EXTENDED TO MAY 17, 2021

(Rev. January 2020)

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. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. TIIN 30 TTTT 1 2019

Open to Public Inspection

OMB No. 1545-0047

<u> </u>	OI LIN	e 2019 Calefidat year, or tax year beginning 000 1, 2019 and en	nung U	<u>ON 30, 2020</u>	
	heck if pplicabl	SAN DIEGUITO RIVER VALLEY LAND		D Employer identifie	cation number
	chang □Name	CUNSERVANCY		**-***17	7.2
H	_]chang □Initial		/		
H	return □Final	3030 BIINKED HILL SUPPERU SILTUR 309-1	oom/suite	E Telephone number (858) 75	
	⊥return. termir ated			G Gross receipts \$	685,764.
	□Amen	, , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re	
H	return Applic tion	,		for subordinates	
_	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	·····= =
	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1) or	527		list. (see instructions)
		te: NWW.SDRVC.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: CA
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO PR	ESERV	E, PROTECT,	AND SHARE
Governance		THE NATURAL AND CULTURAL RESOURCES OF THE			
Ja	2	Check this box if the organization discontinued its operations or dispose	d of more	than 25% of its net ass	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
es e	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	6
Activities &	6	Total number of volunteers (estimate if necessary)		6	60
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.
				Prior Year	Current Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		263,097.	473,382.
Revenue	9	Program service revenue (Part VIII, line 2g)		46,143.	70,503.
žě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		49,399.	79,402.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,442.	17,192.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		389,081.	640,479.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		233,743.	259,073.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 39,028	8	•	· ·
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		188,340.	323,453.
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		422,083.	582,526.
		Revenue less expenses. Subtract line 18 from line 12		-33,002.	57,953.
- S		Totalida loga expansaci. Gabaraci into 10 fforti into 12		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		4,092,745.	4,112,757.
ASS	21	Total liabilities (Part X, line 26)		162.	410,599.
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		4,092,583.	3,702,158.
Pa	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer	has any knowledge.	
Sig		Signature of officer		Date	
Her	е	PETER DEFRANCESCA, TREASURER			
		Type or print name and title	Ir	Noto In F	DTIN
	_	Print/Type preparer's name Preparer's signature		Date Check Check	PTIN
Paid		ERIN S. MAFFIA, CPA, PFS ERIN S. MAFFIA, (CPA, 0		
-	arer	Firm's name MAFFIA CONSULTING		Firm's EIN ▶	**-***3938
use	Only	Firm's address 3481 CORTE SONRISA		DI 0 E	0 015 6061
<u> </u>	. 41= - ''	CARLSBAD, CA 92009		Phone no.85	8-945-6964 X Yes No
ıvlay	/ tne II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE SAN DIEGUITO RIVER VALLEY CONSERVANCY PRESERVES, PROTECTS, AND
	SHARES THE NATURAL AND CULTURAL RESOURCES OF THE SAN DIEGUITO RIVER
	VALLEY THROUGH COLLABORATIVE EFFORTS TO ACQUIRE LANDS, COMPLETE
	TRAILS, RESTORE HABITATS, ESTABLISH EDUCATIONAL PROGRAMS, CREATE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 221,915. including grants of \$) (Revenue \$) CONSERVATION: SDRVC REMOVED INVASIVE PLANTS THAT FUEL FIRE AND RESTORE
	NATIVE HABITATS THROUGHOUT THE SAN DIEGUITO WATERSHED.
	MATIVE HABITATO THROUGHOUT THE DAN DIEGOTTO WATERDHED:
4b	(Code:) (Expenses \$ 91,497. including grants of \$) (Revenue \$ 70,503.)
	EDUCATION: SDRVC EDUCATED HUNDREDS OF PRE-K THROUGH HIGH SCHOOL
	STUDENTS THROUGH OUR NATURE PROGRAMS- POLLINATOR'S PARADISE, WATERSHED
	EXPLORERS AND COASTAL WETLANDS FIELD ECOLOGY PROJECT.
4c	(Code:) (Expenses \$ 33,609 • including grants of \$) (Revenue \$)
	RECREATION: SDRVC PROVIDED MANY RECREATIONAL OPPORTUNITIES TO CITIZENS
	TO ENJOY THE COAST TO CREST TRAIL AND OTHER COMMUNITY TRAILS WITHIN THE
	SAN DIEGUITO RIVER VALLEY INCLUDING THE C2C TRAIL CHALLENGE, TRAILS &
	ALES AND FULL MOON HIKES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 347,021.
<u>4e</u>	Total program service expenses ► 347,021. Form 990 (2019)
	Form 330 (2019)

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SAN DIEGUITO RIVER VALLEY LAND

Form 990 (2019)

CONSERVANCY

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	<u>X</u>	
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
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	<u> </u>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	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		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
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			7.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.7
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
	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		_X_
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			₹7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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SAN DIEGUITO RIVER VALLEY LAND

Form 990 (2019) CONSERVANCY
Part IV Checklist of Required Schedules

I a	Officerist of Required Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	•	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			l
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 	
37		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	, 00		
	Check if Schedule O contains a response or note to any line in this Part V			
	. , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
932004	4 01-20-20	Form	990	(2019)

Form 990 (2019) CONSERVANCY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	. (continuos)				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				103	110		
	filed for the calendar year ending with or within the year covered by this return	2a	6					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	it)?	4a		_X_		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u> </u>		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b 5c		_X_		
С	, , , , , , , , , , , , , , , , , , , ,							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit					
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		_ <u>X</u> _		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts					
_	were not tax deductible?	<u> </u>		6b				
7	Organizations that may receive deductible contributions under section 170(c).			_	- V			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Λ			
С	1 EL CO000	as requ	uireu	7c		Х		
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>	10				
e								
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
	h If the organization received a contribution of qualified interiordal property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:		1					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		4				
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	I					
а	Gross income from members or shareholders	11a		-				
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b		40				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? I	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b		1				
13 a	Is the organization licensed to issue qualified health plans in more than one state?			13a				
а	Note: See the instructions for additional information the organization must report on Schedule O.			ISa				
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
-	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a				14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?			15		_X_		
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16		_X_		
	If "Yes," complete Form 4720, Schedule O.							

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
10	in Schedule O how this was done Did the organization have a written whistleblower policy?	12c 13	X	
13		14	X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	22	
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ble
	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (858) 755-6956			
	3030 BUNKER HILL STREET, SUITE 309-1, SAN DIEGO, CA 92109			

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)	l	11120			ірсі	Jac	(D)	(E)	(F)
Name and title	Average	(C) Position						Reportable	Reportable	(F) Estimated
name and the	hours per			heck i ss per				compensation	compensation	amount of
	week			nd a di				from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	comp				and related
	below	lividu	tit uti	Officer	Key employee	hest	Former			organizations
74.	line)	Pu Pu	lıs	#0	Ke	e Eig	For			
(1) NATE NORTHUP	7.00	3,7		,,					0	0
PRESIDENT	1 50	Х	_	Х				0.	0.	0.
(2) PETER DEFRANCESCA	1.50	٠,		٦,				_	_	^
TREASURER	1 50	Х		X				0.	0.	0.
(3) KATHARINE SHEEHAN	1.50	٠,		,,	1					_
SECRETARY	1 50	X		X				0.	0.	0.
(4) BRAD BARLETT	1.50	Į.,		7.7						_
IMMEDIATE PAST PRESIDENT	1 00	Х		Х				0.	0.	0.
(5) BILL ADELSON	1.00	77							0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(6) JOE BONNER	1.00	. ,								_
BOARD MEMBER	1 00	Х	_					0.	0.	0.
(7) SLADER BUCK	1.00	.,								•
BOARD MEMBER	1 00	Х	_					0.	0.	0.
(8) ANNU CHOPRA	1.00	. ,								_
BOARD MEMBER	1 00	Х	_					0.	0.	0.
(9) KEITH COLESTOCK	1.00	٠,								_
BOARD MEMBER	1 00	Х	_					0.	0.	0.
(10) SHELLY GLENN LEE	1.00	.,								•
BOARD MEMBER	1 00	Х	_					0.	0.	0.
(11) MARK HENNENFENT	1.00	. ,								_
BOARD MEMBER	1 00	Х	_					0.	0.	0.
(12) ALEX KILIAN	1.00								•	•
BOARD MEMBER	1 00	Х					<u> </u>	0.	0.	0.
(13) DONALD MOSIER	1.00	ļ								_
BOARD MEMBER	1 1 1 1 1	Х	_					0.	0.	0.
(14) IMMO SCHEFFLER	1.00								_	_
BOARD MEMBER	1 1 1 1	Х	_					0.	0.	0.
(15) ROBERT SHEPPARD	1.00	ļ								_
BOARD MEMBER	1 1 1 1	Х						0.	0.	0.
(16) JIM SMITH	1.00	 								_
BOARD MEMBER	1000	Х	_					0.	0.	0.
(17) TRISH BOAZ	40.00	-		<u>-</u> _				0.4.000		_
EXECUTIVE DIRECTOR				Х				94,330.	0.	0 • Form 990 (2019

Form **990** (2019)

	Section A. Officers, Directors, Trus	tees, Key Emp	JIOYE	ees,	and	<u>וח ג</u>	gnes	St C	ompensated Employee	s (continuea)	—			
	(A) Name and title	(B) Average hours per	ю́ох,	not cl unles	Posi heck i	more rson i	than dis both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estima amoui			
		week (list any hours for related organizations below	tee or director	Institutional trustee	Officer Deficer	Key employee	Highest compensated supply semployee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	;)	other compensatior from the organization and related organizations		
		line)	Indi	Inst	0#!	Key	Hig	Por			+			
											_			
			-											
			\square						4		+			
			$\vdash \vdash$								+			
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									1		\perp			
									0.4.222		\perp			
	Subtotal Total from continuation sheets to Part VI							▶	94,330.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	94,330.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				0
_	Did the averagination list and former of officers		V					. la.: a.					Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>								mest compensated emp		[3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a	accrue comper	rsatio	mpie on fr	om	any	unre	elate	or such individual ed organization or individ	dual for services	"	4		
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	<u>∋ J fc</u>	or su	ıch <u>r</u>	oers	on .		<u></u>		<u>L</u>	5		X
1	Complete this table for your five highest co										nsatio	on froi	n	
	the organization. Report compensation for (A)	the calendar ye	ear e	ndin	ig w	ith c	or wi	thin 	the organization's tax y	ear.		(C))	
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	Co	mpen	satior	1
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)	•	ot lin	nited	to t	thos)	_	ted	above) who received mo	ore than				
	Too, ooo or compensation from the organia	Lation P					-				F	orm 9	90 (2	2019)

Form 990 (2019) CONSERV
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	a in this Part VIII			
		Check if Schedule O contains a response t	or flote to arry lift	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
rar	b	Membership dues1b	108,903.				
Ω, E	c	Fundraising events1c	19,950.				
ifts Ir A	c	Related organizations 1d	-				
Contributions, Gifts, Grants and Other Similar Amounts	-	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants, and					
uti Je			344,529.				
ë₽			41,379.				
on pu	ę.	Noncash contributions included in lines 1a-1f	41,3/3.	172 202			
a C	r	Total. Add lines 1a-1f		473,382.			
			Business Code	F0 F00	F0 F00		
çe	2 a	EDUCATION PROGRAMS	611710	70,503.	70,503.		
e vi	b				4		
Program Service Revenue	c						
am	c	L					
ogr B	e						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f		70,503.			
	3	Investment income (including dividends, intere					
	Ū	other similar amounts)		38,860.			38,860.
	4	Income from investment of tax-exempt bond p		30,000.	,		30,000.
	4						
	5	Royalties(i) Real	(ii) Personal				
			(II) Personal				
	6 a						
		Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory $7a \mid 40,542$.					
	b	Less: cost or other basis					
ē		and sales expenses					
Revenue	c	Gain or (loss) 7c 40,542.					
3ev	c	Net gain or (loss)	•	40,542.			40,542.
erF		Gross income from fundraising events (not		·			,
Other I	0.0	including \$ 19,950. of					
0		contributions reported on line 1c). See					
		,	62,477.				
			45,285.				
			43,203.	17,192.			17,192.
		Net income or (loss) from fundraising events		11,134.			17,194.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities	<u></u>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
		· , , , , , , , , , , , , , , , , , , ,	Business Code				
ns	11 a						
ned Tue	b						
ilai	_						
Miscellaneous Revenue	C						
Ĭ	C	All other revenue					
		Total. Add lines 11a-11d		640 470	70 502	^	06 504
	12	Total revenue. See instructions		640,479.	70,503.	0.	96,594.

Form 990 (2019) CONSERVANCY Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) or Check if Schedu	ıle O contains a respons				X
Do not include amounts reporte 7b, 8b, 9b, and 10b of Part VIII.	ed on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to	o domestic organizations		·		·
and domestic governments. S	ee Part IV, line 21				
2 Grants and other assistant	ce to domestic				
individuals. See Part IV, lin	ne 22				
3 Grants and other assistant	ce to foreign				
organizations, foreign gove	, ,				
individuals. See Part IV, lin					
4 Benefits paid to or for men					
5 Compensation of current of c		0.4.000	40 440	40 440	0 400
trustees, and key employe		94,330.	42,449.	42,448.	9,433
6 Compensation not included at	•				
persons (as defined under sec	` ' ' ' ' '			4	
persons described in section		122 (40	70 546	F4 004	
7 Other salaries and wages		132,640.	78,546.	54,094.	
8 Pension plan accruals and cor	, ,	2 200	1 700	1 205	11 -
section 401(k) and 403(b) em		3,300.	1,790.	1,395.	115
9 Other employee benefits		9,102.	4,938.	3,846.	318
Payroll taxes		19,701.	10,508.	8,374.	819
1 Fees for services (nonemp	, ,				
a Management					
b Legal		2 626		2 626	
c Accounting		3,636.		3,636.	
d Lobbying					
e Professional fundraising servi	· -	12 054		12 05/	
f Investment management f		13,854.		13,854.	
g Other. (If line 11g amount ex	· ·	210 410	100 664	12,129.	7 625
column (A) amount, list line 1	· · · · · · · · · · · · · · · · · · ·	218,418. 17,629.	198,664.	8,552.	7,625 8,977
2 Advertising and promotion		4,354.	248.	3,205.	901
3 Office expenses		4,334.	240.	3,203.	901
4 Information technology					
5 Royalties		11,548.		11,548.	
6 Occupancy		3,222.	769.	1,568.	885
	wtaismant avaanaa	5,222•	705.	1,500.	003
8 Payments of travel or ente					
for any federal, state, or lo					
9 Conferences, conventions					
	·····				
Payments to affiliatesDepreciation, depletion, ar					
		15,956.		15,956.	
InsuranceOther expenses. Itemize exper	nses not covered	13,330.		13,330.	
above (List miscellaneous exp line 24e amount exceeds 10% amount, list line 24e expenses	penses on line 24e. If of line 25, column (A)				
a NEWSLETTER PU		9,438.		2,786.	6,652
b PROGRAM WORK		8,538.	7,380.	1,022.	136
c WEBSITE EXPEN	SES	4,972.	,	4,947.	25
d BANK SERVICE		4,482.		2,897.	1,585
e All other expenses		7,406.	1,629.	4,220.	1,557
5 Total functional expenses. A	dd lines 1 through 24e	582,526.	347,021.	196,477.	39,028
6 Joint costs. Complete this line		. ,	,	,	,
reported in column (B) joint c	· · · · · · · · · · · · · · · · · · ·				
educational campaign and fun					

Form 990 (2019)
Part X Balance Sheet

Part A	Balance Sheet						
	Check if Schedule O contains a response or no	te to any	line in this Part X		······		
				(A) Beginning of year		(B) End of year	
1	Cash - non-interest-bearing			17,729.	1	49,602.	
2	Savings and temporary cash investments	172,840.	2	141,967.			
3	Pledges and grants receivable, net		3	3,858.			
4	Accounts receivable, net		4				
5	Loans and other receivables from any current of						
	trustee, key employee, creator or founder, subs						
	controlled entity or family member of any of the		5				
6	Loans and other receivables from other disqua						
	under section 4958(f)(1)), and persons describe	d in secti	ion 4958(c)(3)(B)		6		
<u>v</u> 7	Notes and loans receivable, net				7		
Assets	Inventories for sale or use				8		
9 گ	Prepaid expenses and deferred charges			25,940.	9	5,000.	
10 a	Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	2,315,032.				
b	Less: accumulated depreciation	10b	10,322.	2,303,810.	10c	2,304,710.	
11	Investments - publicly traded securities	1,572,426.	11	1,607,620.			
12	Investments - other securities. See Part IV, line		12				
13	Investments - program-related. See Part IV, line		13				
14	Intangible assets		14				
15	Other assets. See Part IV, line 11				15		
16	Total assets. Add lines 1 through 15 (must equ	ual line 33	3)	4,092,745.	16	4,112,757.	
17	Accounts payable and accrued expenses			162.	17	682.	
18	Grants payable		18				
19	Deferred revenue		19				
20	Tax-exempt bond liabilities				20		
21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21		
ဖွ 22	Loans and other payables to any current or for	ner office	er, director,				
Liabilities	trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%				
jab	controlled entity or family member of any of the				22		
- 23	Secured mortgages and notes payable to unrel				23	45.045	
24	Unsecured notes and loans payable to unrelate			0.	24	45,817.	
25	Other liabilities (including federal income tax, p	, -					
	parties, and other liabilities not included on line	s 17-24).	Complete Part X	•		264 422	
	of Schedule D			0.	25	364,100.	
26	Total liabilities. Add lines 17 through 25			162.	26	410,599.	
ω	Organizations that follow FASB ASC 958, ch	eck here	X				
Š	and complete lines 27, 28, 32, and 33.			2 145 205		0 001 416	
<u>E</u> 27				3,147,305.	27	2,801,416.	
<u>m</u> 28	Net assets with donor restrictions			945,278.	28	900,742.	
<u> </u>	Organizations that do not follow FASB ASC	958, che	ck here 🕨 🔙				
느	and complete lines 29 through 33.				29		
<u>န</u> 29		Capital stock or trust principal, or current funds					
8 30	Paid-in or capital surplus, or land, building, or e				30		
Net Assets or Fund Balances 27 28 29 31 32	Retained earnings, endowment, accumulated in			4 000 500	31	2 700 150	
_	Total net assets or fund balances			4,092,583.	32	3,702,158.	
33	Total liabilities and net assets/fund balances			4,092,745.	33	4,112,757.	

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

Form 990 (2019)

<u>Form</u>	1990 (2019) CONSERVANCE	=	""" I I I Z	Page 14				
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	640	,479.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	582	,526.				
3	Revenue less expenses. Subtract line 2 from line 1	3	57	,953.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,583.				
5	Net unrealized gains (losses) on investments	5	-29	,609.				
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 on Schedule O)	9	-418	,769.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)) 10 3							
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	Ο.						
2a	, , , , , , , , , , , , , , , , , , , ,		2a	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-						
_	Act and OMB Circular A-133?		3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

SAN DIEGUITO RIVER VALLEY LAND Name of the organization **Employer identification number** **-***1772 CONSERVANCY Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	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.						
	etion B. Total Support				1		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(-,	(-, : -	(-)	(,	(-, : -	(-)
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						-
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	ne)			12	
	First five years. If the Form 990 is for		,	d fourth or fifth ta	x vear as a section		
	organization, check this box and stop	, ,			•		
Sec	ction C. Computation of Publi	Support Per	centage				,
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2018		•	* * * * * * * * * * * * * * * * * * * *		15	%
	33 1/3% support test - 2019. If the o					nore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				>
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l				
	and stop here. The organization quali						. □
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not d				
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"			-	•		
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ		•				>
18	Private foundation. If the organization		-	•			s >
				-		adula A /Farm 000	

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

haale	ar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2019	(a) 2010	(f) Total
	. ,	(a) ∠015	(N) 2010	(C) 2017	(d) 2018	(e) 2019	(i) rotai
	Aifts, grants, contributions, and						
	nembership fees received. (Do not	667 462	447 706	257 206	262 007	472 202	2200064
	nclude any "unusual grants.")	667,463.	447,726.	357,296.	263,097.	473,382.	2208964
m fo aı	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose	74,215.	75,299.	56,068.	46,143.	70,503.	322,228
3 G	Gross receipts from activities that						
aı	re not an unrelated trade or bus-						
in	ness under section 513	32.					32
4 T:	ax revenues levied for the organ-						
iz	cation's benefit and either paid to rexpended on its behalf						
	he value of services or facilities				_		
	urnished by a governmental unit to						
	ne organization without charge						
	·	741,710.	523,025.	413,364.	309,240.	543,885.	2531224
	otal. Add lines 1 through 5	1 = 1 , 1 1 0 •	J4J,U4J•	- 13,304.	303,240.	J=J,00J•	222144
3	mounts included on lines 1, 2, and received from disqualified persons		10,367.	29,346.	28,110.	25,635.	93,458
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that cceed the greater of \$5,000 or 1% of the						0
	mount on line 13 for the year		10,367.	29,346.	28,110.	25,635.	93,458
	dd lines 7a and 7b		10,507.	45,340.	20,110.	23,033.	2437766
	ublic support. (Subtract line 7c from line 6.) ion B. Total Support						243//00
							ı
	ar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 A	mounts from line 6	741,710	523,025.	413,364.	309,240.	543,885.	2531224
d se	cross income from interest, ividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	33,905.	28,839.	28,613.	38,730.	38,860.	168,947
	nrelated business taxable income						
	ess section 511 taxes) from businesses						
,	cquired after June 30, 1975						
		33,905.	28,839.	28,613.	38,730.	38,860.	168,947
1 N	dd lines 10a and 10blet income from unrelated business ctivities not included in line 10b,	33,903.	20,039.	20,013.	30,730.	30,000.	100,947
	hether or not the business is egularly carried on	19,139.	20,014.	29,077.	30,442.	17.192.	115,864
2 0	Other income. Do not include gain r loss from the sale of capital		_3,011			, ,	,
-	ssets (Explain in Part VI.) otal support. (Add lines 9, 10c, 11, and 12.)	794,754.	571,878.	471.054.	378,412.	599,937.	2816035
	irst five years. If the Form 990 is for					•	
	•	•			•		
C	heck this box and stop here	o Cupport Day	oontogs				P L
	ion C. Computation of Publi						06 55
	bublic support percentage for 2019 (li	, , , , , , , , , , , , , , , , , , , ,	•	olumn (f))		15	86.57
	ublic support percentage from 2018					16	86.44
ecti	ion D. Computation of Inves	tment Income	Percentage				
7 In	nvestment income percentage for 20	119 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	6.00
	nvestment income percentage from 2					18	6.64
	3 1/3% support tests - 2019. If the						
	nore than 33 1/3%, check this box ar	-					⊾ [च
	3 1/3% support tests - 2018. If the						
lir	ne 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nızation qualifies a	s a publicly suppo	rted organization	▶∟
	rivate foundation. If the organizatio					-	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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
4		
1		
2		
_		
За		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
J		
9a		
9b		
0-		
9c		
10a		
10b		<u> </u>

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

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust or	n Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must comp			•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c_		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	integra	ted Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	^ব V │ Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
	Distribute black and a supplier of the control of t		4	
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u> </u>	Carryover from 2014 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
_	Evoses from 2010			

Schedule A (Form 990 or 990-EZ) 2019

SAN DIEGUITO RIVER VALLEY LAND

Schedule A	(Form 990 or 990-EZ) 2019 CONSERVANCY	**-***1772 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, ert V, Section B, line 1e; Part V,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY

Employer identification number **-***1772

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	-	
	are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
Da			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	X Preservation of land for public use (for example, recreat		f a historically important land area
	X Protection of natural habitat	Preservation of	f a certified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		1 1 226 42
b			
С	Number of conservation easements on a certified historic stru	(/	2c
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
_	year >	1	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		X Yes No
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion accoments during the year
7	► \$ 17,846.	iling of violations, and emorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	h)(4)(B)(i)
Ü	1 1 1 1 7 0 (L) (A) (D) (11) 0		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	
3	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	oto to the organization o imanolal statem.	onto that accompce the
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	ırtherance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these item	is.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical trea		I gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

932051 10-02-19

Schedule D (Form 990) 2019

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

	t III Organizations Maintaining C		. Historical Tre	asures. or O	ther S	imila	r Assets	S (conti		age ∠
3	Using the organization's acquisition, accession							- (COITUI	<u>iuea)</u>	
Ū	collection items (check all that apply):	on, and other records	s, oncore any or the i	onowing that ma	ito digiri	mount	300 01 110			
а	Public exhibition	d	Loan or exc	hange program						
b										
c	Preservation for future generations	G								
4	Provide a description of the organization's co	allections and explain	how they further th	ne organization's	ovemnt	nurno	sa in Dart	YIII		
5	During the year, did the organization solicit o						se iiii ait	AIII.		
3	to be sold to raise funds rather than to be ma		•					Yes		No
Par	t IV Escrow and Custodial Arrang									140
	reported an amount on Form 990, Par		te ii tile organizatio	iranswered res	OIIIC	//// JJC	, raitiv,	iii le 3, Oi		
12	Is the organization an agent, trustee, custodi		any for contributions	e or other accete	not inc	ludad				
ıa								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and a strength of the str							163		_ I40
D	in res, explain the arrangement in rait Ain a	and complete the lon	owing table.					Amoun	+	
С	Paginning balance					1c		Amoun		
	Beginning balance Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
) 22	Did the organization include an amount on Fo					$\overline{}$		Yes		No
	If "Yes," explain the arrangement in Part XIII.							_ 103	F	j 110
Par										
		(a) Current year	(b) Prior year	(c) Two years ba		Three \	ears back	(e) Four	r vears	hack
1a	Beginning of year balance	615,761.	608,505.				36,820.	(0) 1 001		275.
	Contributions	, -		251,50	_					
	Net investment earnings, gains, and losses	25,105.	29,999.	24,52	_		37,157. 2,168			
q	Grants or scholarships	,	(,						
	Other expenditures for facilities									
·	and programs	17,846.	17,581.	17,55	51.		17,509.		34	179.
f	Administrative expenses	5,234.	5,162.		_		3,287.			444.
g	End of year balance	617,786.	615,761.	· · · · · · · · · · · · · · · · · · ·	_	3	53,181.			820.
2	Provide the estimated percentage of the curr		•	·	•		,			
a	Board designated or quasi-endowment	43.68	%	n ricia as.						
	Permanent endowment > 56.32	%								
	Term endowment									
Ŭ	The percentages on lines 2a, 2b, and 2c show									
32	Are there endowment funds not in the posses		tion that are held ar	nd administered f	or the c	rnaniza	ation			
ou	by:	osion of the organiza	tion that are note ar	ia aamimistorea i	01 1110 0	n gai iiza	2011		Yes	No
	(i) Unvaleted averaginations							3a(i)	X	110
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?	•••••				3b		_ - _
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm		vinioni idilas.							
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990. Pa	rt X. line	e 10.				
	Description of property	(a) Cost or of				umulate	ed	(d) Boo	k valu	е
	Becomption of property	basis (investm	` '	(other)		ciation	,	(u , 500	it valu	•
1a	Land	`		4,560.				2,30	4,5	60.
b	Buildings			, = • • •				_, , , ,	-, -	
	Leasehold improvements									
	Equipment		1	0,472.	1	0,3	22.		1	50.
	Other			,	_	- ,				
	Add lines 1a through 1e (Column (d) must o		V column (P) line 1	00.)				2.30	4.7	10.

Schedule D (Form 990) 2019

		RIVER VALLE		. +++1770 - 0
Schedule Part VI	D (Form 990) 2019 CONSERVANCY Investments - Other Securities.			-***1772 Page 3
Part VI		Fa 000 Dart IV line	11h Can Farma 000 Bart V line 10	
(a) Descr	Complete if the organization answered "Yes" of iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
		(b) book value	(c) Wethod of Valuation. Cost of en	u-or-year market value
•	cial derivatives		+	
	y held equity interests		+	
3) Other				
(A)			+	
(B)			+	
(C) (D)			+	
(E)			+	
(⊑) (F)			+	
(G)			+	
(H)			+	
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
	III Investments - Program Related.			
	Complete if the organization answered "Yes" of	on Form 000 Dort IV line	11a Can Form 000 Part V line 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	(a) Decemption of investment	(b) Book value	(e) metred of randation: cost of on	a or your marrier value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) moved accord Forms 000 Post V and (D) line 40)			
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		1	
i dit ix		on Form 000 Port IV line	11d Con Form 000 Part V line 15	
	Complete if the organization answered "Yes" o	Description	Trd. See Form 990, Part X, line 15.	(b) Book value
(4)	(a) L	Description		(b) Dook value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		.=.		
Part X	lumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>15.)</u>		
· urt /	Complete if the organization answered "Yes" of	on Form 900 Part IV line	110 or 11f Soo Form 900 Bart V line 25	•
	(a) Description of liability	on Form 990, Part IV, line	THE OF THE See FORM 990, Part A, IIIIe 25	(b) Book value
(4) F	.,,.,			(b) Book value
	ederal income taxes SUMA VALLEY TRAIL JPA MAT	'CH		114,100.
$\overline{}$	SUMA VALLET TRAIL JPA MAT EL DIOS LAND PURCHASE	C11		250,000.
	TO TON LUKCHASE			430,000.
(4)				+
(5)				
(6)				
(7)				
(8)				1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

364,100.

	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nto With Expanses per	Dotum
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	nts with Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T.1
1			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	-
C A	Other (Describe in Bort VIII.)	2c 2d	-
d e	Other (Describe in Part XIII.) Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	
3	Add lines 2a through 2d Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pai	t XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b and 2b; Part V, line	4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal information.	
PAF	RT II, LINE 5:		
			DOLLED 6
MAN	AGEMENT AGREEMENTS WITH THE SAN DIEGUITO R	IVER PARK JOINT	POWERS
7. TTD	NODITHY ADE IN DIACE HO MANACE AND MONITHOD (MAE DDVDEDWIEG 1	EVD WAE
AU	HORITY ARE IN PLACE TO MANAGE AND MONITOR	THE PROPERTIES I	FOR THE
CON	ISERVANCY.		
<u>CO1</u>	MDERVANCI:		
PAF	RT V, LINE 4:		
	,		
THE	ASSETS IN THE BERNARDO MOUNTAIN MITIGATION	N FUND AND SDRV	C
QUZ	ASI-ENDOWMENT FUND ARE MAINTAINED BY THE RAI	NCHO SANTA FE FO	OUNDATION. THE
<u>FUI</u>	IDS ARE FOR THE LONG TERM PRESERVATION OF T	HE ORGANIZATION	AND ARE
<u>ит</u>	ESTED TO GENERATE RETURNS TO BE USED FOR O	PERATIONS.	

SAN DIEGUITO RIVER VALLEY LAND

Schedule D (Form 990) 2019 CONSERVANCY	**-***1772	Page 5
Part XIII Supplemental Information (continued)		
(======================================		

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization SAN DIE CONSERV	GUITO RIVER VALLEY	LAI	ND			Employer ide * * - * * 1	ntification number
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			- \				
	(C						
	$\langle \rangle$						
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) 2019

Schedule G (Form 990 or 990-EZ) 2019 CONSERVANCY

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RIVER VALLEY		NONE	
			FEST			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(= : = : : -) [= = /	(=) /	(
Revenue		Grana receipts	82,427.			82,427.
Re	'	Gross receipts	02,427			02,4276
			19,950.			10 050
	2	Less: Contributions	19,930.			19,950.
		0 ' " 1 ' " 0	60 477			62 477
	3	Gross income (line 1 minus line 2)	62,477.			62,477.
	4	Cash prizes				
	_		1 650			1 650
"	5	Noncash prizes	1,650.			1,650.
ses			11 527		4	11 527
per	6	Rent/facility costs	11,537.		_	11,537.
Direct Expenses			25 664	4		25 664
ect	7	Food and beverages	25,664.			25,664.
₫			750			750
	8	Entertainment	750.			750.
	9	Other direct expenses	5,684.			5,684.
	10	,			>	45,285.
D -		Net income summary. Subtract line 10 from li				17,192.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	Γ			Т
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., ,	bingo/progressive bingo		col. (a) through col. (c))
₹ev						
	1	Gross revenue				
S	2	Cash prizes				
Expenses						
xbe	3	Noncash prizes				
벙						
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	L No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	
		ter the state(s) in which the organization condu				
a Is the organization licensed to conduct gaming activities in each of these states?						Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
b	If "	Yes," explain:				
	_					

932082 09-11-19 Schedule G (Form 990 or 990-EZ) 2019

SAN DIEGUITO RIVER VALLEY LAND

Sch	nedule G (Form 990 or 990-EZ) 2019 CONSERVANCY	**_*	* * 1	772	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?			Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	a The organization's facility		13a		%
			13b		//
	a An outside facility		ISD		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	5:			
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization.	unt			
	of gaming revenue retained by the third party \$\bigs\\$				
C	c If "Yes," enter name and address of the third party:				
	Name				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
١				Yes	No
ı	retain the state gaming license? 5 Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in				
		i ti ie			
Pa	organization's own exempt activities during the tax year \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and Dort	منا الل	aa 0 ()h 10h
		and Part	111, 1111	es 9, s	<i>b</i> b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

SAN DIEGUITO RIVER VALLEY LAND

Schedule 6	G (Form 990 or 990-EZ)	CONSERVANCY		**-***1772	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		(continued)			
		·			
			4		
		·			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY

Employer identification number **-***1772

Par	rt I Types of Property						
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of det	termining	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribut	ion amount	:s
1	Art - Works of art		Treme contributed	r omi ooo, r are viii, iiio rg			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	2	41,379.	FAIR MARKET	VALUE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25 26	Other ()						
26 27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	ration during	the tay year for co	ontributions			
23	for which the organization completed Form 828	-	•				
	Tel Willer the enganization completed from eze	50,1 4,11,1	onee , tertile wiedg			Yes	No
30a	During the year, did the organization receive by	/ contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it	100	
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?	,	,			30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	equires the review o	of any nonstandard contribut	ions?	31	Х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SAN DIEGUITO RIVER VALLEY LAND

Schedule M	(Form 990) 2019 CONSERVANCY	**-**1772	Page 2
Part II	(Form 990) 2019 CONSERVANCY Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organizat	ion
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb	ination of both. Also comp	lete
	this part for any additional information.	·	

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY

Employer identification number **-***1772

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTERPRETIVE CENTERS, ENCOURAGE RECREATION, AND MOBILIZE PUBLIC SUPPORT.

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

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

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

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

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

COMPARABILITY DATA FROM OTHER FORM 990'S OF SIMILAR LAND CONSERVANCY'S ARE REVIEWED BY THE HIRING COMMITTEE AND THE BOARD IN ORDER TO SET THE SALARY FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

ALL RECORDS OF THE SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY ARE OPEN TO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY	Employer identification number **-**1772
MEMBERS OF THE PUBLIC. GOVERNING DOCUMENTS, PO	LICIES, AND FINANCIAL
STATEMENTS ARE IDENTIFIED AS BEING AVAILABLE ON	THE SDRVC WEB PAGE AND ARE
SUMMARIZED THERE. THE FINANCIAL STATUS OF THE	ORGANIZATION IS REGULARLY
REPORTED ON THE ORGANIZATIONS NEWSLETTER, CURRE	NTS, AND IS POSTED AT
GUIDESTAR. FORM 990 DATA IS ALSO CARTED AND PU	BLISHED ON BETTERGIVING AT
THE SAN DIEGO FOUNDATION.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	286.
MANAGEMENT AND GENERAL EXPENSES	534.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	820.
MARKETING SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	9,540.
FUNDRAISING EXPENSES	6,775.
TOTAL EXPENSES	16,315.
PROGRAM WORK:	
PROGRAM SERVICE EXPENSES	198,378.
MANAGEMENT AND GENERAL EXPENSES	2,055.
FUNDRAISING EXPENSES	50.
TOTAL EXPENSES	200,483.
RIVER VALLEY FEST:	
PROGRAM SERVICE EXPENSES	0 . Schedule O (Form 990 or 990-EZ) (2019
932212 09-06-19	Schedule O (Form 990 of 990-EZ) (2019

14290221 151396 SANDIEGUITORIVE

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization SAN DIEGUITO RIVER VALLEY LAND CONSERVANCY	Employer identification number **-***1772
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	800.
TOTAL EXPENSES	800.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	218,418.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FUNDS RELEASED FOR BERNARDO MOUNTAIN TRAIL MAINTENANCE	
(PERM RESTRICTED)	-6,231.
FUNDS RELEASED FOR EDUCATION FUND (TEMP RESTRICTED)	-17,043.
FUNDS RELEASED FOR FUEL REDUCTION PROGRAM (TEMP RESTRICTED) -1,267.
FUNDS RELEASED FOR LAND PURCHASE (TEMP RESTRICTED)	-372,788.
FUNDS RELEASED FOR RIVER PATH DEL MAR (TEMP RESTRICTED)	-21,440.
TOTAL TO FORM 990, PART XI, LINE 9	-418,769.
	_
	_

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

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

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or SAN DIEGUITO RIVER VALLEY LAND print **-***1772 CONSERVANCY File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 3030 BUNKER HILL STREET, SUITE 309-1 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92109 Enter the Return Code for the return that this application is for (file a separate application for each return) Return **Application Application** Return Code Is For Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION 3030 BUNKER HILL STREET, SUITE 309-1 The books are in the care of ▶ - SAN DIEGO, CA 92109 Telephone No. \triangleright (858) $7\overline{55-6956}$ Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. MAY 17, 2021 ____ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.1cm}$ 30 , $\hspace{0.1cm}$ 2020 ► X tax year beginning JUL 1, 2019 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

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instructions

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

Form 8868 (Rev. 1-2020)