

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		GOLDEN GATE NATIONAL PARKS CONSERVANCY		94-2781708
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
FORT MASON, BUILDING 201		(415) 561-3000	G Gross receipts \$ 60,901,913.	
City or town, state or country, and ZIP + 4			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SAN FRANCISCO, CA 94123			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: GREG MOORE SAME AS C ABOVE			If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶	
J Website: ▶ WWW.PARKSCONSERVANCY.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1981	M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE CONSERVANCY IS THE NONPROFIT PARTNER FOR THE GOLDEN GATE NATIONAL PARKS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of employees (Part V, line 2a)	5	345
	6 Total number of volunteers (estimate if necessary)	6	31268
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,283,086.	15,514,002.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,539,979.	18,403,964.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-11,932.	457,163.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,581,528.	8,909,624.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,392,661.	43,284,753.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,887,244.	13,267,029.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,471,981.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	19,061,004.	18,534,638.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,948,248.	31,801,667.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,555,587.	11,483,086.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	36,112,591.	47,501,066.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,270,742.	5,680,835.
		28,841,849.	41,820,231.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer _____ Date _____
 ▶ **GREG MOORE, EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	
HOOD & STRONG LLP, CPAS			
100 FIRST STREET, 14TH FLOOR			
SAN FRANCISCO, CA 94105			
		Phone no. ▶ (415) 781-0793	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE GOLDEN GATE NATIONAL PARKS CONSERVANCY, THE NONPROFIT PARTNER FOR THE GOLDEN GATE NATIONAL PARKS, STANDS AS ONE OF THE COUNTRY'S FOREMOST NATIONAL PARK PARTNERS AND A LEADER IN PIONEERING YOUTH ENVIRONMENTAL PROGRAMS AND COMMUNITY-BASED STEWARDSHIP. WORKING ACROSS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No X

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No X

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 26,411,370. including grants of \$) (Revenue \$ 18,403,964.) IN 2010, THE ACCOMPLISHMENTS OF THE GOLDEN GATE NATIONAL PARKS CONSERVANCY WERE AS DIVERSE AND WIDE-RANGING AS THE PARKS THEMSELVES-OVER 30 UNIQUE SITES SPRINKLED ACROSS 80,400 ACRES NORTH AND SOUTH OF THE GOLDEN GATE, AND ENCOMPASSING PLACES SUCH AS MUIR WOODS NATIONAL MONUMENT, FORT POINT NATIONAL HISTORIC SITE, THE PRESIDIO OF SAN FRANCISCO, AND ALCATRAZ ISLAND.

THE PARKS CONSERVANCY-WORKING ALONGSIDE ITS PUBLIC AGENCY PARTNERS THE NATIONAL PARK SERVICE AND PRESIDIO TRUST-MARKED A BANNER YEAR IN PRESERVING THE GOLDEN GATE NATIONAL PARKS, ENHANCING THE EXPERIENCES OF PARK VISITORS, AND BUILDING A COMMUNITY TO CONSERVE THE PARKLANDS FOR THE FUTURE. BY PIONEERING ENVIRONMENTAL EDUCATION PROGRAMS, ENGAGING

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 2) VOLUNTEER PROGRAMS

ENGAGED 31,268 COMMUNITY MEMBERS OF ALL AGES FOR VOLUNTEER WORK (TOTALING 489,389 HOURS, THE EQUIVALENT OF 235 FULL-TIME EMPLOYEES OR \$10,213,149 IN VALUE), THROUGH THE GOLDEN GATE NATIONAL PARKS VOLUNTEER PROGRAM-A COOPERATIVE EFFORT OF THE PARKS CONSERVANCY, NPS, AND PRESIDIO TRUST; THE 2010 NUMBER OF VOLUNTEERS REPRESENTS A 36% INCREASE OVER LAST YEAR'S FIGURE.

ORGANIZED AND DEPLOYED 414 COMMUNITY, CORPORATE, YOUTH, SCHOOL, OR FAITH-BASED GROUPS FOR A TOTAL OF 1,011 STEWARDSHIP PROJECTS IN THE PARKS, WITH HALF OF THEM RETURNING GROUPS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4) INTERPRETIVE TOURS, VISITOR SERVICES, AND FACILITIES

GREETED AND SERVED 3 MILLION VISITORS AT BOOKSTORES AND VISITOR CENTERS PARKWIDE.

HELPED SUPPORT, THROUGH THE TRI-AGENCY VOLUNTEER PROGRAM, INTERPRETATION OF PARK SITES BY VOLUNTEER DOCENTS WHO REACHED 42,000 VISITORS AT POINT BONITA LIGHTHOUSE AND 12,000 VISITORS TO NIKE MISSILE SITE AND BATTERY TOWNSLEY IN THE HEADLANDS.

DEVELOPED-THROUGH AN INITIATIVE OF THE INSTITUTE AT THE GOLDEN GATE AND IN CLOSE COOPERATION WITH THE NPS-A PLAN TO PROMOTE LOCAL, ORGANIC, AND

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 26,411,370.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 164		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 345		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	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	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			22
b	Enter the number of voting members that are independent		
1b			22
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **NORA HIMPLER - (415) 561-3000**
FORT MASON, BLDG 201, SAN FRANCISCO, CA 94123

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK BUELL CHAIR	1.00	X		X				0.	0.	0.
ALEXANDER H. SCHILLING VICE CHAIR	1.00	X		X				0.	0.	0.
LYNN WENDELL VICE CHAIR	1.00	X		X				0.	0.	0.
DAVID COURTNEY TREASURER	1.00	X		X				0.	0.	0.
MICHAEL R. BARR SECRETARY	1.00	X		X				0.	0.	0.
RANDI FISHER TRUSTEE	1.00	X						0.	0.	0.
JOHN C. GAMBLE TRUSTEE	1.00	X						0.	0.	0.
WALTER J. HAAS TRUSTEE	1.00	X						0.	0.	0.
SALLY HAMBRECHT TRUSTEE	1.00	X						0.	0.	0.
CHARLENE HARVEY TRUSTEE	1.00	X						0.	0.	0.
COLIN LIND TRUSTEE	1.00	X						0.	0.	0.
PHIL MARINEAU TRUSTEE	1.00	X						0.	0.	0.
AMY S. MCCOMBS TRUSTEE	1.00	X						0.	0.	0.
JOHN E. MCCOSKER, PH.D. TRUSTEE	1.00	X						0.	0.	0.
REGINA LIANG MUEHLHAUSER TRUSTEE	1.00	X						0.	0.	0.
JOHN MURRAY TRUSTEE	1.00	X						0.	0.	0.
JACOB E. PEREA, PH.D. TRUSTEE	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STACI SLAUGHTER TRUSTEE	1.00	X						0.	0.	0.
MICHAEL E. WILLIS TRUSTEE	1.00	X						0.	0.	0.
ROB PRICE TRUSTEE	1.00	X						0.	0.	0.
JESSICA GALLOWAY TRUSTEE	1.00	X						0.	0.	0.
PATSY ISHIYAMA TRUSTEE	1.00	X						0.	0.	0.
GREGORY MOORE EXECUTIVE DIRECTOR	40.00			X				211,579.	0.	25,866.
LAURIE WETZEL CFO & COO	40.00			X				162,512.	0.	19,570.
MARY K. MORELLI DIRECTOR OF DEVELOPMENT	40.00					X		144,675.	0.	15,586.
CATHERINE C. BARNER DIRECTOR OF PARK PROJECTS	40.00					X		112,364.	0.	12,795.
DOUG OVERMAN DEPUTY DIRECTOR	40.00					X		113,089.	0.	13,390.
1b Total								960,293.	0.	108,243.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
PROJECT FROG, 1500 SANSOME STREET, SAN FRANCISCO, CA 94111	CONSTRUCTION SERVICES	2,007,514.
CAMPBELL GRADING, INC. P.O. BOX 434, HEALDSBURG, CA 95448	CONSTRUCTION SERVICES	954,280.
RANSOME COMPANY 1933 WILLIAMS STREET, SAN LEANDRO, CA 94577	CONSTRUCTION SERVICES	939,121.
FISHER DEVELOPMENT, INC. 201 SPEAR STREET, SAN FRANCISCO, CA 94105	CONSTRUCTION SERVICES	897,463.
AJILON PROFESSIONAL STAFFING DEPT CH 14031, PALATINE, IL 60055	FINANCE STAFFING SERVICES	321,470.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **16**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	807,406.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14706596.				
	g	Noncash contributions included in lines 1a-1f: \$		83,062.				
	h	Total. Add lines 1a-1f		15514002.				
	Program Service Revenue	2 a	INTERPRETIVE TOURS	Business Code 900099	12222600.	12222600.		
b		COOPS REIMBURSEMENTS	900099	6,018,297.	6,018,297.			
c		NATIVE PLANT NURSERY A	900099	163,067.	163,067.			
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		18403964.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		362,730.			362,730.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			94,433.			94,433.
	8 a	Gross income from fundraising events (not including \$ 807,406. of contributions reported on line 1c). See Part IV, line 18	a		67,200.			
		Less: direct expenses	b		228,578.			
		Net income or (loss) from fundraising events			-161,378.			-161,378.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a		10203464				
	Less: cost of goods sold	b		3572235.				
	Net income or (loss) from sales of inventory			6,631,229.			6631229.	
Miscellaneous Revenue		Business Code						
11 a	STATE CONTRACT - RELOC	900099		2,442,048.			2442048.	
b	MITIGATION INCOME	900099		2,250.			2,250.	
c	OTHER	900099		-4,525.			-4,525.	
d	All other revenue							
e	Total. Add lines 11a-11d			2,439,773.				
12	Total revenue. See instructions.			43284753.	18403964.	0.	9366787.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	419,527.	139,842.	139,843.	139,842.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,159,437.	8,428,561.	1,036,235.	694,641.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	580,687.	392,207.	138,696.	49,784.
9 Other employee benefits	896,479.	698,714.	152,192.	45,573.
10 Payroll taxes	1,210,899.	926,363.	224,315.	60,221.
11 Fees for services (non-employees):				
a Management				
b Legal	14,370.		14,370.	
c Accounting	219,235.		219,235.	
d Lobbying	22,000.		22,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	34,405.		34,405.	
g Other	11,969,557.	11,443,705.	523,941.	1,911.
12 Advertising and promotion	590,251.	245,164.	138,778.	206,309.
13 Office expenses	6,023.			6,023.
14 Information technology	545,450.		545,450.	
15 Royalties				
16 Occupancy				
17 Travel	35,306.		34,698.	608.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,518.	35,031.	18,772.	715.
20 Interest	25,180.	25,008.	172.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	434,631.	244,664.	189,967.	
23 Insurance	244,611.	200,349.	44,262.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES	3,554,355.	3,226,899.	327,456.	
b MEMBERSHIP PROGRAM	503,820.	251,910.		251,910.
c MISCELLANEOUS	280,926.	152,953.	113,529.	14,444.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	31,801,667.	26,411,370.	3,918,316.	1,471,981.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	1.	1			
	2 Savings and temporary cash investments	4,991,195.	2	599,163.		
	3 Pledges and grants receivable, net	1,598,589.	3	6,901,898.		
	4 Accounts receivable, net	4,299,080.	4	6,852,477.		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7 Notes and loans receivable, net				7	
	8 Inventories for sale or use	1,540,455.	8	1,736,917.		
	9 Prepaid expenses and deferred charges	200,965.	9	275,731.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,959,480.			
	b Less: accumulated depreciation	10b	1,038,089.	1,110,959.	10c	921,391.
	11 Investments - publicly traded securities				11	
	12 Investments - other securities. See Part IV, line 11		22,371,347.	12	30,213,489.	
	13 Investments - program-related. See Part IV, line 11				13	
	14 Intangible assets				14	
	15 Other assets. See Part IV, line 11				15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		36,112,591.	16	47,501,066.		
Liabilities	17 Accounts payable and accrued expenses		5,022,241.	17	4,889,766.	
	18 Grants payable			18		
	19 Deferred revenue		2,035,222.	19	631,736.	
	20 Tax-exempt bond liabilities			20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23 Secured mortgages and notes payable to unrelated third parties			23		
	24 Unsecured notes and loans payable to unrelated third parties			24		
	25 Other liabilities. Complete Part X of Schedule D		213,279.	25	159,333.	
	26 Total liabilities. Add lines 17 through 25		7,270,742.	26	5,680,835.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets		15,766,334.	27	18,233,472.	
	28 Temporarily restricted net assets		8,406,238.	28	18,848,907.	
	29 Permanently restricted net assets		4,669,277.	29	4,737,852.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds			30		
	31 Paid-in or capital surplus, or land, building, or equipment fund			31		
	32 Retained earnings, endowment, accumulated income, or other funds			32		
	33 Total net assets or fund balances		28,841,849.	33	41,820,231.	
34 Total liabilities and net assets/fund balances		36,112,591.	34	47,501,066.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2009)

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **GOLDEN GATE NATIONAL PARKS CONSERVANCY** Employer identification number **94-2781708**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 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)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7607366.	9369699.	8555794.	4283086.	15514002.	45329947.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	15324105.	12386025.	23060141.	23742944.	25035193.	99548408.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	22931471.	21755724.	31615935.	28026030.	40549195.	144878355
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	211,056.	153,315.	806,441.	346,931.	181,218.	1698961.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	211,056.	153,315.	806,441.	346,931.	181,218.	1698961.
8 Public support (Subtract line 7c from line 6.)						143179394

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	22931471.	21755724.	31615935.	28026030.	40549195.	144878355
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	178,920.	277,365.	471,020.	420,608.	362,730.	1710643.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	178,920.	277,365.	471,020.	420,608.	362,730.	1710643.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	58,697.	45,274.	30,099.	2633596.	2439773.	5207439.
13 Total support (Add lines 9, 10c, 11, and 12.)	23169088.	22078363.	32117054.	31080234.	43351698.	151796437

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	94.32 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	94.16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.13 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.29 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

GOLDEN GATE NATIONAL PARKS CONSERVANCY

94-2781708

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 81,918.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<hr/> <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<hr/> <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<hr/> <hr/> <hr/> <hr/>	\$ 46,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<hr/> <hr/> <hr/> <hr/>	\$ 8,782.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	<hr/> <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	<hr/> <hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	<hr/> <hr/> <hr/> <hr/>	\$ 2,415,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	<hr/> <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 490,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 54,478.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	<hr/> <hr/> <hr/> <hr/>	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	<hr/> <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 44,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 10,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 1,017,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$ 19,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 24,543.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 47,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	<hr/> <hr/> <hr/> <hr/>	\$ 35,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	<hr/> <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81		\$ 2,550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	<hr/> <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	<hr/> <hr/> <hr/> <hr/>	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	<hr/> <hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103		\$ 6,300.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104		\$ 14,058.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105		\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106		\$ 6,336.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107		\$ 7,050.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108		\$ 5,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
109	_____ _____ _____	\$ 9,275.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
GOLDEN GATE NATIONAL PARKS CONSERVANCY	94-2781708

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
62	582 SHARES OF AMERICAN EXPRESS COMPANY	\$ 24,543.	08/12/10
103	18 CASES OF 2002 DICKERSON VINEYARD LIMITED RESERVE ZINFANDEL WINE FOR TF DINNER	\$ 6,300.	04/01/10
104	14 IBM THINKPADS	\$ 14,058.	04/01/10
105	1,000 BOOKS ABOUT CRISSY FIELD MARSH	\$ 10,000.	04/01/10
106	22 CASES OF C. DONATIELLO CHARDONNAY FOR TF DINNER	\$ 6,336.	04/01/10
107	TOUR & MOVIE AUCTION ITEM	\$ 7,050.	04/01/10

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
---	---

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
108	20 DEBRIS BOXES, 45 CURBSIDE CARTS, DELIVERY AND PICK UP	\$ 5,500.	04/01/10
109	FOOD AND VENUE FOR TF DINNER AUCTION ITEM	\$ 9,275.	04/01/10
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
GOLDEN GATE NATIONAL PARKS CONSERVANCY	94-2781708

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		24,226.	
c Total lobbying expenditures (add lines 1a and 1b)		24,226.	
d Other exempt purpose expenditures		31,777,441.	
e Total exempt purpose expenditures (add lines 1c and 1d)		31,801,667.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures		25,123.	28,771.	24,226.	78,120.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)	2,500.	
4 Aggregate value at end of year	54,000.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors 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 conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,897,098.	6,984,769.			
b Contributions	68,575.				
c Net investment earnings, gains, and losses	787,175.	186,823.			
d Grants or scholarships					
e Other expenditures for facilities and programs	229,492.	274,494.			
f Administrative expenses					
g End of year balance	7,523,356.	6,897,098.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 35.28 %
- b Permanent endowment 62.98 %
- c Term endowment 1.74 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		223,619.	105,545.	118,074.
d Equipment		1,735,861.	932,544.	803,317.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				921,391.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, Other, MUTUAL FUNDS - EQUITY, ALTERNATIVE INVESTMENTS, FIXED INCOME, CASH AND CASH EQUIVALENTS, EXCHANGE TRADED FUNDS, and Total.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Includes a Total row at the bottom.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Includes a Total row at the bottom.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Rows include Federal income taxes and CAPITAL LEASE OBLIGATION. Total row at the bottom.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,284,753.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,801,667.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	11,483,086.
4	Net unrealized gains (losses) on investments	4	1,495,296.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,495,296.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	12,978,382.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	43,894,616.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,495,296.
b	Donated services and use of facilities	2b	246,636.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	228,578.
e	Add lines 2a through 2d	2e	1,970,510.
3	Subtract line 2e from line 1	3	41,924,106.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,360,647.
c	Add lines 4a and 4b	4c	1,360,647.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	43,284,753.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	30,916,234.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	246,636.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	228,578.
e	Add lines 2a through 2d	2e	475,214.
3	Subtract line 2e from line 1	3	30,441,020.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,360,647.
c	Add lines 4a and 4b	4c	1,360,647.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	31,801,667.

Part XIV Supplemental Information

Complete this part to provide 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE JAMES R. HARVEY RESTORATION FUND WAS ESTABLISHED

AS AN ENDOWMENT TO BENEFIT THE ONGOING PRESERVATION AND RESTORATION OF THE PRESIDIO'S OPEN SPACE, FOREST, TRAILS AND NATURAL AREAS. THE OSHER GIFT WAS ESTABLISHED FOR ENVIRONMENTAL EDUCATION AT CRISSY FIELD. THE TED CHONG ENDOWMENT FUND WAS ESTABLISHED TO BENEFIT THE CONSERVANCY'S NATIVE PLANT NURSERY PROGRAMS. THE DESHA FAMILY CREATED AN ENDOWMENT FUND IN MEMORY OF ANNE KINCAID TO RESTORE, PROTECT AND CONSERVE THE NATURAL ASSETS AND FEATURES OF THE GOLDEN GATE NATIONAL PARKS. THE MADELEINE TANG YOUTH

Part XIV Supplemental Information (continued)

LEADERSHIP AND EDUCATION ENDOWMENT WAS ESTABLISHED FOR THE BENEFIT OF THE WATERSHEDS INSPIRING STUDENT EDUCATION (WISE) PROGRAM IN THE GOLDEN GATE NATIONAL PARKS.

THE CONSERVANCY'S BOARD OF TRUSTEES APPROVED THE ESTABLISHMENT OF A QUASI-ENDOWMENT FOR THE ANNUAL SUPPORT OF THE CRISSY CENTER.

PART X: MANAGEMENT EVALUATED THE CONSERVANCY'S TAX POSITIONS AND CONCLUDED THAT THE CONSERVANCY HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES: 228578.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COGS FOR INTERPRETIVE TOURS: 1360647.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE: 228578.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

COGS FOR INTERPRETIVE TOURS: 1360647.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number
94-2781708

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TRAILS FOREVER DINN (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	874,606.			874,606.
	2 Less: Charitable contributions	807,406.			807,406.
	3 Gross income (line 1 minus line 2)	67,200.			67,200.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	56,652.			56,652.
	6 Rent/facility costs	84,153.			84,153.
	7 Food and beverages	45,996.			45,996.
	8 Entertainment	3,500.			3,500.
	9 Other direct expenses	38,277.			38,277.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(228,578)
	11 Net income summary. Combine line 3, column (d), and line 10				-161,378.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column (d), and line 7					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GREGORY MOORE	(i)	201,579.	10,000.	0.	13,628.	12,238.	237,445.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LAURIE WETZEL	(i)	152,512.	10,000.	0.	10,487.	9,083.	182,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY K. MORELLI	(i)	142,675.	2,000.	0.	9,121.	6,465.	160,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

▶ **See the Instructions for Form 990.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the Organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer Identification number

94-2781708

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CLEVELAND JUSTIS DIRECTOR-PROG.& STRATEGIC	40.00					X		103,682.	0.	7,627.
KATHERINE BROOKS FUND & GRANT ADMINISTRATOR	48.00					X		112,392.	0.	13,409.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **GOLDEN GATE NATIONAL PARKS CONSERVANCY** Employer identification number **94-2781708**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		10,000.	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	24,543.	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	X	3	21,911.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (COMPUTERS)	X	1	14,058.	FAIR MARKET VALUE
26 Other ▶ (AUCTION ITEM)	X	1	7,050.	FAIR MARKET VALUE
27 Other ▶ (DEBRIS BOXES)	X	1	5,500.	FAIR MARKET VALUE
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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2009

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Inspection

Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

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94-2781708

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AN 80,400-ACRE GREENBELT STRADDLING THE GOLDEN GATE BRIDGE, THE PARKS
CONSERVANCY FULFILLS A MISSION TO PRESERVE THESE PARKLANDS, ENHANCE THE
EXPERIENCES OF PARK VISITORS, AND BUILD A COMMUNITY DEDICATED TO
CONSERVING THE GOLDEN GATE NATIONAL PARKS FOR THE FUTURE. CONSTITUTING
ONE OF THE MOST VISITED UNITS IN THE NATIONAL PARK SERVICE SYSTEM, THE
PARKS INCLUDE ALCATRAZ ISLAND, MUIR WOODS NATIONAL MONUMENT, FORT POINT
NATIONAL HISTORIC SITE, THE PRESIDIO OF SAN FRANCISCO, AND 30 OTHER
DISTINCT SITES CHERISHED FOR THEIR NATURAL AND CULTURAL VALUE.

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

RECORD NUMBERS OF VOLUNTEERS, AND BRINGING THE PUBLIC INTO A MORE
MEANINGFUL RELATIONSHIP WITH NATURAL AND CULTURAL RESOURCES, THE PARKS
CONSERVANCY CONTINUED TO ESTABLISH ITSELF AS A LEADER AMONG NONPROFIT
PARK PARTNERS.

DURING THE LAST YEAR, THE PARKS CONSERVANCY: 1) IMPROVED LANDSCAPES AND
PHYSICAL FEATURES IN THE PARK; 2) ENERGIZED VOLUNTEERS TO SUPPORT
COMMUNITY STEWARDSHIP, VISITOR PROGRAMS, AND CONSERVATION WORK;
3) RESTORED AND PRESERVED NATURAL ECOSYSTEMS AND HISTORICAL LANDMARKS;
4) OPERATED INTERPRETIVE TOURS, VISITOR SERVICES, AND FACILITIES;
5) DELIVERED PARK EDUCATION, INTERPRETIVE, AND ENVIRONMENTAL PROGRAMS;
6) PRODUCED EDUCATIONAL AND INTERPRETIVE MATERIALS ABOUT THE PARKLANDS;
AND 7) RAISED FUNDS FOR THE BENEFIT OF THE PARKS.

IN FY10, THE PARKS CONSERVANCY PROVIDED \$24.8 MILLION IN SUPPORT TO

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

PARK PROGRAMS AND PROJECTS THROUGHOUT THE GOLDEN GATE NATIONAL
PARKS-BRINGING THE TOTAL TO NEARLY \$219 MILLION SINCE THE CONSERVANCY'S
INCEPTION IN 1981.

HIGHLIGHTS

PROVIDED \$24,772,634 MILLION IN AID TO THE GOLDEN GATE NATIONAL PARKS
IN FY2010 FOR INTERPRETATION, PARK ENHANCEMENTS, COMMUNITY PROGRAMS,
AND VISITOR PROGRAMS.

SET A NEW RECORD IN 2010 FOR ENGAGEMENT OF COMMUNITY VOLUNTEERS, THANKS
TO THE COLLABORATIVE VOLUNTEER PROGRAM OF THE PARKS CONSERVANCY, NPS,
AND PRESIDIO TRUST; IN THE LAST YEAR, MORE THAN 31,000 VOLUNTEERS
CONTRIBUTED 489,000 HOURS.

COMPLETED PHASE 2 OF THE REDWOOD CREEK RESTORATION PROJECT AROUND MUIR
BEACH; IN 2010, WORK REALIGNED THE COASTAL TRAIL SEGMENT ALONG A
RECONTOURED SLOPE; ENHANCED HYDROLOGICAL FUNCTION BY ADDING A CULVERT
AND REMOVING GRAVEL; ESTABLISHED WETLAND POND HABITAT FOR THE
THREATENED CALIFORNIA RED-LEGGED FROG; AND BEGAN TO SHAPE A NEW CREEK
CHANNEL AIMED AT IMPROVING HABITAT FOR THE ENDANGERED COHO SALMON.

FINISHED WORK AROUND THE USS SAN FRANCISCO MEMORIAL AT LANDS END, WHICH
INCLUDES: A NEW OVERLOOK COMPLETE WITH WOODEN BENCHES, GATHERING AREAS,
AND STEPS DOWN TO THE LOWER OVERLOOK; RECONFIGURATION AND
REHABILITATION OF THE PARKING LOT; IMPROVED ACCESSIBILITY TO THE AREA;
NEW NATIVE PLANT PLANTINGS; AND ONGOING HABITAT RESTORATION.

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Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

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Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

CELEBRATED WITH THE COMMUNITY AND STAKEHOLDERS THE OPENING OF THE DIAS
RIDGE TRAIL, A KEY SEGMENT OF THE BAY AREA RIDGE TRAIL THAT PROVIDES
RECREATIONAL OPPORTUNITIES TO HIKERS, CYCLISTS, AND EQUESTRIAN RIDERS
WHILE PROTECTING THE RESOURCES IN THE REDWOOD CREEK WATERSHED BELOW.

GAINED RECOGNITION NATIONALLY AS A LEADER IN FOSTERING NEW CONNECTIONS
BETWEEN PEOPLE AND PUBLIC LANDS, WITH ERNESTO PEPITO (CRISSY FIELD
CENTER YOUTH PROGRAMS MANAGER) SPEAKING ON A PANEL TO KICK OFF
AMERICA'S GREAT OUTDOORS (AGO), A WHITE HOUSE-LEVEL INITIATIVE TO FORGE
A CONSERVATION STRATEGY FOR THE 21ST CENTURY.

HOSTED SECRETARY OF THE INTERIOR KEN SALAZAR AT CRISSY FIELD ON OCTOBER
14, HIGHLIGHTING GOLDEN GATE AND THE PARKS CONSERVANCY AS MODELS FOR
LET'S MOVE OUTSIDE, A NATIONWIDE MOVEMENT TO ENCOURAGE PHYSICAL
ACTIVITY AMONG KIDS.

HELPED FACILITATE AGO LISTENING SESSION FOR 200 YOUNG PEOPLE IN
BERKELEY BY HOLDING A TRAINING SESSION FOR DISCUSSION FACILITATORS AT
CRISSY FIELD, THROUGH THE EFFORTS OF PARTICIPANTS IN THE CONSERVANCY'S
LINC (LINKING INDIVIDUALS WITH THE NATURAL COMMUNITY) AND I-YEL
(INSPIRING YOUNG EMERGING LEADERS) PROGRAMS.

PRESENTED A REPORT ON THE BURGEONING "PARK PRESCRIPTIONS" MOVEMENT TO A
HEALTH-ORIENTED AGO LISTENING SESSION IN CHICAGO, PREPARED BY GUILD
MEMBERS OF THE INSTITUTE AT THE GOLDEN GATE-A CONSERVANCY PROGRAM IN

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

PARTNERSHIP WITH NPS.

HELD AT FORT BAKER A SECOND SUCCESSFUL TURNING THE TIDE CONFERENCE

(APRIL 14-16), A SIGNATURE EVENT OF THE INSTITUTE AT THE GOLDEN GATE

AIMED AT SPARKING CROSS-SECTOR COLLABORATIONS FOR A MORE SUSTAINABLE

PLANET; OVER 200 DIFFERENCE MAKERS FROM ALL FIELDS OF ENDEAVOR GATHERED

AT CAVALLO POINT LODGE TO SHARE IDEAS AND ADVANCE SOLUTIONS.

SERVED NEARLY 23,000 CHILDREN, YOUTH, AND COMMUNITY MEMBERS (TOTALING

OVER 151,000 CONTACT HOURS) THROUGH CAMPS, FIELD TRIPS, AND COMMUNITY

AND PUBLIC PROGRAMS OF THE CRISSY FIELD CENTER, AN URBAN ENVIRONMENTAL

EDUCATION CENTER THAT IS A PARTNERSHIP OF THE CONSERVANCY, NPS, AND

PRESIDIO TRUST.

MARKED ANOTHER SUCCESSFUL FALL SEASON OF GOLDEN GATE RAPTOR OBSERVATORY

HAWK MONITORING AND STUDY IN THE MARIN HEADLANDS; DESPITE ROAD

CONSTRUCTION AND RESTRICTED ACCESS TO HAWK HILL, NEARLY 300 VOLUNTEERS

HELPED COUNT ABOUT 18,000 HAWKS, BAND MORE THAN 1,100 RAPTORS, AND

RADIO-TRACK TWO RED-TAILS.

GREW A RECORD-NUMBER 164,247 NATIVE PLANTS FOR 55 RESTORATION PROJECTS

ACROSS THE PARKS, THROUGH THE VOLUNTEER-POWERED EFFORTS OF FIVE NATIVE

PLANT NURSERIES (MARIN HEADLANDS, TENNESSEE VALLEY, REDWOOD CREEK,

PRESIDIO, FORT FUNSTON) AND THE NURSERY AT OCEANA HIGH SCHOOL IN

PACIFICA.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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SERVED 1.4 MILLION VISITORS THROUGH PARKS CONSERVANCY PROGRAMS ON
ALCATRAZ.

WELCOMED ABOUT 1 MILLION PARK VISITORS TO MUIR WOODS THROUGH
CONSERVANCY STAFF, AND SERVED OVER 1 MILLION MORE IN VISITOR CENTERS
AND STORES PARKWIDE.

1) PLANNING AND SITE IMPROVEMENTS

REPAIRED, IMPROVED, BUILT, AND MAINTAINED ABOUT 45 MILES OF TRAIL
ACROSS THE GOLDEN GATE NATIONAL PARKS THROUGH TRAILS FOREVER-A PARKWIDE
INITIATIVE SPONSORED WITH THE NATIONAL PARK SERVICE AND PRESIDIO TRUST
TO ESTABLISH A WORLD-CLASS TRAIL SYSTEM AND STEWARD SURROUNDING
ENVIRONMENTS.

INSTALLED 166 NEW TRAIL WAYFINDING SIGNS AS PART OF TRAILS FOREVER
EFFORTS.

RESTORED AND IMPROVED THE ALCATRAZ HISTORIC GARDENS IN PARTNERSHIP WITH
THE GARDEN CONSERVANCY; HIGHLIGHTS FROM THE PAST YEAR INCLUDE THE
COMPLETION OF A NEW ROSE TERRACE GREENHOUSE.

FINISHED PLANNING AND DESIGN ON THE BUILDING AND EXHIBITS FOR LANDS END
LOOKOUT, A NEW LANDS END VISITOR FACILITY AT MERRIE WAY, WHILE
COLLECTING FEEDBACK FROM STAKEHOLDERS THROUGH COMMUNITY ENGAGEMENT
MEETINGS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

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Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

ADVANCED PRESIDIO TRAIL CONSTRUCTION PROJECTS (SUCH AS THE PARK TRAIL,
PRESIDIO CEMETERY CONNECTOR TRAIL, ANZA TRAIL, AND MOUNTAIN LAKE EAST
CONNECTOR).

COMPLETED FINAL PLANNING AND DESIGN FOR PHASE 1 OF PRESIDIO COASTAL
TRAIL WORK; MADE SIGNIFICANT STRIDES IN PLANS FOR GOLDEN GATE OVERLOOK
AND PACIFIC OVERLOOK.

HELPED SUPPORT THE PRESIDIO TRUST-LED COMPLETION OF THE LOBOS VALLEY
OVERLOOK.

OPENED PRELIMINARY CONCEPT DISCUSSIONS FOR A NEW PRESIDIO VISITOR
CENTER.

IMPROVED WORK ENVIRONMENT FOR NATIVE PLANT NURSERIES, WITH REMODELING
COMPLETED AT THE MARIN HEADLANDS NURSERY AND FURTHER UPGRADES SLATED
FOR THE PRESIDIO STEWARDSHIP AND SUSTAINABILITY CENTER.

BEGAN REROUTE OF THE NORTHERN SECTION OF THE COASTAL TRAIL AT MUIR
BEACH AND MADE PREPARATIONS FOR THE NEXT PHASE OF MAJOR RESTORATION
PROJECT AT REDWOOD CREEK.

REHABILITATED OWL TRAIL AND INSTALLED COASTAL TRAIL SEGMENT CONNECTING
HAWK HILL WITH CONZELMAN ROAD IN MARIN.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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94-2781708

STARTED CONSTRUCTION ON THE NEW MARIN HEADLANDS COASTAL TRAIL
ALIGNMENT.

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

ESTIMATED THAT OVER 50% OF RESOURCE WORK PERFORMED IN THE GOLDEN GATE
NATIONAL PARKS WAS ACCOMPLISHED BY VOLUNTEERS.

CONTINUED TO SEE HIGH NUMBERS OF VOLUNTEERS AT SPECIAL VOLUNTEER DAYS
SUCH AS MLK JR. DAY OF SERVICE (375 VOLUNTEERS), MUIR WOODS EARTH DAY
(OVER 200), AND NATIONAL TRAILS DAY (125).

HELPED HOST AND COORDINATE AN UNUSUAL "DOUBLE DO-GOOD DAY" ON SEPT. 25,
WITH CALIFORNIA COASTAL CLEANUP DAY AND NATIONAL PUBLIC LANDS DAY
VOLUNTEER OPPORTUNITIES ATTRACTING NEARLY 3,500 VOLUNTEERS AT OVER 20
SITES IN THE GOLDEN GATE NATIONAL PARKS.

BROUGHT MANY FIRST-TIME VOLUNTEERS AND THEIR FAMILIES INTO THE PARK
THROUGH THE "DISNEY GIVE A DAY, GET A DAY" INITIATIVE, ATTRACTING
NEARLY 890 VOLUNTEERS THROUGH 35 SERVICE PROJECTS.

BUILT COMMUNITY SUPPORT FOR TRAIL AND NURSERIES WORK; IN THE LAST YEAR
1,026 VOLUNTEERS WORKED IN NATIVE PLANT NURSERIES AND 1,130 VOLUNTEERED
THROUGH TRAILS FOREVER-BUILDING RETAINING WALLS, INSTALLING TURNPIKES,
CLEARING DRAINS, AND MORE.

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SENT PARK VOLUNTEER MANAGERS TO THE NATIONAL CONFERENCE ON VOLUNTEERING
AND SERVICE IN NEW YORK IN JUNE, TO HELP LEAD A WORKSHOP ON
IMPLEMENTING NATIONAL-LEVEL SERVICE INITIATIVES ON A LOCAL SCALE.

3) RESTORATION PROJECTS AND PROGRAMS

RESTORED VITAL HABITAT AT PARK SITES IN THREE COUNTIES-MILAGRA RIDGE
AND MORI POINT (SAN MATEO COUNTY); LANDS END AND THE PRESIDIO BLUFFS
(SAN FRANCISCO); MUIR BEACH/REDWOOD CREEK, ALTA AVENUE, WOLFBACK RIDGE
(MARIN COUNTY)-THROUGH THE PARK STEWARDSHIP AND VOLUNTEER PROGRAMS.

ADDED FEATURES TO LOWER REDWOOD CREEK AROUND MUIR BEACH-INCLUDING A
STRETCH OF NEW CREEK CHANNEL, A NEW CULVERT, AND WOODY DEBRIS
STRUCTURES-THAT ENHANCE HABITAT AND MOVEMENT OF THE COHO SALMON AND
STEELHEAD TROUT; ALSO IMPROVED WETLAND/POND HABITAT IN THE AREA FOR THE
THREATENED CALIFORNIA RED-LEGGED FROG.

CONTROLLED AND REMOVED INVASIVE CAPE IVY POPULATIONS ON THE PRESIDIO
COASTAL BLUFFS TO PROTECT A UNIQUE SERPENTINE ECOSYSTEM FILLED WITH
ENDEMIC SPECIES AND A WEALTH OF NATIVE PLANT DIVERSITY.

COLLECTED 159 POUNDS WORTH OF SEED, OF 215 SPECIES, FROM 15
WATERSHEDS/VALLEYS IN THE PARK, FOR PROPAGATION IN NATIVE PLANT
NURSERIES THAT SUPPLY PLANTS TO RESTORATION SITES.

GREW 67 SPECIES OF PLANTS FOR THE EL POLIN SPRING RESTORATION PROJECT

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AND SUPPORTED PRESIDIO TRUST-LED EFFORTS TO REVITALIZE THE ECOLOGICALLY
VIBRANT AND HISTORICALLY SIGNIFICANT TENNESSEE HOLLOW WATERSHED.

CONTINUED TO COORDINATE CARE, STUDY, AND MONITORING OF THE FRANCISCAN
MANZANITA (PREVIOUSLY THOUGHT TO BE EXTINCT IN THE WILD) AT ITS
RELOCATED SPOT IN THE PRESIDIO.

DISCOVERED, THROUGH SYSTEMATIC MONITORING SURVEYS AT MILAGRA RIDGE, A
RETURN OF THE SAN BRUNO ELFIN BUTTERFLY IN PLACES WHERE IT WAS
PREVIOUSLY THOUGHT EXTIRPATED (LOCALLY EXTINCT).

SUPPORTED THE EFFORTS OF HABITAT RESTORATION/MONITORING VOLUNTEER
PROGRAMS, SUCH AS PRESIDIO PARK STEWARDS (WHICH REMOVED NEARLY 112,000
SQUARE METERS OF INVASIVE PLANTS) AND WEED WATCHERS (WHICH SURVEYED
OVER 100 MILES OF TRAIL FOR INFESTATIONS).

PLANNED A "SPECIES OF THE YEAR" PROGRAM OF HIKES, TALKS, AND VOLUNTEER
EVENTS TO HIGHLIGHT CONSERVATION EFFORTS AROUND RARE, ENDANGERED, AND
THREATENED SPECIES IN THE PARK; THE INAUGURAL YEAR IN 2011 WILL FEATURE
THE MISSION BLUE BUTTERFLY.

RESEARCHED FIRE-TRIGGERED REGENERATION OF SILVER LUPINE, THE MISSION
BLUE BUTTERFLY'S HOST PLANT, THROUGH A COLLABORATIVE STUDY WITH NPS
NATURAL RESOURCE STAFF AND FIRE MANAGEMENT CREW.

OBSERVED WESTERN BLUEBIRDS MAKING NESTS AT LANDS END, A SIGHT UNSEEN IN

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DECADES AND AN INDICATION OF SUCCESS IN RESTORING WILDLIFE HABITAT.

CONTRIBUTED TO ADVANCEMENT OF RAPTOR AND CONSERVATION RESEARCH THROUGH
GGRO STUDIES THAT RESULTED IN PUBLICATION OF TWO SCIENTIFIC ARTICLES IN
NATIONAL JOURNALS.

MONITORED, THROUGH GGRO "OFF-SEASON" VOLUNTEERS, MORE THAN 140 RAPTOR
NESTS IN FOUR COUNTIES TO FURTHER EXPAND UNDERSTANDING OF FALL
MIGRATION DYNAMICS.

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

HEALTHY FOOD CHOICES IN PARKS.

ADDED PORTUGUESE AND KOREAN TO THE LANGUAGES OFFERED FOR THE ALCATRAZ
AUDIO CELLHOUSE TOUR, FURTHER EXPANDING ITS ACCESSIBILITY TO
INTERNATIONAL VISITORS.

HELPED SUPPORT TWICE-WEEKLY, DOCENT-LED TOURS OF HISTORIC ALCATRAZ
GARDENS AND FURTHER IMPROVED AND EXPANDED ONLINE CONTENT AT
WWW.ALCATRAZGARDENS.ORG.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

6) EDUCATIONAL/INTERPRETIVE MATERIALS

RELEASED 20 NEW CUSTOM-DESIGNED INTERPRETIVE ITEMS FOR PARK AND ONLINE

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STORES TO ENHANCE VISITORS' EXPERIENCES AND UNDERSTANDING OF THE PARKS,
INCLUDING ALCATRAZ MEMOIRS AND BOOKS, HISTORIC REPRODUCTIONS OF
ALCATRAZ POSTCARDS, AND A MUIR WOODS CULTURAL HISTORY WALKING TOUR
BROCHURE.

EMPHASIZED SUSTAINABLE, GREEN PRACTICES IN DEVELOPMENT OF NEW ITEMS
SUCH AS FLEECE JACKETS MADE OF REUSED PLASTIC FROM WATER BOTTLES,
REDESIGN OF DVD PACKAGING TO UTILIZE RECYCLED MATERIAL, AND TOTES AND
NOTEPADS CRAFTED FROM BANNERS USED IN AN "AMERICA'S BEST IDEA"
MARKETING CAMPAIGN.

PLANNED FOR A LINE OF HIGH-QUALITY INTERPRETIVE ITEMS AND PUBLICATIONS
IN SUPPORT OF THE LANDS END LOOKOUT, THE NEW VISITOR FACILITY SLATED TO
OPEN IN 2012.

EXPLORED POTENTIAL INTERPRETIVE PRODUCT PROGRAM IN SUPPORT OF THE
GOLDEN GATE BRIDGE'S 75TH ANNIVERSARY CELEBRATION.

CONTINUED TO OFFER ENGAGING AND INFORMATIVE CONTENT IN PARK
PUBLICATIONS GATEWAYS (THE PARKS CONSERVANCY MEMBER NEWSLETTER), PARK
ADVENTURES (QUARTERLY ROUNDUP OF PARK EVENTS AND HIGHLIGHTS, PRODUCED
IN CONJUNCTION WITH THE NPS), AND PARK E-VENTURES (A USER-CUSTOMIZABLE
MONTHLY E-NEWSLETTER).

EXPANDED USE OF SOCIAL MEDIA TOOLS TO REACH NEW AUDIENCES, VISITORS,
AND SUPPORTERS; NUMBER OF FACEBOOK "FANS" AT

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WWW.FACEBOOK.COM/PARKSCONSERVANCY GREW TO OVER 2,100 BY THE END OF
2010, AND REINVIGORATED THE CONSERVANCY'S USE OF AND PRESENCE ON
TWITTER (PARKS4ALL).

IMPROVED CONTENT AND USABILITY OF FEATURES ON PARKS CONSERVANCY WEBSITE
WWW.PARKSCONSERVANCY.ORG TO ESTABLISH A ONE-STOP RESOURCE OF PARK NEWS
AND INFORMATION FOR VISITORS AND INTERESTED COMMUNITY MEMBERS.

5) EDUCATION AND COMMUNITY PROGRAMS

DOUBLED SINCE 2009 THE NUMBER OF YOUNG PEOPLE SERVED THROUGH THE
CAMPING AT THE PRESIDIO PROGRAM (A COLLABORATIVE EFFORT OF THE CRISSY
FIELD CENTER, PRESIDIO TRUST, NPS, AND BAY AREA WILDERNESS TRAINING),
WITH 3,654 PARTICIPANTS ENJOYING CAMPING EXPERIENCES-MANY FOR THE FIRST
TIME-AT ROB HILL IN THE PRESIDIO.

PROVIDED 17,873 CONTACT HOURS OF HANDS-ON, EXPERIENTIAL ENVIRONMENTAL
EDUCATION THROUGH CRISSY FIELD CENTER SUMMER CAMPS THAT SERVED 228
YOUNG CAMPERS.

SERVED 2,574 STUDENTS THROUGH SCHOOL FIELD TRIP PROGRAMS AT CRISSY
FIELD CENTER.

EXPANDED THE REACH OF CRISSY FIELD CENTER PROGRAMMING INTO MANY OF THE
MOST UNDERSERVED COMMUNITIES OF SAN FRANCISCO AND THE BAY AREA BY
PARTNERING WITH OVER 100 SCHOOLS AND COMMUNITY ORGANIZATIONS.

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LAUNCHED AN ENVIRONMENTAL EDUCATION PROGRAM TO REACH CHILDREN IN
HOMELESS FAMILIES THROUGH A NEW PARTNERSHIP WITH THE HAMILTON FAMILY
CENTER, THE LARGEST SHELTER AND PROVIDER OF SUPPORT SERVICES FOR
HOMELESS FAMILIES IN SAN FRANCISCO.

MENTORED AND SUPPORTED 15 I-YEL (INSPIRING YOUNG EMERGING LEADERS)
INTERNS, YOUTH LEADERS WHO WORK TO EDUCATE AND INSPIRE THEIR PEERS AT
BAY AREA HIGH SCHOOLS TO BECOME MORE ACTIVE STEWARDS FOR THEIR URBAN
ENVIRONMENTS.

SENT FIVE I-YEL REPRESENTATIVES (ALUMNAE AND CURRENT INTERNS) TO
OUTDOOR NATION IN NEW YORK, THE FIRST YOUTH-LED SUMMIT CHAMPIONING THE
OUTDOORS.

EDUCATED 59 STUDENTS AT GALILEO ACADEMY OF SCIENCE AND TECHNOLOGY IN
SAN FRANCISCO THROUGH PROJECT WISE (WATERSHEDS INSPIRING SCIENCE
EDUCATION)-A CRISSY FIELD CENTER PROGRAM IN COLLABORATION WITH URBAN
WATERSHED PROJECT-USING THE CREEKS, MARSHES, AND VALLEYS OF THE
PRESIDIO AS OUTDOOR CLASSROOMS.

PROVIDED FUNDING AND STAFFING TO CURRICULUM-BASED EDUCATIONAL PROGRAMS
ACROSS THE PARKS, REACHING MORE THAN 15,000 STUDENTS.

GUIDED 18 HIGH SCHOOL STUDENTS-FROM A VARIETY OF ETHNIC
BACKGROUNDS-THROUGH THE INTENSIVE SIX-WEEK PARK STEWARDSHIP PROGRAM
LINC (LINKING INDIVIDUALS TO THE NATURAL COMMUNITY) THAT INCLUDES

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HANDS-ON ECOLOGICAL LESSONS AND SERVICE PROJECTS AT GOLDEN GATE AND
OTHER NATIONAL PARKS.

PLACED 11 LINC ALUMNI OF THE LINC PROGRAM INTO ADVANCED PARK-RELATED
INTERNSHIPS, THE NEXT RUNG OF THE LADDER OF LEARNING IN WHICH INTERNS
RECEIVE PROFESSIONAL DEVELOPMENT, MENTORING, AND GUIDANCE ON
ENVIRONMENTAL CAREERS.

LED OVER 180 INTERPRETIVE TALKS AND EDUCATIONAL ACTIVITIES THROUGH THE
COMMUNITY OUTREACH AND VOLUNTEER ENGAGEMENT EFFORTS OF THE PARK
STEWARDSHIP PROGRAM.

SUPPORTED 15 GOLDEN GATE RAPTOR OBSERVATORY DOCENTS WHO GREETED HAWK
VISITORS AND MIGRATION WATCHERS DURING THE FALL SEASON AT AN
ALTERNATIVE LOCATION IN THE MARIN HEADLANDS, IN LIEU OF USUAL HAWK HILL
PROGRAMS DUE TO CONSTRUCTION WORK.

ENRICHED THE PARK EXPERIENCE FOR VOLUNTEERS, INTERNS, STAFF, AND
CONSERVANCY MEMBERS THROUGH 42 PARK ACADEMY CLASSES THAT IMPROVED
SKILLS OF 568 ATTENDEES, ON EVERYTHING FROM NATIVE GRASSES TO
RESTORATION TECHNIQUES.

ATTRACTED/HOSTED 71 ENVIRONMENTAL PROGRAMS AND HELPED BOOK NEARLY 3,500
ROOM NIGHTS AT CAVALLO POINT (THE NATIONAL PARK LODGE AT FORT BAKER),
THROUGH THE EFFORTS OF THE INSTITUTE AT THE GOLDEN GATE.

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CONTINUED TO CONNECT COMMUNITY MEMBERS WITH CUTTING-EDGE ENVIRONMENTAL
THINKERS AND PIONEERS THROUGH THE "CONVERSATIONS WITH ECO-INNOVATORS"
LECTURE SERIES IN COLLABORATION WITH CONSERVATION INTERNATIONAL; ALSO
REACHED NEARLY 3,000 PEOPLE THROUGH WEBCAST OF THE INSTITUTE'S TURNING
THE TIDE CONFERENCE IN APRIL.

7) FUNDS TO SUPPORT THE PARKS

PROVIDED \$24.8 MILLION IN SUPPORT TO PARK PROJECTS, PROGRAMS, AND
VISITOR SERVICES AT GOLDEN GATE.

MAINTAINED MOMENTUM OF THE CAMPAIGN FOR THE PRESIDIO AND THE GOLDEN
GATE NATIONAL PARKS, NEARLY ATTAINING THE \$40 MILLION MARK IN TOTAL
CAMPAIGN GIFTS SINCE THE LAUNCH OF THE CAMPAIGN.

ACHIEVED THE FULL MATCH IN PLEDGES AND GIFTS NECESSARY FOR THE EVELYN
AND WALTER HAAS, JR. CHALLENGE GRANT TO IMPROVE PRESIDIO TRAILS,
BIKEWAYS, AND OVERLOOKS.

CULTIVATED SUPPORT FROM 12,750 PARKS CONSERVANCY MEMBERS.

HELD THE 7TH ANNUAL TRAILS FOREVER BENEFIT DINNER, ATTRACTING 450 PARK
FRIENDS TO AN AWARD-WINNING EVENT AT FORT POINT ON OCTOBER 2, 2009 TO
RAISE SIGNIFICANT FUNDS FOR THE IMPROVEMENT OF TRAILS AND RESTORATION
OF HABITAT ACROSS THE PARKS.

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AWARDS AND RECOGNITION

GARNERED A 2010 BEAUTIFICATION AWARD FOR LANDS END REVITALIZATION WORK,
FROM SAN FRANCISCO BEAUTIFUL, A CIVIC ORGANIZATION THAT RECOGNIZES
PROJECTS THAT IMPROVE THE CITY'S ENVIRONMENT AND ENRICH THE COMMUNITY.

WON CALIFORNIA CONSTRUCTION MAGAZINE BEST OF 2010 AWARD IN THE GREEN
BUILDING CATEGORY FOR INVOLVEMENT IN CONSTRUCTING A STATE-OF-THE-ART
MODULAR FACILITY AS THE TEMPORARY HOME OF THE CRISSY FIELD CENTER.

GAINED RECOGNITION, FOR MULTI-USE DIAS RIDGE TRAIL ENHANCEMENTS, FROM
SUNSET MAGAZINE EDITORS WHO NAMED THE TRAIL THEIR "NEW FAVORITE TRAIL"
OF 2010.

NAMED AS A FINALIST FOR THE CONVIO INNOVATOR AWARD, FOR DRAMATIC
IMPROVEMENTS TO PARKS CONSERVANCY E-MAIL COMMUNICATIONS.

SECURED MENTION IN APPROXIMATELY 113 NEWS CLIPS, KEEPING THE
CONSERVANCY'S WORK IN THE SPOTLIGHT AND BRINGING POSITIVE ATTENTION TO
PROJECTS AND PROGRAMS AT THE GOLDEN GATE.

HONORED WITH SIX 2010 MEDIA & PARTNERSHIP AWARDS FROM THE ASSOCIATION
OF PARTNERS FOR PUBLIC LANDS:

WINNER, PARTNERSHIP PROGRAM/PROJECT: ALCATRAZ GARDENS RESTORATION
PROJECT

WINNER, MEMBERSHIP/FUNDRAISING: TRAILS FOREVER DINNER 2009

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HONORABLE MENTION, EDUCATION PROGRAM/PROJECT: "AMERICA'S BEST IDEA"

CAMPAIGN

HONORABLE MENTION, THEME-RELATED ITEM: ALCATRAZ: THE JOHN GILES ESCAPE

HONORABLE MENTION, PARTNERSHIP PROGRAM/PROJECT: TURNING THE TIDE

HONORABLE MENTION, MULTIMEDIA PROGRAM/PROJECT: "AMERICA'S BEST IDEA"

MINI-SITE WWW.FOROURPARKS.ORG

FORM 990, PART VI, SECTION B, LINE 11: THE TAXPAYER'S ACCOUNTING FIRM

FORWARDED THE FORM 990 TO THE CFO/COO. AFTER REVIEWING THE FORM 990, THE

CFO/COO FORWARDED THE FORM TO THE EXECUTIVE DIRECTOR FOR HIS REVIEW. THE

FORM 990 WILL BE PROVIDED TO THE BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY ASK EACH BOARD TRUSTEE,

MANAGER, SR. DIRECTOR & EXECUTIVE TO UPDATE AND SIGN CONFLICT OF INTEREST

STATEMENTS. REVIEWED BY CFO/COO AND EXECUTIVE DIRECTOR FOR POTENTIAL

CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: INCENTIVE COMPENSATION IS

PERFORMANCE BASED WITH THE EXECUTIVE DIRECTOR AND CFO/COO APPROVING

ALL INCENTIVE COMPENSATION, EXCEPT THE EXECUTIVE DIRECTOR AND CFO/COO WHO

REQUIRE BOARD APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE

AVAILABLE UPON REQUEST.

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FORM 990, PART XI, LINE 2C

THE ROLE OF THE AUDIT COMMITTEE

THE ROLE AND PROCESS OF THE AUDIT COMMITTEE HAS NOT CHANGED FROM THE
PRIOR YEAR.