -	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282?	1	 I	12	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-	-			37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	-	7e		_ <u>X</u> _
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		00	\vdash	7f		<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza				7g	_	
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			H	7h		
0	sponsoring organization have excess business holdings at any time during the year?	i by tii	5		8		
9	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?				Эа		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			-	9b		
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:		ı				
	Gross income from members or shareholders	11a		4			
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b		+			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	1	2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		+			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u></u>		
а	Is the organization licensed to issue qualified health plans in more than one state?				3a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the						
D	organization is licensed to issue qualified health plans	13b	I				
c	Enter the amount of reserves on hand	13c					
	Did the exemisation receive any neumants for indeer tenning convices during the tay year?			1	4a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule				4b		
				_		990	(2015)

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 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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				
	persons other than the governing body?	7b		X
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	ailable	9	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 858-755-6956			
	3030 BUNKER HILL STREET, SUITE 309-1, SAN DIEGO, CA 92109			

Form 990 (2015) CONSERVANCY

33-0191772

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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 n	(B)				C)	₁ - 01		(D)	(E)	(F)
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated
Hame and Thie	hours per		not cl					compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	a)			ted		organization	(W-2/1099-MISC)	from the
	related	stee	trustee		eo	bens		(W-2/1099-MISC)		organization
	organizations	ual tru	ional		ploye	t com				and related organizations
	below line)	Individual trustee or director	In stit utio nal	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) PETER SHAPIRO	1.00	=	=	0		Ξ 0	Ä			
PRESIDENT		Х			١.,			0.	0.	0.
(2) ERIC LODGE	1.00							1		
VICE PRESIDENT		Х						0.	0.	0.
(3) BRAD BARTLETT	1.00				4					
FORMER VICE PRESIDENT		X						0.	0.	0.
(4) PETER DEFRANCESCA	1.00									
TREASURER		Х						0.	0.	0.
(5) SUSAN LENZ	1.00									
SECRETARY		Х						0.	0.	0.
(6) BONNIE HEPBURN	1.00									
FORMER SECRETARY		Х						0.	0.	0.
(7) WILLIAM ADELSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) CHRIS ANDERSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CAROL ANGUS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JAMES DANOFF-BURG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) SHELLY GLENN-LEE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) CHRIS KHOURY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) NATE NORTHUP	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) NED REYNOLDS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) GREG ROBERSON	1.00									
BOARD MEMBER		Х			<u> </u>			0.	0.	0.
(16) IMMO SCHEFFLER	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(17) KATHARINE SHEEHAN	1.00									_
BOARD MEMBER		Х	l			1	1	0.	0.	0.

532007 12-16-15

Form **990** (2015)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not cl	ss per	ition more rson i	than of s both	n an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimate amount	t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer B	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	C)	other compens from the organization and relations	ation he ation ated
(18) BILL SIMMONS BOARD MEMBER	1.00	X	_)	×			0.		0.		0.
(19) KAREN ZOBELL	1.00											
BOARD MEMBER (20) TRISH BOAZ	40.00	Х						0.		0.		0.
EXECUTIVE DIRECTOR	40.00			Х				87,064.		0.		0.
								1				
1b Sub-total								87,064.		0.		0.
c Total from continuation sheets to Part VI	, Section A						>	0.		0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but no			licto	d ah			o re	87,064.		0.		0.
compensation from the organization	or invinced to the	030	listo	u a.		,, ****		delived more than \$100,	ood of reportable		Yes	0 No
3 Did the organization list any former officer,		ıste	e, ke	y en	nplo	yee,	or I	highest compensated en	nployee on	ſ		
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								ner compensation from the			3	X
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		[4	Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5	Х
Section B. Independent Contractors	piete Scrieduie	2 J 10	or su	ICH L	oers	OH .				1	<u> </u>	
 Complete this table for your five highest couthe organization. Report compensation for the 										ensat	ion from	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C) ompensatio	on
2 Total number of independent contractors (ir \$100,000 of compensation from the organize	•	ot lin	nited	l to t	thos		ted	above) who received mo	ore than			
											Form 990	(2015)

Part VIII Statement of Revenue

		Check if Schedule O contains	a response	or note to any lin	e in this Part VIII			
		Official in Contractic Contractic	ватезропос	or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè éxcluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
			Т. Т			revenue	revenue	512 - 514
nts	1 a	Federated campaigns		124 150				
ira ou	b	Membership dues		134,178.				
s, C	С	Fundraising events	1c	28,085.				
ar ji	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e	30,000.				
Sign	f	All other contributions, gifts, grants, a	nd					
ber		similar amounts not included above		475,200.				
걸	а	Noncash contributions included in lines 1a-1f		-				
Sor	h	Total. Add lines 1a-1f			667,463.			
<u> </u>		Total Acad Mico Ta Ti		Business Code				
	0 -	MITIGATION SALES		Business Code	50,000.	50,000.		
ice	2 a	EDUCATION PROGRAM			24,215.	24,215.		
erv ue	b				24,213.	24,213.		
n S	С							
lrar 3e∖	d					1		
Program Service Revenue	е							
Д		All other program service revenue		•				
	g	Total. Add lines 2a-2f			74,215.			
	3	Investment income (including divi						
		other similar amounts)		>	33,905.			33,905.
	4	Income from investment of tax-ex	empt bond p	roceeds				
	5	Royalties		<u> </u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Nist words live serves and (Issue)						
		· · · · —) Securities	(ii) Other				
			2,640.					
	h	Less: cost or other basis						
		and sales expenses	0.					
	_	Gain or (loss)	2,640.					
					12,640.			12,640.
		Net gain or (loss)		P	12,040.			12,040.
ne	8 а	Gross income from fundraising ev	'					
eni		including \$ 28,085						
3ev		contributions reported on line 1c)		60 774				
Other Revenu		Part IV, line 18		62,774.				
됐		Less: direct expenses		44,115.	10 650			10.550
•	С	Net income or (loss) from fundrais	sing events	<u></u>	18,659.			18,659.
	9 a	Gross income from gaming activity						
		Part IV, line 19	a					
	b	Less: direct expenses	b	0.				
	С	Net income or (loss) from gaming	activities	. <u></u>	480.			480.
	10 a	Gross sales of inventory, less retu	irns					
		and allowances	а	32.				
	b	Less: cost of goods sold		0.				
		Net income or (loss) from sales of		•	32.			32.
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	C							
	d							
		Total. Add lines 11a-11d						
					807,394.	74,215.	0.	65,716.
	12	Total revenue. See instructions		<u></u>	001,034.	1 = , 4 ± J •	U •	L 03,/10•

Part IX | Statement of Functional Expenses

7b, 8b, 9b, 1 Grants and do 2 Grants individed a grants organic individual indiv	Check if Schedule O contains a responder amounts reported on lines 6b, and 10b of Part VIII. and other assistance to domestic organizations amestic governments. See Part IV, line 21 and other assistance to domestic duals. See Part IV, line 22 and other assistance to foreign izations, foreign governments, and foreign duals. See Part IV, lines 15 and 16 and	83,000. 77,745. 1,961. 2,397. 12,933.	(B) Program service expenses 18,126. 216. 263.	83,000. 83,000. 1,745. 2,134.	Fundraising expenses
and do 2 Grants individ 3 Grants organi individ 4 Benefi 5 Comp trustee 6 Compe person person 7 Other 8 Pensio section 9 Other 10 Payrol 11 Fees f a Manag b Legal c Accou d Lobby e Profess f Invest g Other column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	s and other assistance to domestic duals. See Part IV, line 22 s and other assistance to foreign izations, foreign governments, and foreign duals. See Part IV, lines 15 and 16 sits paid to or for members sensation of current officers, directors, es, and key employees ensation not included above, to disqualified is (as defined under section 4958(f)(1)) and is described in section 4958(c)(3)(B) salaries and wages in plan accruals and contributions (include in 401(k) and 403(b) employer contributions) employee benefits II taxes for services (non-employees):	77,745. 1,961. 2,397.	18,126. 216. 263.	83,000.	
2 Grants individual individual Grants organical Grants organical Grants individual Grants organical Grants organica	s and other assistance to domestic duals. See Part IV, line 22 s and other assistance to foreign izations, foreign governments, and foreign duals. See Part IV, lines 15 and 16 sits paid to or for members bensation of current officers, directors, es, and key employees sensation not included above, to disqualified as (as defined under section 4958(f)(1)) and as described in section 4958(c)(3)(B) salaries and wages on plan accruals and contributions (include a 401(k) and 403(b) employer contributions) employee benefits Il taxes For services (non-employees):	77,745. 1,961. 2,397.	216. 263.	59,619.	
3 Grants organi indivic 4 Benefi 5 Comp trustee 6 Compe person 7 Other 8 Pensio section 9 Other 10 Payrol 11 Fees f a Manaq b Legal c Accou d Lobby e Profess f Invest g Other 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	s and other assistance to foreign izations, foreign governments, and foreign duals. See Part IV, lines 15 and 16	77,745. 1,961. 2,397.	216. 263.	59,619.	
organi indivice 4 Benefit S Competruster 6 Competruster 6 Competruster 7 Other 8 Pension section 9 Other 10 Payrol 11 Fees fa Manage b Legal c Accound Lobby e Profess f Invest g Other column 12 Advert 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Paymeter 18 Payme	izations, foreign governments, and foreign duals. See Part IV, lines 15 and 16	77,745. 1,961. 2,397.	216. 263.	59,619.	
indivice 4 Benefi 5 Competruster 6 Competruster 6 Competruster 7 Other 8 Pension 9 Other 10 Payrol 11 Fees f a Manage b Legal c Accound Lobby e Profess f Invest g Other 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	duals. See Part IV, lines 15 and 16 its paid to or for members pensation of current officers, directors, es, and key employees ensation not included above, to disqualified as (as defined under section 4958(f)(1)) and as described in section 4958(c)(3)(B) salaries and wages on plan accruals and contributions (include a 401(k) and 403(b) employer contributions) employee benefits Il taxes for services (non-employees): gement	77,745. 1,961. 2,397.	216. 263.	59,619.	
4 Benefit truster Competer Person Person Person Person Pension Section Payrol 11 Fees fa Manage Decreased Lobby Profess finvest Pension Column Payrol 12 Advert 13 Office Payrol 15 Royalt 16 Occup 17 Travel 18 Payrol for anythere Person Person Payrol 19 Pay	its paid to or for members eensation of current officers, directors, es, and key employees ensation not included above, to disqualified as (as defined under section 4958(f)(1)) and as described in section 4958(c)(3)(B) salaries and wages on plan accruals and contributions (include of 401(k) and 403(b) employer contributions) employee benefits Il taxes for services (non-employees): gement	77,745. 1,961. 2,397.	216. 263.	59,619.	
5 Competrustee 6 Compees person person 7 Other 8 Pension section 9 Other 10 Payrol 11 Fees f a Manage b Legal c Accoud d Lobby e Profess f Invest g Other. column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	pensation of current officers, directors, es, and key employees ensation not included above, to disqualified as (as defined under section 4958(f)(1)) and as described in section 4958(c)(3)(B) salaries and wages on plan accruals and contributions (include a 401(k) and 403(b) employer contributions) employee benefits Il taxes for services (non-employees): gement	77,745. 1,961. 2,397.	216. 263.	59,619.	
trusted person person 7 Other 8 Pensio section 9 Other 10 Payrol 11 Fees f a Manag b Legal c Accou d Lobby e Profess f Invest g Other. column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	es, and key employees ensation not included above, to disqualified as (as defined under section 4958(f)(1)) and as described in section 4958(c)(3)(B) salaries and wages an plan accruals and contributions (include a 401(k) and 403(b) employer contributions) employee benefits Il taxes for services (non-employees): gement	77,745. 1,961. 2,397.	216. 263.	59,619.	
6 Compe person person 7 Other 8 Pensio section 9 Other 10 Payrol 11 Fees f a Manag b Legal c Accou d Lobby e Profess f Invest g Other column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	ensation not included above, to disqualified as (as defined under section 4958(f)(1)) and as described in section 4958(c)(3)(B) salaries and wages in plan accruals and contributions (include a 401(k) and 403(b) employer contributions) employee benefits Il taxes for services (non-employees):	77,745. 1,961. 2,397.	216. 263.	59,619.	
person person Other Pensio section Payrol Pees f Manaq b Legal c Accou d Lobby e Profess f Invest g Other column Adver Adver IS Royalt Inform Travel Rayme for any	is (as defined under section 4958(f)(1)) and is described in section 4958(c)(3)(B) salaries and wages in plan accruals and contributions (include in 401(k) and 403(b) employer contributions) employee benefits il taxes for services (non-employees):	1,961. 2,397.	216. 263.	\	
person 7 Other 8 Pensio section 9 Other 10 Payrol 11 Fees f a Manag b Legal c Accou d Lobby e Profess f Invest g Other column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	s described in section 4958(c)(3)(B) salaries and wages in plan accruals and contributions (include in 401(k) and 403(b) employer contributions) employee benefits Il taxes for services (non-employees): gement	1,961. 2,397.	216. 263.	\	
7 Other 8 Pensio section 9 Other 10 Payrol 11 Fees f a Manag b Legal c Accou d Lobby e Profess f Invest g Other column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	salaries and wages on plan accruals and contributions (include on 401(k) and 403(b) employer contributions) employee benefits Il taxes for services (non-employees): gement	1,961. 2,397.	216. 263.	\	
9 Pension section section section of the section of	on plan accruals and contributions (include in 401(k) and 403(b) employer contributions) employee benefits Il taxes for services (non-employees): gement	1,961. 2,397.	216. 263.	\	
section 9 Other 10 Payrol 11 Fees f a Manag b Legal c Accou d Lobby e Profess f Invest g Other. column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	n 401(k) and 403(b) employer contributions) employee benefits Il taxes for services (non-employees): gement	1,961. 2,397. 12,933.	263.	1,745.	
9 Other 10 Payrol 11 Fees f a Manag b Legal c Accou d Lobby e Profess f Invest g Other. column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	employee benefits Il taxes for services (non-employees): gement	2,397. 12,933.	263.	2 12/	
10 Payrol 11 Fees f a Manag b Legal c Accou d Lobby e Profess f Invest g Other column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	Il taxes for services (non-employees): gement	12,933.		· / 4/	
 11 Fees f a Manag b Legal c Accoud d Lobby e Profess f Invest g Other column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any 	for services (non-employees): gement	12,933.			
b Legal c Accou d Lobby e Profess f Invest g Other. column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	gement		1,423.	11,510.	
t Legal c Accou d Lobby e Profess f Invest g Other. column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any					
d Lobby e Profess f Invest g Other. column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any					
d Lobby e Profess f Invest g Other. column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any					
f Invest g Other. column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	unting				
f Invest g Other. column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	/ing				
g Other. column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	sional fundraising services. See Part IV, line 17				
column 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme for any	ment management fees				
OfficeInformRoyaltOccupTravelPaymefor any	. (If line 11g amount exceeds 10% of line 25, n (A) amount, list line 11g expenses on Sch 0.)	50,632.	20,614.	12,725.	17,293 15,408
14 Inform15 Royalt16 Occup17 Travel18 Payme for any	tising and promotion	18,555.	688.	2,459.	15,408
15 Royalt16 Occup17 Travel18 Payme for any	expenses	4,656.	004	4,656.	266
16 Occup17 Travel18 Paymentfor any	nation technology	5,441.	904.	4,171.	366
17 Travel 18 Payme for any	ties	A F C 7	4 5 6 7		
18 Payme for any	pancy	4,567.	4,567.	1 401	1 410
for any		5,382.	2,551.	1,421.	1,410
19 Confe	ents of travel or entertainment expenses y federal, state, or local public officials				
	rences, conventions, and meetings				
20 Interes					
	ents to affiliates				
22 Depre	ciation, depletion, and amortization	1			
23 Insura		18,557.	400.	18,157.	
above. 24e am	expenses. Itemize expenses not covered (List miscellaneous expenses in line 24e. If line nount exceeds 10% of line 25, column (A)				
	it, list line 24e expenses on Schedule 0.)	274,138.	273,539.	599.	
b JPA		36,635.	33,179.	3,456.	
c EVE		15,526.	7,998.	6,022.	1,506
	LICATIONS	12,778.	. , , , , , ,	2,432.	10,346
		23,315.	9,360.	11,203.	2,752
	IEL EXDELISES	648,218.	373,828.	225,309.	49,081
	ner expenses and lines 1 through 24e	,==••	,	- /	
	unctional expenses. Add lines 1 through 24e				
-	unctional expenses. Add lines 1 through 24e costs. Complete this line only if the organization		I		
Check h	unctional expenses. Add lines 1 through 24e		l		

Form 990 (2015)
Part X | Balance Sheet

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	167,774.	1	238,567
	2	Savings and temporary cash investments	251,333.	2	214,033
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	45,092.	4	2,847
	5	Loans and other receivables from current and former officers, directors,	·		
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,564,132. 10b 10,322.	2,553,810.	10c	2,553,810
	11	Investments - publicly traded securities	1,325,982.	11	1,186,969
	12	Investments - other securities. See Part IV, line 11		12	,
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,343,991.	16	4,196,226
	17	Accounts payable and accrued expenses	379.	17	189
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g	22	Loans and other payables to current and former officers, directors, trustees,			
iţi		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ĕ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	379.	26	189
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
တ္က		complete lines 27 through 29, and lines 33 and 34.			
ဗို	27	Unrestricted net assets	3,349,503.	27	3,268,505
ala	28	Temporarily restricted net assets	621,834.	28	590,712
<u>Б</u>	29	Permanently restricted net assets	372,275.	29	336,820
Fun		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	4,343,612.	33	4,196,037
	34	Total liabilities and net assets/fund balances	4,343,991.	34	4,196,226

Form **990** (2015)

Pa	TEXT RECONCILIATION OF NET ASSETS				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1)7,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	64	18,2	18.
3	Revenue less expenses. Subtract line 2 from line 1	3	1!	59,1	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,34	13,6	12.
5	Net unrealized gains (losses) on investments	5	- 4	10,1	74.
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	-26	56,5	77.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,19	96,0	37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ı	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	audit,			
	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?		3a	L	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	ո 990	(2015)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY

Employer identification number 33-0191772

Pa	rt I	Reason for Public (Charity Status (All organizations must c	omplete th	is part.) Se	e instructions.	
he o	organi	zation is not a private found						
1	Ŏ.	A church, convention of ch	·	-		-)(A)(i).	
2	一	A school described in sect i					X X7	
3	一	A hospital or a cooperative		•			i).	
4		A medical research organization					•	the hospital's name.
		city, and state:	i	,				,
5		An organization operated for	or the benefit of a col	llege or university owner	d or operat	ed by a go	vernmental unit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (C			. o. opo.a.	-		
6		A federal, state, or local gov		nental unit described in	section 17	70/h)/1)/A)	(v)	
7	H	An organization that norma	-				•	aublic described in
•		section 170(b)(1)(A)(vi). (C	-	intial part of its support i	ioni a gove	minentari	unit of from the general p	Jublic described in
8			•	(1)(A)(vi) (Complete Per	+ II \		A	
	X	A community trust describe			-	ontributio	mambarahin fasa an	d areas ressints from
9	22	An organization that norma	•	•	•			•
		activities related to its exem	-					-
		income and unrelated busin		(less section 511 tax) in	eşenieua mo	sses acquii	red by the organization a	inter June 30, 1975.
40		See section 509(a)(2). (Cor	•		fat. (Can		00(-)(4)	
10	H	An organization organized a	-	•	-			
11		An organization organized a	•				•	
		more publicly supported or			-			neck the box in
		lines 11a through 11d that						at the a
а		Type I. A supporting orga						
		the supported organization			a majority o	of the direc	tors or trustees of the su	ipporting
		organization. You must o	•					
b		Type II. A supporting org	· ·					-
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus						
С		Type III functionally inte						ed with,
		its supported organization						
d		Type III non-functionally					· · · · · · · · · · · · · · · · · · ·	* *
		that is not functionally int		* *	-		='	/eness
		requirement (see instructi		-				
е		Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.		
		r the number of supported o	•					
g		ide the following information Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	,,	organization	(11) 2.114	(described on lines 1-9	listed i	n your	support (see	other support (see
		0.ga		above (see instructions))	governing		instructions)	instructions)
					Yes	No		
- - Ota								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 CONSERVANCY 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 fails to qualify under the tests li			•	n failed to qualify ι	under Part III. If the	organization
Sec	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
e	ction B. Total Support						
ale	ndar year (or fiscal year beginning in) ► 📘	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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	1					
	business is regularly carried on						
10	Other income. Do not include gain) ·				
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
2	Gross receipts from related activities, e	tc. (see instructio	ons)			12	
3	First five years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop I						> L
	ction C. Computation of Public					т т	
	Public support percentage for 2015 (line	, ,,	•	.,,		14	
	Public support percentage from 2014 S					15	
l6a	33 1/3% support test - 2015. If the org				4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies as	a publicly supp	orted organization				▶∟
b	33 1/3% support test - 2014. If the org	ganization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qualification		•				
7a	10% -facts-and-circumstances test -	2015. If the org	anization did not d	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "facts				· -	-	
	meets the "facts-and-circumstances" te	st. The organizat	tion qualifies as a p	oublicly supported	organization		▶∟
b	10% -facts-and-circumstances test -	2014. If the org	anization did not d	check a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	"facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circu	mstances" test.	The organization q	ualifies as a public	ly supported orga	nization	▶□

Schedule A (Form 990 or 990-EZ) 2015

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	456,262.	553,709.	588,783.	494,329.	667,463.	2760546.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	11,197.	37,330.	11,610.	8,265.		142,617.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
_	iness under section 513	344.	220.	357.		32.	953.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				7		
6	Total. Add lines 1 through 5	467,803.	591,259.	600,750.	502,594.	741,710.	2904116.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						2904116.
	ction B. Total Support	Т)			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014 502, 594.	(e) 2015	(f) Total 2904116.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,173.	591,259. 49,670.	67,994.	56,076.	741,710. 33,905.	216,818.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	9,173.	49,670.	67,994.	56,076.	33,905.	216,818.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	16,373.	30,651.	44,477.	27,196.	19,139.	137,836.
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.)	493,349.	671,580.	713,221.	585,866.	794,754.	3258770.
14	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ition,
	check this box and stop here						>
	ction C. Computation of Publi						
	Public support percentage for 2015 (I			olumn (f))		15	89.12 %
	Public support percentage from 2014					16	90.44 %
	ction D. Computation of Inves			10 1 (0)		4-1	6 6 F 0/
	Investment income percentage for 20					17	6.65 % 5.00 %
	Investment income percentage from 3 33 1/3% support tests - 2015. If the					18 3 1/3% and line 17	
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2014. If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	►X
i.	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

	rt IV Supporting Organizations (continued)		<u> </u>	age 5
· u	Supporting Organizations (continued)		T.,	
			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	-	-
	A family member of a person described in (a) above?	11b	-	-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	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	etion 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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	stion 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):			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ruotional		
2	Activities Test. Answer (a) and (b) below.	uctions).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1.40
u				
	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	2a		
h	that these activities constituted substantially all of its activities.	Za		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0,		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	g
1	Check here if the organization satisfied the Integral Part Test as a qualifying to	rust or	n Nov. 20, 1970. See instruc	ctions. All
	other Type III non-functionally integrated supporting organizations must comp	olete S	ections 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		
c	Fair market value of other non-exempt-use assets	1c	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegra	ted Type III supporting organ	ization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Par	Type III Non-Functionally integrated 509	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt 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 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
с				
d	From 2013			
<u>e</u>	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
<u>_i</u>	Carryover from 2010 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
<u> b </u>				
	Excess from 2013			
<u>d</u>	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY

Employer identification number 33-0191772

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Account	S. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fund	ls 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 v	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 or			
				Yes No
Par	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).		
	Preservation of land for public use (e.g., recreation or e	ducation) X Preservation of a hist	torically importa	ant land area
	X Protection of natural habitat	Preservation of a cer	tified historic st	ructure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservati	on 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 8/17/06, and not on a historic structu	ıre	
	listed in the National Register		2d	0
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization d	uring the tax
	year ▶0			
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	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it			X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easen	nents during the year
	→ <u>32</u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements	during the year
	▶ \$0.			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization	n's accounting for
Do	conservation easements.	Art Historical Tracquires or Ot	har Cimilar	Acceto
Pai	t III Organizations Maintaining Collections of		mer 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 se	ervice, provide, in Part XIII,
_	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pul	blic service, pro	ovide 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 trea		ıı 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		🕨 \$	

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

Schedule D (Form 990) 2015

		GUITO RIVER	R VALLEY LA	AND		2.5		04 8 8 8		•
	dule D (Form 990) 2015 CONSERVA				0	33	3-01	91772	2 P	age 2
Par	t III Organizations Maintaining Co									
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	following that	are a sign	ificant use	of its c	ollection	items	i
	(check all that apply):									
а	Public exhibition	d		hange progra						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						in Part	XIII.		
5	During the year, did the organization solicit or				er similar as	ssets		,		_
D :	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered '	'Yes" on F	orm 990, P	art IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia		•					7		7
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:							
								Amount		
	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		7		٦
	Did the organization include an amount on Fo					?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									
ı aı	TV Endowment Funds. Complete if						Is a als	() [l l .
4.	Parisaria a of consultations	(a) Current year 372,275.	(b) Prior year 366,348.	(c) Two year	2,329.	I) Three year		(e) Four		868.
1a	Beginning of year balance	372,273.	300,340.	312	2,329.	343	,010.		330,	000.
	Contributions	2,168.	9,618.	50	9,355.	// 1	,844.		1	546.
C	Net investment earnings, gains, and losses	2,100.	3,010.	J.	7,333.	41	,044.		Δ,	J40.
d	Grants or scholarships									
е	Other expenditures for facilities	34,179.		61	L,372.					
	and programs	3,444.	3,691.		3,964.	1.8	,525.		3	404.
	Administrative expenses	336,820.	372,275.	†	5,348.		,329.			010.
g	End of year balance				, , , , ,	372	, 525.		315,	•=•.
2 a	Board designated or quasi-endowment	ent year end balance	%	ij Heiu as.						
b	Permanent endowment > 100.00	%								
	Temporarily restricted endowment	%								
·	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses		tion that are held ar	nd administer	ed for the	organizatio	n			
ou	by:	odon or the organiza	alon that are note a	ia aarriiriiotor		organizatio	,,,	ſ	Yes	No
	(i) unrelated organizations							3a(i)	100	X
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat							3b		
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990	, Part X, lin	ne 10.				
	Description of property	(a) Cost or o	i i	or other		umulated		(d) Bool	k valu	—— е
		basis (investr		(other)		eciation		. ,		
1a	Land		2,55	3,810.				2,553	3,8	10.
	Buildings							-	-	
	Leasehold improvements									
	Equipment		1	0,322.		10,322	2.			0.
	0.1									

Schedule D (Form 990) 2015

2,553,810.

e Other

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

	ro river val	LLEY LAND	33-0191	772
Schedule D (Form 990) 2015 CONSERVANCY Part VII Investments - Other Securities.	<u>I</u>		33-0191	114 Page
	" on Form 000 Part IV	/ line 11h See Form 000	Part V line 12	
Complete if the organization answered "Yes (a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end-of-year m	arket value
AA EL LA	(b) Book value	(c) Welliod of	valuation. Cost of cha of year in	arket value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes				
(a) Description of investment	(b) Book value	(c) Method of V	valuation: Cost or end-of-year m	arket value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		\		
Complete if the organization answered "Yes		, line 11d. See Form 990,	Part X, line 15.	
(a) Description		(b) ∃	Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	ne 15)			
Part X Other Liabilities.			······································	
Complete if the organization answered "Yes	" on Form 990, Part IV	, line 11e or 11f. See Forr	n 990, Part X, line 25.	
1. (a) Description of liability	•	(b) Book value		
(1) Federal income taxes				

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements					
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	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1		3	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	4.			
	Add lines 4a and 4b					
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) T XII Reconciliation of Expenses per Audited Financial Statemen	ts With E	xpenses per Ret	· 1		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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:					
a	Donated services and use of facilities	2a	\			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		20	e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b					
5 D 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	<u> </u>		
		lines 1h on	od Ohi Dort V. ling 4: Do	ut V line Q. Dort VI		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			III A, IIII e 2, Parl AI,		
111163	20 and 4b, and 1 at An, lines 2d and 4b. Also complete this part to provide any addition	mai imorma	uon.			
PAF	RT II, LINE 5:					
	7					
MAN	NAGEMENT AGREEMENTS WITH THE SAN DIEGUITO RI	VER PA	ARK JOINT PO	WERS		
<u>AU'</u>	THORITY ARE IN PLACE TO MANAGE AND MONITOR T	HE PRO	PERTIES FOR	THE		
COI	WSERVANCY.					
DλI	RT V, LINE 4:					
LVI	XI V, DINE 4.					
тнт	E BERNARDO MOUNTAIN ENDOWMENT FUND IS USED T	יר או חי	TATN THE BE	RNARDO		
	DEMINED MODITION ENDOWNERT TOND ID OBED T	0 111111	VIIIII			
мот	MOUNTAIN AREA IN THE SAN DIEGUITO RIVER PARK. THE JOINT POWER AGENCY					
MA]	MAINTAINS THE PROPERTY AND SUBMITS A BILL EACH YEAR SHOWING THE WORK					
_						
COI	COMPLETED. THE ORGANIZATION GETS A DISTRIBUTION EACH YEAR FROM THE					
	ENDOMENT FIND TO DAY FOR THESE EXPENSES					
ENI	ENDOWMENT FUND TO PAY FOR THESE EXPENSES.					

SAN DIEGUITO RIVER VALLEY LAND

33-0191772	
	Calcabilla D (Farm 0

532055 09-21-15

SCHEDULE G

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
SAN DIEGUITO RIVER VALLEY LAND Emplo

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 33-0191772 CONSERVANCY Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I 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 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 ten 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.

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

Schedule G (Form 990 or 990-EZ) 2015

	(Form 990 or 990-EZ) 2015		33-0191772 Page
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 contril	outions and gross income on Form 990-F7 lines 1 and 6h L	ist events with gross receipts greater than \$5,000

		of fundraising event contributions and gro		EZ, lines 1 and 6b. List e	events 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		
			(event type)	(event type)	(total number)	col. (c))
Revenue						
š	1	Gross receipts	85,753.	5,106.		90,859.
æ	ı.	aross rescripts	307.303	0,2001		20,0021
	2	Less: Contributions	28,085.	0.		28,085.
	_	Less. Contributions	20,0000			20,0000
	3	Gross income (line 1 minus line 2)	57,668.	5,106.		62,774.
		areas meeme (into 1 minus into 2)	37,7000	3,2000		02///20
	4	Cash prizes				
	Ť	Cuon prizos				
	5	Noncash prizes	10,000.			10,000.
S	٦	Nonoden prizes	20,000			20,000
nse	6	Rent/facility costs				
Direct Expenses	١	Tions admity dedits			4	
Ĥ	7	Food and beverages	17,544.	2,000.	N	19,544.
irec	′	Food and beverages	17,511.	2,000.	1	13,344.
	۰	Entortainment	1,900.	500.		2 400
	8	Entertainment Other direct cynoness	11,717.	454.		2,400. 12,171.
	_	Other direct expenses				44,115.
	10	,			······	18,659.
Pa	ırt I	Net income summary. Subtract line 10 from lii Gaming. Complete if the organization a		990 Part IV line 19 or	reported more than	10,033.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	300, 1 art 14, iiric 13, or	reported more than	
		ψ10,000 011 0111 000 E2, iiic 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				zge,pregreenre zge		(a) an eag. (e)
Вè	_	0				
		Gross revenue				
	2	Cash prizes				
ses	_	Cash prizes				
Direct Expenses	,	Nanagah prizas				
Ä	3	Noncash prizes				
덫	,	Rent/facility costs				
Ö	4	nerioraciiity costs				
	_	Other direct expenses				
	3	Other direct expenses	V 0/	V 0/	V 0/	
	6	Volunteer labor	Yes %	Yes %	Yes %	
	٥	Volunteer labor	L No	L No	│ No	
	_	Divert expense cumment Add lines 2 through	E in column (d)			
	7	Direct expense summary. Add lines 2 through	i 5 in column (a)			
	۰	Net gaming income summary. Subtract line 7	from line 1 calumn (d)			
	0	ivet garning income summary. Subtract line /	nomine i, column (a)		·····	<u> </u>
G	En	ter the state(s) in which the organization condu	ete gaming activities:			
						Yes No
		the organization licensed to conduct gaming ac				res No
D	o If "	No," explain:				
	_					
10-	\^/-	organization's assistant transfer	woked areaseded as to	minated during the term		Vaa Nie
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
D) IT "	Yes," explain:				
	_					

Schedule G (Form 990 or 990-EZ) 2015

SAN DIEGUITO RIVER VALLEY LAND

Sch	nedule G (Form 990 or 990-EZ) 2015 CONSERVANCY	33-019	91772	Page 3			
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No			
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed						
	to administer charitable gaming?	Г	Yes	No			
13	Indicate the percentage of gaming activity conducted in:						
		1.	a	0.6			
	a The organization's facility		3a	<u>%</u>			
	n outside facility		3b	<u>%</u>			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	S:					
	Name						
	Address						
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No			
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of particle and but the third party.	unt					
	of gaming revenue retained by the third party >						
•	c If "Yes," enter name and address of the third party:						
	Name						
	Address ▶						
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Description of services provided						
	☐ Director/officer ☐ Employee ☐ Independent contractor						
17	Mandatony distributions:						
17	Mandatory distributions:						
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	г	٦,,				
	retain the state gaming license?		Yes	∟ No			
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	1 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 F	art III, lines	9, 9b, 10	0b, 15b,			
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).						
_							

SAN DIEGUITO RIVER VALLEY LAND

Schedule G (Form 990 or 990-EZ)	CONSERVANCY	33-0191772 Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental In	formation (continued)	
		4
		4
	-0 - 	
		_
		Cala adula C (Farma 000 ar 000 F7)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) epartment of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY

Employer identification number 33-0191772

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

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

THE BOARD OF DIRECTORS RECEIVES A TREASURER'S REPORT THAT INCLUDES THE FORM THE TREASURER SPENDS DAYS REVIEWING THE FINANCIAL REPORTS FOR YEAR END WITH OUR BOOKKEEPER IN ORDER TO PROVIDE OUR CPA WITH GOOD INFORMATION. TO THE FINANCE COMMITTEE FOR APPROVAL. 990 IS THEN DRAFTED AND PRESENTED UPON APPROVAL, THE 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS.

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

BOARD MEMBERS ARE COUNSELED AT ELECTION AND QUARTERLY OF THEIR OBLIGATIONS TO IDENTIFY AND TO PUBLICLY DISCLOSE IF THERE ARE ANY CONFLICT OF INTEREST THE EXECUTIVE DIRECTOR IS CHARGED WITH THE RESPONSIBILITY TO CALL TO THE ATTENTION OF THE SDRVC PRESIDENT AND BOARD POTENTIAL CONFLICTS OF INTEREST. THE PRESIDENT AND HUMAN RESOURCES COMMITTEE MONITORS POTENTIAL STAFF-LEVEL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

COMPARABILITY DATA FROM OTHER FORM 990'S OF LIKE LAND CONSERVANCY'S ARE

REVIEWED BY THE HIRING COMMITTEE AND THE BOARD IN ORDER TO SET THE SALARY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY	Employer identification number 33-0191772
FOR THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL RECORDS OF THE SAN DIEGUITO RIVER VALLEY CONSERVANCY	ARE OPEN TO
MEMBERS OF THE PUBLIC. GOVERNING DOCUMENTS, POLICIES, AND	FINANCIAL
STATEMENTS ARE IDENTIFIED AS BEING AVAILABLE ON THE SDRVC	WEB PAGE AND ARE
SUMMARIZED THERE. THE FINANCIAL STATUS OF THE ORGANIZATION	N IS REGULARLY
REPORTED ON THE ORGANIZATIONS NEWSLETTER, CURRENTS, AND IS	S POSTED AT
GUIDESTAR. FORM 990 DATA IS ALSO CARTED AND PUBLISHED ON	BETTERGIVING AT
THE SAN DIEGO FOUNDATION.	
	_
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FUNDS RELEASED FOR BERNARDO MOUNTAIN TRAIL MAINTENANCE	
(PERM RESTRICTED)	-35,455.
FUNDS RELEASED FOR EDUCATION FUND (TEMP RESTRICTED)	-15,301.
FUNDS RELEASED FOR RIVER PATH DEL MAR (TEMP RESTRICTED)	-118,329.
FUNDS RELEASED FOR TRAIL MANAGEMENT (TEMP RESTRICTED)	-97,492.
TOTAL TO FORM 990, PART XI, LINE 9	-266,577.

Form 88	68 (Rev. 1-2014)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	omplete only Part II and check the	is box		
	nly complete Part II if you have already been granted an a		·	iled Form 8	868.	
Part I	are filing for an Automatic 3-Month Extension, completed Additional (Not Automatic) 3-Month E			nal (no co	nies need	led)
· arti	Additional (Not Automatio) o Month E	Atciisioi		•	•	•
T	Name of everyther exemination or other files, and inches	ıationa	Enter filer			ee instructions
Type or	Name of exempt organization or other filer, see instru SAN DIEGUITO RIVER VALLEY LA			Employe	identificatio	n number (EIN) or
print	CONCEDUANCY				33-01	01772
File by the due date fo	to for			Casialas		
filing your return. See	your a See 3030 BUNKER HILL STREET, SUITE 309-1			Social se	curity numbe	er (55IV)
instructions	SAN DIEGO, CA 92109	oreign add	ress, see instructions.			
Enter the	e Return code for the return that this application is for (file	e a senarat	te application for each return)			0 1
	Chotain code for the foliant that this approach for the foliant	· T	···			
Applicat	tion	Return	Application			Return
Is For		Code	Is For			Code
	0 or Form 990-EZ	01				
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
STOP! E	Oo not complete Part II if you were not already granted		natic 3-month extension on a pres 3030 BUNKER HILL S			
● If this box ▶ 4	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box equest an additional 3-month extension of time until or calendar year, or other tax year beginning the tax year entered in line 5 is for less than 12 months, on the calendar year entered in line 5 is for less than 12 months, on the calendar year entered in line 5 is for less than 12 months, on the calendar year entered in line 5 is for less than 12 months, on the calendar year entered in line 5 is for less than 12 months, on the calendar year entered in line 5 is for less than 12 months, on the calendar year entered in line 5 is for less than 12 months, on the calendar year entered in line 5 is for less than 12 months, on the calendar year entered in line 5 is for less than 12 months, on the calendar year.	Group Exe and atta MAY JUL 1 check reaso	emption Number (GEN) ach a list with the names and EINs of 15, 2017, and ending the control of the	If this is fo of all memb ong	the whole gers the exten 30, 20 eturn ER THE	sion is for.
8a If i	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax less any			
	onrefundable credits. See instructions.	., 51 5555, (onto ano tomativo tax, 1000 arry	8a	\$	0.
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter any	y refundable credits and estimated			
ta	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
р	previously with Form 8868.			8b	\$	0.
c Ba	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					
EF	TPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.
	Signature and Verification	tion mus	t be completed for Part II	only.		
Under pe it is true,	nalties of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this f	ding accomp orm.	panying schedules and statements, and	o the best of	my knowledge	e and belief,
Signature	Title >	TREAS	URER	Date	>	
					Form 8	868 (Rev. 1-2014)