

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)

2008

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 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <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		E Telephone number
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite FORT MASON CENTER, BUILDING 201 City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94123		(415) 561-3000
F Name and address of principal officer: LAURIE WETZEL SAME AS C ABOVE		G Gross receipts \$ 92,877,283.		
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(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J Website: WWW.PARKSCONSERVANCY.ORG		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶		
		L Year of formation: 1981		M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
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 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	360
	6 Total number of volunteers (estimate if necessary)	6	57
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	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)	8,555,794.	4,283,086.
	9 Program service revenue (Part VIII, line 2g)	17,206,384.	17,539,979.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	869,777.	-11,932.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,883,856.	8,581,528.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,515,811.	30,392,661.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,223,561.	
	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)	6,738,380.	12,887,244.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,343,844.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,470,741.	19,061,004.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,432,682.	31,948,248.	
19 Revenue less expenses. Subtract line 18 from line 12	3,083,129.	-1,555,587.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 33,591,225.	End of Year 36,112,591.
	21 Total liabilities (Part X, line 26)	3,704,864.	7,270,742.
	22 Net assets or fund balances. Subtract line 21 from line 20	29,886,361.	28,841,849.

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	
	▶ LAURIE WETZEL, CFO	Type or print name and title	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶	Preparer's identifying number (see instructions)
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 (see instructions)

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] No If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [X] No If "Yes", describe these changes on Schedule O.

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 \$ 26,915,881. including grants of \$) (Revenue \$ 17,539,979.) IN 2009, THE CONSERVANCY PROVIDED \$25.6 MILLION IN TOTAL AID TO THE GOLDEN GATE NATIONAL PARKS (AND OVER \$190 MILLION IN SUPPORT SINCE ITS INCEPTION IN 1981) THROUGH CONTRIBUTIONS FROM INDIVIDUAL, CORPORATE, AND FOUNDATION DONORS, AS WELL AS INCOME EARNED FROM BOOK STORES, INTERPRETIVE PRODUCTS, PROGRAMS, AND TOURS.

WORKING ALONGSIDE ITS PUBLIC AGENCY PARTNERS, THE NATIONAL PARK SERVICE (NPS) AND PRESIDIO TRUST, THE PARKS CONSERVANCY:

1) IMPROVES LANDSCAPES, FACILITIES, AND OTHER PHYSICAL FEATURES OF THE PARK

2) ENLISTS VOLUNTEERS TO SUPPORT COMMUNITY STEWARDSHIP AND CONSERVATION

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

BROUGHT 22,973 COMMUNITY MEMBERS OF ALL AGES INTO THE PARKS FOR VOLUNTEER WORK (TOTALING 423,143 HOURS, THE EQUIVALENT OF 203 FULL-TIME EMPLOYEES OR \$8,568,646 IN VALUE), THROUGH THE GOLDEN GATE NATIONAL PARKS VOLUNTEER PROGRAM-A COOPERATIVE EFFORT OF THE PARKS CONSERVANCY, NPS, AND PRESIDIO TRUST.

ORGANIZED AND FACILITATED 390 CORPORATE/CIVIC GROUPS FOR NEARLY 1,000 VOLUNTEER GROUP PROJECTS IN THE PARKS (WITH MANY GROUPS VOLUNTEERING MULTIPLE TIMES).

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

GREETED AND SERVED 2.5 MILLION VISITORS AT ALCATRAZ, MUIR WOODS, WARMING HUT, CRISSY FIELD CENTER, PRESIDIO VISITOR CENTER, FORT POINT VISITOR CENTER, AND MARIN HEADLANDS VISITOR CENTER.

ENHANCED THE VISITOR EXPERIENCE THROUGH SIX VISITOR CENTERS, THREE CAFES, ONE STORE AT PIER 39 IN SAN FRANCISCO, AND AN ONLINE STORE.

EDUCATED AND GUIDED OVER 47,000 VISITORS AT HISTORICAL SITES IN THE MARIN HEADLANDS (POINT BONITA LIGHTHOUSE, NIKE MISSILE SITE, BATTERY TOWNSLEY) BY SUPPORTING PARK SERVICE INTERPRETIVE VOLUNTEERS.

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

4e Total program service expenses \$ 26,915,881. (Must equal Part IX, Line 25, column (B).)

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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 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>	5	
6 Did the organization maintain any donor advised funds or any 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>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	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>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	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>	15	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>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) 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>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	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>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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

Form 990 (2008)

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 189		
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 360		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
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.		
	4a		
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?	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	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Section 501(c)(3) and other 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: N/A		
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: N/A		
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 N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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
7b	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:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	Is there any officer, director or 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

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
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
16b	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: ►
LAURIE WETZEL - (415) 561-3000
FORT MASON CENTER, 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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 officer, director, trustee, or key employee.

(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 MELLEN WENDELL VICE CHAIR	1.00	X		X				0.	0.	0.
DAVID COURTNEY TREASURER	1.00	X		X				0.	0.	0.
MICHAEL 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 WILLIS TRUSTEE	1.00	X						0.	0.	0.
ROB PRICE TRUSTEE	1.00	X						0.	0.	0.
MILTON CHEN TRUSTEE	1.00	X						0.	0.	0.
PAULA DOWNEY TRUSTEE	1.00	X						0.	0.	0.
GAIL SENECA TRUSTEE	1.00	X						0.	0.	0.
GREGORY MOORE EXECUTIVE DIRECTOR	40.00			X				192,163.	0.	22,684.
LAURIE WETZEL CFO & COO	40.00			X				154,715.	0.	17,576.
MARY K. MORELLI DIRECTOR-DEVELOPMENT	40.00					X		145,087.	0.	13,400.
CATHERINE C. BARNER DIRECTOR-PARK PROJECTS	40.00					X		110,640.	0.	14,996.
1b Total								921,827.	0.	90,800.

2 Total number of individuals (including those in 1a) 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
CAMPBELL GRADING, INC. P.O. BOX 434, HEALDSBURG, CA 95448	CONSTRUCTION SERVICES	2,080,987.
PROJECT FROG, 1500 SANSOME STREET, SAN FRANCISCO, CA 94111	CONSTRUCTION SERVICES	1,036,296.
BAUMAN LANDSCAPE & CONSTRUCTION, 572 RUGER AVE., STE. A, SAN FRANCISCO, CA 94129	CONSTRUCTION/LANDSCAPE SERVICES	221,002.
TRACK COMPUTER CENTER, 7068 KOLL CENTER PARKWAY, SUITE 417, PLEASANTON, CA 94566	IT CONSULTANTS	198,771.
CONVIO P.O. BOX 671445, DALLAS, TX 75267	WEB SERVICES	190,521.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 18

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	784,887.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3498199.				
	g	Noncash contributions included in lines 1a-1f: \$		105,865.				
	h	Total. Add lines 1a-1f		4,283,086.				
	Program Service Revenue	2 a	INTERPRETIVE TOURS	Business Code	900099	11891294.	11891294.	
		b	COOPS REIMBURSEMENTS	900099	5,392,588.	5,392,588.		
c		NATIVE PLANT NURSERY A	900099	256,097.	256,097.			
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		17539979.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		420,608.			420,608.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a		Gross Rents	(i) Real				
		b	Less: rental expenses	(ii) Personal				
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a		Gross amount from sales of assets other than inventory	(i) Securities	58331536			
		b	Less: cost or other basis and sales expenses	(ii) Other	58764076			
		c	Gain or (loss)		-432540.			
		d	Net gain or (loss)		-432,540.			-432,540.
	8 a		Gross income from fundraising events (not including \$ 784,886. of contributions reported on line 1c). See Part IV, line 18	a	104,742.			
		b	Less: direct expenses	b	359,775.			
		c	Net income or (loss) from fundraising events		-255,033.			-255,033.
	9 a		Gross income from gaming activities. See Part IV, line 19	a				
		b	Less: direct expenses	b				
		c	Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a	9563736.				
	b	Less: cost of goods sold	b	3360771.				
	c	Net income or (loss) from sales of inventory		6,202,965.			6202965.	
Miscellaneous Revenue				Business Code				
11 a		STATE CONTRACT - RELOC	900099	2,606,671.			2606671.	
	b	OTHER	900099	22,403.			22,403.	
	c	MITIGATION INCOME	900099	4,522.			4,522.	
	d	All other revenue						
e	Total. Add lines 11a-11d			2,633,596.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			30392661.	17539979.	0.	8569596.	

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	387,138.	129,046.	129,046.	129,046.
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	9,265,080.	7,461,828.	1,214,491.	588,761.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	610,851.	433,746.	133,884.	43,221.
9 Other employee benefits	1,419,279.	1,177,523.	208,508.	33,248.
10 Payroll taxes	1,204,896.	935,745.	218,690.	50,461.
11 Fees for services (non-employees):				
a Management	14,000.		14,000.	
b Legal	32,386.		32,386.	
c Accounting	206,595.		206,595.	
d Lobbying	24,500.		24,500.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,141.		19,141.	
g Other	13,256,989.	12,850,693.	404,997.	1,299.
12 Advertising and promotion	473,193.	188,181.	104,671.	180,341.
13 Office expenses	19,097.			19,097.
14 Information technology	357,099.		357,099.	
15 Royalties				
16 Occupancy				
17 Travel	55,390.		53,738.	1,652.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,143.	25,721.	16,652.	1,770.
20 Interest	15,772.	15,412.	360.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	371,487.	182,162.	189,325.	
23 Insurance	232,793.	198,767.	34,026.	
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	3,204,933.	2,968,271.	236,662.	
b MEMBERSHIP PROGRAM	531,576.	265,788.		265,788.
c MISCELLANEOUS	201,910.	82,998.	89,752.	29,160.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	31,948,248.	26,915,881.	3,688,523.	1,343,844.
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	16,513,325.	2	4,991,195.
	3 Pledges and grants receivable, net	1,750,198.	3	1,598,589.
	4 Accounts receivable, net	5,181,267.	4	4,299,080.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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	1,857,062.	8	1,540,455.
	9 Prepaid expenses and deferred charges	431,593.	9	200,965.
	10a Land, buildings, and equipment: cost basis ...	10a 2,544,361.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,433,402.	685,308.	10c 1,110,959.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	7,172,472.	12	22,371,347.
	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)	33,591,225.	16	36,112,591.	
Liabilities	17 Accounts payable and accrued expenses	3,704,864.	17	5,022,241.
	18 Grants payable		18	
	19 Deferred revenue		19	2,035,222.
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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		24	
	25 Other liabilities. Complete Part X of Schedule D	0.	25	213,279.
	26 Total liabilities. Add lines 17 through 25	3,704,864.	26	7,270,742.
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	13,860,686.	27	15,766,334.
	28 Temporarily restricted net assets	11,356,398.	28	8,406,238.
	29 Permanently restricted net assets	4,669,277.	29	4,669,277.
	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	29,886,361.	33	28,841,849.	
34 Total liabilities and net assets/fund balances	33,591,225.	34	36,112,591.	

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		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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	
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	
b If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(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. Schedule A (Form 990 or 990-EZ) 2008

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 - 2007. 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3780002.	7607366.	9369699.	8555794.	4283086.	33595947.
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	12268807.	15324105.	12386025.	23060141.	23742944.	86782022.
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 - 5	16048809.	22931471.	21755724.	31615935.	28026030.	120377969
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	190,441.	211,056.	153,315.	806,441.	346,931.	1708184.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	190,441.	211,056.	153,315.	806,441.	346,931.	1708184.
8 Public support (Subtract line 7c from line 6.)						118669785

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	16048809.	22931471.	21755724.	31615935.	28026030.	120377969
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	278,079.	178,920.	277,365.	471,020.	420,608.	1625992.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	278,079.	178,920.	277,365.	471,020.	420,608.	1625992.
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.)	1253788.	58,697.	45,274.	30,099.	2633596.	4021454.
13 Total support (Add lines 9, 10c, 11, and 12.)						126025415

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 2008 (line 8, column (f) divided by line 13, column (f))	15	94.16 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.29 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.01 %

19a 33 1/3% support tests - 2008. 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 - 2007. 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, and 990-PF.

OMB No. 1545-0047

2008

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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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/>	\$ 10,000.	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/>	\$ 8,750.	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/>	\$ 20,070.	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/>	\$ 5,000.	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/>	\$ 5,000.	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/>	\$ 60,000.	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	<hr/> <hr/> <hr/> <hr/>	\$ 13,876.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 250,126.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<hr/> <hr/> <hr/> <hr/>	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<hr/> <hr/> <hr/> <hr/>	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<hr/> <hr/> <hr/> <hr/>	\$ 48,000.	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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 224,631.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 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		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 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
19		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 21,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 10,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 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
25		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 15,000.	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		\$ 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
31		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 145,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 21,833.	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		\$ 10,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 5,085.	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

Employer identification number

GOLDEN GATE NATIONAL PARKS CONSERVANCY

94-2781708

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 25,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 11,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 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
43		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 29,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 90,000.	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		\$ 22,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 2,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 22,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 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
55		\$ 18,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 315,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 7,500.	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		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 63,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 10,143.	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	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	_____	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	_____	\$ 15,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	_____	\$ 24,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	_____	\$ 24,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	_____	\$ 12,500.	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
73	<hr/> <hr/> <hr/> <hr/>	\$ 6,500.	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/>	\$ 10,000.	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/>	\$ 25,000.	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/>	\$ 5,000.	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/>	\$ 25,000.	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		\$ 73,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83		\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84		\$ 188,700.	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	<hr/> <hr/> <hr/>	\$ 24,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	<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.)
87	<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.)
88	<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.)
89	<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.)
90	<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
91		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92		\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93		\$ 21,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95		\$ 11,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96		\$ 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
97	<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.)
98	<hr/> <hr/> <hr/>	\$ 15,000.	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/>	\$ 6,000.	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/>	\$ 50,000.	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/>	\$ 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/>	\$ 6,500.	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
103		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106		\$ 19,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108		\$ 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
109		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110		\$ 12,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112		\$ 24,773.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114		\$ 9,000.	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
115		\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
		\$ _____	Person <input 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 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
112	469 SHS PROCTOR & GAMBLE CO. _____ _____ _____	\$ 24,773.	09/17/09
114	20 CASES OF WINE _____ _____ _____	\$ 9,000.	10/01/08
115	33 SOFTWARE LICENSES _____ _____ _____	\$ 15,000.	09/28/09
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

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

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

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
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- 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												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		28,771.													
c Total lobbying expenditures (add lines 1a and 1b)		28,771.													
d Other exempt purpose expenditures		31,919,477.													
e Total exempt purpose expenditures (add lines 1c and 1d)		31,948,248.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.			
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. Enter -0- if line g is more than line a		0.													
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	936,401.	1,000,000.	1,000,000.	1,000,000.	3,936,401.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,904,602.
c Total lobbying expenditures			25,123.	28,771.	53,894.
d Grassroots non-taxable amount	234,100.	250,000.	250,000.	250,000.	984,100.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,476,150.
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(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 other means?			
i Other activities? If "Yes," describe in Part IV			
j Total 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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible 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 (line 2c total minus 3 and 4)	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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

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)	60,000.	
3 Aggregate grants from (during year)	3,500.	
4 Aggregate value at end of year	56,500.	

- 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? **Yes** **No**
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? **Yes** **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).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space
- 2 Complete lines 2a-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 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 taxable 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, violations, and enforcement of the conservation easements it holds? **Yes** **No**
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 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 Trust, 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 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	6,984,769.				
b Contributions					
c Investment earnings or losses	186,823.				
d Grants or scholarships					
e Other expenditures for facilities and programs	274,494.				
f Administrative expenses					
g End of year balance	6,897,098.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ 32.30 %
 - b** Permanent endowment ▶ 67.70 %
 - c** Term endowment ▶ _____ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		245,764.	77,582.	168,182.
d Equipment		2,298,597.	1,355,820.	942,777.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,110,959.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
MUTUAL FUNDS - EQUITY	6,006,140.	END-OF-YEAR MARKET VALUE
MUTUAL FUNDS - BOND	4,517,651.	END-OF-YEAR MARKET VALUE
ALTERNATIVE INVESTMENTS	2,715,966.	END-OF-YEAR MARKET VALUE
FIXED INCOME	7,366,147.	END-OF-YEAR MARKET VALUE
CASH AND CASH EQUIVALENTS	1,765,443.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	22,371,347.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount	
Federal income taxes		
CAPITAL LEASE OBLIGATION	213,279.	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	213,279.	

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 Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,392,661.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,948,248.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,555,587.
4	Net unrealized gains (losses) on investments	4	511,075.
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 4-8	9	511,075.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,044,512.

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	30,272,365.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	511,075.
b	Donated services and use of facilities	2b	200,049.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	359,775.
e	Add lines 2a through 2d	2e	1,070,899.
3	Subtract line 2e from line 1	3	29,201,466.
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	1,191,195.
c	Add lines 4a and 4b	4c	1,191,195.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	30,392,661.

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

1	Total expenses and losses per audited financial statements	1	31,316,877.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	200,049.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	359,775.
e	Add lines 2a through 2d	2e	559,824.
3	Subtract line 2e from line 1	3	30,757,053.
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	1,191,195.
c	Add lines 4a and 4b	4c	1,191,195.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	31,948,248.

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES: 359775.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COGS FOR INTERPRETIVE TOURS: 1191195.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

FUNDRAISING EXPENSE: 359775.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

COGS FOR INTERPRETIVE TOURS: 1191195.

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2008

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b 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. Form 990-EZ filers are not required to complete this table.

(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	889,628.		889,628.
	2	Less: Charitable contributions	784,886.		784,886.
	3	Gross revenue (line 1 minus line 2)	104,742.		104,742.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	59,680.		59,680.
	6	Rent/facility costs	106,707.		106,707.
	7	Other direct expenses	193,388.		193,388.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			(359,775.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			-255,033.

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	Non-cash 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 lines 1 and 7 in column (d)				

	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	%
b An outside facility	13b	%

14 Provide 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?

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:

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?

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

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <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) |

b If line 1a is 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

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?

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.

- | | |
|---|---|
| <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 type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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:

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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Schedule J (Form 990) 2008

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) 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 compensation				
GREGORY MOORE	(i)	192,163.	0.	0.	10,275.	12,409.	214,847.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LAURIE WETZEL	(i)	154,715.	0.	0.	8,000.	9,576.	172,291.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY K. MORELLI	(i)	142,587.	2,500.	0.	7,163.	6,237.	158,487.	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)							

Continuation Sheet for Form 990

2008

Department of the Treasury
Internal Revenue Service

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

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.& STRATEGI	40.00					X		103,149.	0.	2,815.
KATHERINE BROOKS FUND & GRANT ADMIN.	46.00					X		106,742.	0.	8,227.
DOUG OVERMAN DEPUTY DIRECTOR	40.00					X		109,331.	0.	11,102.

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that 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				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	105,865.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
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.		

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

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:

ACTIVITY

- 3) RESTORES NATURAL HABITATS AND HISTORICAL LANDMARKS
- 4) OPERATES INTERPRETIVE TOURS, VISITOR SERVICES, AND FACILITIES
- 5) PROVIDES AND SUPPORTS PARK EDUCATION PROGRAMS
- 6) PUBLISHES EDUCATIONAL MATERIALS ABOUT THE PARKLANDS
- 7) RAISES FUNDS FOR THE BENEFIT OF THE PARKS.

HIGHLIGHTS

PROVIDED \$25.6 MILLION IN AID TO THE GOLDEN GATE NATIONAL PARKS IN FISCAL YEAR 2009, FOR INTERPRETATION, PARK ENHANCEMENTS, COMMUNITY PROGRAMS, AND VISITOR PROGRAMS.

ESTABLISHED A NEW RECORD-HIGH FOR NUMBER OF VOLUNTEERS AND HOURS WORKED THROUGH THE VOLUNTEER PROGRAM OF THE GOLDEN GATE NATIONAL PARKS (A

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Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2008

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Name of the organization

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Employer identification number

94-2781708

COLLABORATIVE EFFORT WITH THE NPS AND PRESIDIO TRUST); IN 2009, NEARLY 23,000 VOLUNTEERS CONTRIBUTED 423,000 HOURS-WORTH OVER \$8.5 MILLION IN VALUE.

HOSTED ON APRIL 2-3, THROUGH THE CONSERVANCY'S INSTITUTE AT THE GOLDEN GATE ENVIRONMENTAL PROGRAM IN PARTNERSHIP WITH THE NPS, TURNING THE TIDE-A SIGNATURE CONFERENCE BRINGING TOGETHER ALMOST 450 ECO-INNOVATORS FROM ALL SECTORS AND BACKGROUNDS, INCLUDING NOBEL LAUREATES, PULITZER WINNERS, GOLDMAN ENVIRONMENTAL PRIZE RECIPIENTS, PIONEERING CEOS, YOUTH ACTIVISTS, JOURNALISTS, AND ARTISTS.

COMPLETED CONSTRUCTION AND REVEGETATION OF A REALIGNED 1.5-MILE, MULTI-USE DIAS RIDGE TRAIL, ESTABLISHING A KEY CONNECTION IN THE BAY AREA RIDGE TRAIL WHILE REPLACING AN OLD "SOCIAL TRAIL" TO PROTECT HABITAT FOR COHO SALMON AND STEELHEAD TROUT IN THE REDWOOD CREEK WATERSHED BELOW.

CONSTRUCTED AND OPENED A NEW RAISED WALKWAY ("BOARDWALK") AT MORI POINT- FEATURING VIEWING PLATFORMS AND EARTHEN ISLANDS WITH BENCHES FOR RECREATIONAL AND INTERPRETIVE USE-WHICH IMPROVES VISITOR EXPERIENCES AT THIS SITE IN PACIFICA WHILE PROTECTING THE CONTINUITY OF HABITAT AND LANDSCAPE FOR LISTED SPECIES SUCH AS THE CALIFORNIA RED-LEGGED FROG AND SAN FRANCISCO GARTER SNAKE.

THROUGH COLLABORATIVE EFFORTS WITH THE PRESIDIO TRUST, HELPED OPEN A NEW SAN FRANCISCO NATIONAL CEMETERY OVERLOOK THAT HONORS THE MEMORY OF

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Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

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Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

THOSE WHO GAVE THEIR LIVES IN SERVICE TO THE COUNTRY-ANOTHER LANDMARK ACCOMPLISHMENT IN THE CAMPAIGN TO DRAMATICALLY IMPROVE THE PRESIDIO PARK EXPERIENCE.

ORGANIZED-IN CONJUNCTION WITH KQED AND IN SUPPORT OF THE KEN BURNS DOCUMENTARY "THE NATIONAL PARKS: AMERICA'S BEST IDEA"-A "PARKS FOR ALL" CONFERENCE ON DIVERSITY IN THE PARK SYSTEM-AN EVENT THAT ATTRACTED OVER 420 ATTENDEES AND FEATURED PROMINENT PARK LEADERS AND SCHOLARS, AS WELL AS FILMMAKERS BURNS AND DAYTON DUNCAN.

LEVERAGED AND SUPPORTED THE PBS PREMIERE OF "AMERICA'S BEST IDEA" BY ORGANIZING PARK-BASED COMMUNITY CAMPFIRES FOR UNDERSERVED AUDIENCES AS PART OF A NATIONWIDE "UNTOLD STORIES" INITIATIVE, CREATING A NEW MICRO-WEBSITE FOROURPARKS.ORG TO DRIVE RELATED FUNDRAISING, AND LAUNCHING AN AWARENESS CAMPAIGN THAT INCLUDED STREET BANNERS IN SAN FRANCISCO AND A 30-SECOND PSA PRODUCED BY GOODBY, SILVERSTEIN & PARTNERS.

PLANNED, DESIGNED, AND BUILT AN INTERIM CRISSY FIELD CENTER ALONG EAST BEACH IN ADVANCE OF CONSTRUCTION WORK RELATED TO THE DOYLE DRIVE/PRESIDIO PARKWAY PROJECT; COMPLETED A SAFE AND SUSTAINABLY-CONSTRUCTED MODULAR FACILITY-FEATUREING STATE-OF-THE-ART "GREEN" CLASSROOMS AND LABS AND THE BEACH HUT SNACK BAR-ON AN EXTREMELY COMPRESSED TIMELINE WITH THE HELP OF SAN FRANCISCO-BASED PROJECT FROG.

SERVED OVER 28,000 SCHOOLCHILDREN, YOUTH, AND FAMILIES THROUGH 116,000

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2008

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Name of the organization

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Employer identification number

94-2781708

HOURS OF PROGRAMMING AT THE CRISSY FIELD CENTER (INCLUDING SCHOOL PROGRAMS, CAMPS, YOUTH LEADERSHIP INITIATIVES, COMMUNITY EVENTS, EXHIBITS, AND MORE)-ADVANCING THE GOALS OF THIS URBAN ENVIRONMENTAL CENTER THAT IS A PARTNERSHIP OF THE PARKS CONSERVANCY AND NPS.

COMMEMORATED THE 25TH ANNIVERSARY OF THE GOLDEN GATE RAPTOR OBSERVATORY-A PATH-BREAKING "CITIZEN SCIENCE" PROGRAM THAT CONTRIBUTES TO RESEARCH THROUGH VOLUNTEER-DRIVEN MONITORING, BANDING, AND TRACKING OF BIRDS OF PREY-BY HOSTING A TWO-DAY RAPTOR FEST OPEN HOUSE, HOLDING PUBLIC LECTURES FEATURING RAPTOR EXPERTS, AND PRODUCING SPECIAL "GGRO AT 25" MERCHANDISE.

COUNTED 24,800 BIRDS OF PREY AND BANDED MORE THAN 1,400 RAPTORS DURING THE 2009 MIGRATION SEASON, THANKS TO THE EFFORTS OF NEARLY 300 VOLUNTEERS AT THE GOLDEN GATE RAPTOR OBSERVATORY.

GREW OVER 150,000 NATIVE PLANTS FOR 47 HABITAT RESTORATION PROJECTS ACROSS THE GOLDEN GATE NATIONAL PARKS, THROUGH THE EFFORTS OF FIVE PARK-BASED NATIVE PLANT NURSERIES AND THE NURSERY AT OCEANA HIGH SCHOOL IN PACIFICA.

TEAMED WITH THE PRESIDIO TRUST TO BUILD A SEED AND PLANT LAB FOR THE PRESIDIO NATIVE PLANT NURSERY, THE FIRST STEP IN A LONG-TERM PROJECT TO REPLACE A WORLD WAR II-ERA WAREHOUSE WITH A SAFER AND MORE EFFECTIVE PRESIDIO STEWARDSHIP AND SUSTAINABILITY CENTER AT FORT SCOTT.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

SERVED 1.3 MILLION VISITORS ANNUALLY THROUGH ALCATRAZ TOURS; PROVIDED THE ALCATRAZ EVENING TOUR TO OVER 110,000 VISITORS.

MARKED THE 75TH ANNIVERSARY OF THE ESTABLISHMENT OF USP ALCATRAZ WITH A REUNION OF "ALUMNI" FROM THE PRISON YEARS (INMATES, OFFICERS, AND THEIR FAMILIES) AND DEVELOPMENT OF SPECIAL THEMED INTERPRETIVE PRODUCTS.

1) PLANNING AND SITE IMPROVEMENTS

REPAIRED, IMPROVED, BUILT, AND MAINTAINED ABOUT 50 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.

INSTALLED 70 NEW WAYFINDING SIGNS AS PART OF TRAILS FOREVER PROGRAM.

ADVANCED, IN PARTNERSHIP WITH THE GARDEN CONSERVANCY, A SIGNIFICANT PHASE OF IMPROVEMENTS IN THE ALCATRAZ GARDENS, INCLUDING: REHABILITATION OF THE WEST SIDE GARDENS, INSTALLATION OF GARDEN WAYSIDES, COMPLETION OF A RAINWATER CATCHMENT SYSTEM, RESTORATION OF FEATURES IN THE ROSE GARDEN AND ALONG OFFICERS' ROW, AND MAINTENANCE OF THE WARDEN'S HOUSE LANDSCAPE.

HELPED COMPLETE WITH THE PRESIDIO TRUST A NEW CONNECTOR TRAIL LINKING THE IMMIGRANT POINT OVERLOOK TO THE CALIFORNIA COASTAL TRAIL BELOW, REPLACING DAMAGING SOCIAL TRAIL WHILE STILL PROVIDING ACCESS TO

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Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

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Employer identification number

94-2781708

INSPIRATIONAL VIEWS.

SUPPORTED THE COMPLETION BY THE PRESIDIO TRUST OF THE PRESIDIO PROMENADE (A MAIN EAST-WEST CORRIDOR IN THE PARK) THROUGH THE ADDITION AND UPGRADE OF A MULTI-USE CONNECTING SEGMENT FROM THE FOOT OF THE NATIONAL CEMETERY TO THE CRISSY FIELD OVERLOOK.

SUPPORTED THE DESIGN AND INSTALLATION OF SCENIC OVERLOOKS IN THE PRESIDIO IN CONCERT WITH THE PRESIDIO TRUST AND NATIONAL PARK SERVICE-BROKE GROUND ON LOBOS VALLEY OVERLOOK AND ADVANCED PLANNING ON THE GOLDEN GATE OVERLOOK AND PACIFIC OVERLOOK, ADDING MORE PIECES TO A MASTER PLAN FOR EIGHT DRAMATIC OVERLOOKS IN THE PRESIDIO.

WORKED IN CLOSE PARTNERSHIP WITH THE PRESIDIO TRUST TO DELIVER A MAJOR UPGRADE TO LOVERS' LANE, ONE OF THE OLDEST FOOTPATHS IN SAN FRANCISCO.

FINISHED SCHEMATIC DESIGN FOR THE PRESIDIO COASTAL TRAIL FROM THE GOLDEN GATE BRIDGE TO BAKER BEACH.

CONTINUED PLANNING FOR THE PRESIDIO STEWARDSHIP AND SUSTAINABILITY CENTER AT FORT SCOTT-A LONG-TERM, "GREEN" VISION FOR A SEED AND PLANT LAB, GREENHOUSES, SHADEHOUSE, WATER REUSE SYSTEM, AND EDUCATION/VOLUNTEER CENTER.

MAXIMIZED SPACE WITHIN PARKING LOT FOOTPRINT AT MUIR BEACH TO IMPROVE VISITOR EXPERIENCE WHILE RESTORING CRITICAL FLOODPLAIN AS PART OF THE

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Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

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Employer identification number

94-2781708

REDWOOD CREEK REVITALIZATION PROJECT.

FINALIZED DESIGNS FOR THE HEADLANDS COASTAL TRAIL ALONG CONZELMAN DRIVE AND FOR IMPROVEMENTS AND HABITAT RESTORATION AT HAWK HILL IN MARIN COUNTY.

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

HELPED HOST A SERIES OF PROGRAMS AS AN INTEGRAL PART OF THE NATIONAL CONFERENCE ON VOLUNTEERING AND SERVICE IN JUNE 2009, INCLUDING: AN IMMERSION IN THE PARK FOR 150 VOLUNTEER MANAGERS FROM ACROSS THE COUNTRY, AN EVENING RECEPTION FOR KEY PARK AND CONFERENCE PARTNERS AND LEADERS, AND THE OFFICIAL KICKOFF VOLUNTEER EVENT FOR THE DEPARTMENT OF INTERIOR'S UNITED WE SERVE INITIATIVE.

PARTICIPATED IN STATEWIDE CALIFORNIA COASTAL CLEANUP DAY BY HELPING TO ORGANIZE 3,000 VOLUNTEERS AT OVER 20 COASTAL PARK SITES IN MARIN COUNTY, SAN FRANCISCO, AND PACIFICA-WITH APPROXIMATELY 9,000 POUNDS OF DEBRIS COLLECTED AND/OR RECYCLED.

SUPPORTED 25 ACTIVE TRAIL KEEPERS (WITH 70 COMMUNITY MEMBERS TRAINED IN THE PROGRAM), WHO PATROL LANDS END, THE PRESIDIO, SWEENEY RIDGE, MILAGRA RIDGE, MORI POINT, PHLEGER ESTATE, AND NEWLY EXPANDED AREAS IN TENNESSEE VALLEY AND RODEO VALLEY-WALKING OVER 200 MILES LAST YEAR WHILE MONITORING TRAIL CONDITIONS AND USAGE, GREETING VISITORS, AND PERFORMING LIGHT MAINTENANCE.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

SAW CONTINUED INCREASES IN VOLUNTEER PARTICIPATION ACROSS COMMUNITY PROGRAMS; IN 2009, 894 VOLUNTEERS CONTRIBUTED TO LANDS END STEWARDSHIP; 621 PEOPLE GAVE INVALUABLE TIME TO THE RESTORATION OF ALCATRAZ GARDENS IN PARTNERSHIP WITH THE GARDEN CONSERVANCY; 830 COMMUNITY MEMBERS VOLUNTEERED ON TRAILS FOREVER PROJECTS; 291 VOLUNTEERS HELPED WITH GOLDEN GATE RAPTOR OBSERVATORY WORK.

3) RESTORATION PROJECTS AND PROGRAMS

COLLECTED APPROXIMATELY 83 MILLION SEEDS OF NATIVE PLANTS (207,835 GRAMS WORTH OF SEED), FOR GROWING PLANTS THAT WILL BE USED FOR RESTORATION PROJECTS PARKWIDE.

LED RESTORATION PROGRAMS AT MILAGRA RIDGE, MORI POINT, OAKWOOD VALLEY, WOLFBACK RIDGE, LANDS END, AND MUIR BEACH THROUGH ACTIVITIES OF THE PARK STEWARDSHIP PROGRAM, CURRENTLY ACTIVELY RESTORING 97 ACRES ACROSS THE PARKS.

PLANTED 10,200 NATIVE PLANTS (OF 68 SPECIES)-WITH FIVE ACRES PLANTED/WEEDED-AS NATIVE LANDSCAPE RE-ESTABLISHES AND INVASIVES ARE CONTROLLED AT LANDS END THROUGH STAFF AND VOLUNTEER EFFORTS.

EXPANDED OVER-SUMMERING HABITAT FOR THE ENDANGERED COHO SALMON AND THREATENED STEELHEAD TROUT THROUGH MUIR BEACH WETLAND AND FLOODPLAIN RESTORATION; ADDED BREEDING HABITAT FOR THE CALIFORNIA RED-LEGGED FROG; REPLACED 1.26 ACRES OF INVASIVE PLANTS WITH NATIVE SPECIES; AND REMOVED

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Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2008

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Employer identification number

94-2781708

ARTIFICIAL FILL, SEPTIC TANKS, AND A RETAINING WALL.

BUILT ELEVATED BOARDWALK AND REMOVED ARTIFICIAL BERM AND ROADBED MATERIAL TO RESTORE HYDROLOGICAL CONNECTIVITY AT MORI POINT AND PERMIT MOVEMENT OF SENSITIVE WILDLIFE SPECIES; THE REMOVED FILL SOIL WAS TRANSFERRED TO REPAIR GULLIES AND CONTROL EROSION ALONG UPPER TRAIL.

COLLECTED 30,500 SEEDS AND PLANTED 8,600 PLANTS AS PART OF NATIVE SPECIES REVEGETATION AT MORI POINT.

REMOVED ALMOST FIVE FOOTBALL FIELDS' WORTH OF INVASIVE CAPE IVY AT OAKWOOD VALLEY AS PART OF NATIVE HABITAT RESTORATION EFFORTS PARKWIDE.

SUPPORTED THE PRESIDIO TRUST IN RESTORING HABITAT, PROTECTING SIGNIFICANT CULTURAL FEATURES, AND INTERPRETING THE RICH HISTORY AT EL POLIN SPRINGS-PART OF A LARGER TENNESSEE HOLLOW WATERSHED REVITALIZATION.

CONDUCTED EXTENSIVE EXPERIMENTS TO DETERMINE BEST SITE-SPECIFIC RESTORATION METHODS, AS WELL AS MONITORING PROGRAMS TO TRACK POPULATIONS OF LISTED SPECIES SUCH AS THE MISSION BLUE BUTTERFLY AND THE SAN FRANCISCO GARTER SNAKE.

RESEARCHED VARIOUS SUSTAINABLE SEED-GERMINATION MEDIA AND ADVANCED RESEARCH ON PROPAGATION OF RAVEN'S MANZANITA, THE LAST PLANT OF WHICH IS IN THE PRESIDIO.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

COMPLETED 2ND EDITION OF 300-PAGE NATIVE PLANT NURSERY MANUAL THE ART AND SCIENCE OF GROWING NATIVE PLANTS FOR RESTORATION.

CONTRIBUTED TO EXPANDING KNOWLEDGE OF BIRDS OF PREY AND CONSERVATION SCIENCE WITH THE PUBLICATION OF TWO RESEARCH ARTICLES GREATLY AIDED BY THE VOLUNTEER-DRIVEN EFFORTS AT THE GOLDEN GATE RAPTOR OBSERVATORY.

BANDED A RECORD 62 MERLINS AND WITNESSED A RECORD 10 SIGHTINGS OF BALD EAGLES ON AND AROUND HAWK HILL THROUGH GGRO PROGRAMS.

PROMULGATED NEW VISION PLAN THAT REORGANIZES STEWARDSHIP EFFORTS PARKWIDE AND RE-BRANDS AND RE-POSITIONS THE SITE STEWARDSHIP PROGRAM AS PARK STEWARDSHIP.

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

WORKED WITH THE NATIONAL PARK SERVICE TO HOST RANGER-LED HIKES IN SEPTEMBER AT FORT BAKER AS PART OF "THIS IS AMERICA" COMMUNITY EVENTS IN CELEBRATION OF KEN BURNS' NATIONAL PARKS DOCUMENTARY AND COMPANION PIECE ON DIVERSE PARK PIONEERS; ALSO ASSISTED WITH ONGOING INTERPRETIVE PROGRAMS SUCH AS ARCHITECTURE WALKS AT FORT BAKER.

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

FUNDS TO SUPPORT THE PARKS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

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Employer identification number

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PUSHED FORWARD WITH THE CAMPAIGN FOR THE PRESIDIO AND THE GOLDEN GATE NATIONAL PARKS, REACHING AN OVERALL TOTAL OF OVER \$30 MILLION IN CAMPAIGN GIVING.

RECEIVED ANNUAL CONTRIBUTIONS AND SUPPORT FROM 12,785 CONSERVANCY MEMBERS.

PROVIDED \$25.6 MILLION IN SUPPORT TO PARK PROJECTS, PROGRAMS, AND VISITOR SERVICES.

HOSTED ANOTHER SUCCESSFUL TRAILS FOREVER BENEFIT DINNER; AT THIS SIXTH ANNUAL EVENT-HELD IN 2008 AT CRISSY FIELD-MORE THAN 430 PARK FRIENDS HELPED CONTRIBUTE SIGNIFICANT FUNDING FOR THE IMPROVEMENT OF TRAILS PARKWIDE.

ESTABLISHED THE BRIAN O'NEILL YOUTH LEADERS FUND IN MEMORY OF THE LATE GENERAL SUPERINTENDENT OF THE GOLDEN GATE NATIONAL RECREATION AREA, TO SUPPORT THE NEXT GENERATION OF PARK LEADERS, ENVIRONMENTAL STEWARDS, AND PUBLIC SERVANTS.

ESTABLISHED THE CAROLA ASHFORD ALCATRAZ GARDENS FUND TO CELEBRATE THE LEGACY OF THE LATE PROJECT MANAGER FOR THE ALCATRAZ GARDENS, AND TO SUPPORT THE ONGOING RESTORATION AND PRESERVATION OF THOSE HISTORIC GEMS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2008

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Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

AWARDS AND RECOGNITION

ATTAINED, THROUGH THE COMBINED EFFORTS OF THE NPS AND FORT BAKER RETREAT GROUP, A NUMBER OF HONORS FOR THE POST-TO-PARK CONVERSION OF FORT BAKER THAT CULMINATED IN CAVALLO POINT-THE LODGE AT THE GOLDEN GATE, INCLUDING: A NATIONAL PRESERVATION HONOR AWARD FROM THE NATIONAL TRUST FOR HISTORIC PRESERVATION, A GOVERNOR'S ENVIRONMENTAL AND ECONOMIC LEADERSHIP AWARD FROM THE STATE OF CALIFORNIA, AND LEED-GOLD CERTIFICATION FROM THE U.S. GREEN BUILDING COUNCIL (BECOMING THE FIRST NATIONAL PARK LODGE TO ATTAIN SUCH STATUS).

CONTINUED TO ADVANCE, IN PARTNERSHIP WITH THE GARDEN CONSERVANCY, THE RESTORATION OF THE HISTORIC ALCATRAZ GARDENS-AN ONGOING PROJECT THAT WAS AWARDED THE TRUSTEES AWARD OF EXCELLENCE AND A PRESERVATION DESIGN AWARD FROM THE CALIFORNIA PRESERVATION FOUNDATION.

AWARDED TAKE PRIDE IN AMERICA'S NATIONAL AWARD FOR 2009 "FEDERAL VOLUNTEER EVENT," RECOGNIZING THE TURNOUT AND IMPACT OF MARTIN LUTHER KING, JR. DAY OF SERVICE WORK COORDINATED BY THE GOLDEN GATE NATIONAL PARKS VOLUNTEER PROGRAM.

HONORED WITH SIX 2009 MEDIA & PARTNERSHIP AWARDS FROM THE ASSOCIATION OF PARTNERS FOR PUBLIC LANDS:

*WINNER, APPL EXCELLENCE AWARD: A LOVER'S LINE THRU THE PRESIDIO (IN PARTNERSHIP WITH THE PRESIDIO TRUST AND NATIONAL PARK SERVICE)

*WINNER, MULTIMEDIA PROGRAM: A LOVER'S LINE THRU THE PRESIDIO (IN

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

PARTNERSHIP WITH THE PRESIDIO TRUST AND NATIONAL PARK SERVICE)

*WINNER, VISITOR GUIDES: NOTES FROM THE FIELD: GOLDEN GATE NATIONAL PARKS THREATENED AND ENDANGERED SPECIES

*WINNER, PARTNERSHIP PROJECT: FORT BAKER REVITALIZATION

*HONORABLE MENTION, COMPLIMENTARY PUBLICATIONS: TRAILS FOREVER TRAIL MAPS OF LANDS END, PRESIDIO, AND RICHMOND DISTRICT YMCA

*HONORABLE MENTION, CHILDREN'S MEDIA: ESCAPE FROM ALCATRAZ: THE DUMMY HEAD BREAKOUT

EDUCATION AND COMMUNITY PROGRAMS

HOSTED THREE COMMUNITY CAMPFIRES AS PART OF OUTREACH TO DIVERSE COMMUNITIES IN SUPPORT OF KEN BURNS' "AMERICA'S BEST IDEA" DOCUMENTARY, INCLUDING: 1) A CAMPFIRE AT CRISSY FIELD FOCUSING ON THE JAPANESE AMERICAN EXPERIENCE IN THE PRESIDIO DURING WORLD WAR II; 2) AN EVENT AT CRISSY FIELD AMPHITHEATER TELLING THE STORY OF THE AFRICAN AMERICAN BUFFALO SOLDIERS; AND 3) A FILM SCREENING AND GATHERING IN PARTNERSHIP WITH KQED AT THE MISSION CAMPUS OF CITY COLLEGE IN SAN FRANCISCO.

CONVENED MEMBERS OF THE LOCAL DISABILITY COMMUNITY AND CONCERNED MEMBERS OF THE PUBLIC IN OAKLAND FOR A SCREENING OF KEN BURNS' "THIS IS AMERICA" COMPANION FILM AND A DISCUSSION ABOUT ACCESSIBILITY ISSUES IN THE NATIONAL PARKS.

PROVIDED 16,314 HOURS OF OUTDOOR LEARNING, HANDS-ON ECOLOGICAL LESSONS, AND INVALUABLE EXPERIENCES TO 244 SUMMER CAMPERS AT CRISSY FIELD

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Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

CENTER.

SERVED 4,100 K-12 STUDENTS IN URBAN ECOLOGY SCHOOL PROGRAMS THROUGH THE
CRISSY FIELD CENTER.

SERVED 4,620 CHILDREN, YOUTH, AND FAMILIES THROUGH SPECIAL EVENTS,
WORKSHOPS, CAMPFIRES AND OTHER PUBLIC PROGRAMMING, EQUALING 13,050
HOURS OF QUALITY PROGRAMMING AT THE CRISSY FIELD CENTER.

PROVIDED 1,564 CHILDREN AND YOUTH EDUCATIONAL EXPERIENCES ABOUT THEIR
NATIONAL PARKS, THROUGH ONSITE (AT CRISSY FIELD CENTER) AND OFF-SITE
GROUP PROGRAMS.

PROVIDED OUTDOOR ADVENTURES FOR OVER 1,507 UNDERSERVED CHILDREN AND
YOUTH THROUGH A CAMPING AT THE PRESIDIO TRIP (FOR MANY OF THEM THEIR
FIRST CAMP EXPERIENCE); CAP CONTINUED TO GROW AND PROSPER AT ITS
INTERIM LOCATION THROUGH THE COLLABORATIVE EFFORTS OF THE PRESIDIO
TRUST, PARKS CONSERVANCY, NATIONAL PARK SERVICE, AND BAY AREA
WILDERNESS TRAINING.

TRAINED 83 MIDDLE AND HIGH SCHOOL INTERNS IN LEADERSHIP DEVELOPMENT AND
MULTICULTURAL ENVIRONMENTAL EDUCATION; NURTURED 23 I-YEL (INSPIRING
YOUNG EMERGING LEADERS) INTERNS TO BECOME ADVOCATES FOR ENVIRONMENTAL
AND SOCIAL CHANGE, THROUGH A PROGRAM DESIGNED AND DEVELOPED BY THE
YOUTH THEMSELVES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

GUIDED 45 STUDENTS FROM GALILEO ACADEMY OF SCIENCE AND TECHNOLOGY STUDENTS IN 2008-09 AND 51 IN 2009-10 THROUGH A YEARLONG PROJECT WISE (WATERSHEDS INSPIRING SCIENCE EDUCATION) PROGRAM IN A COLLABORATION OF CRISSY FIELD CENTER AND URBAN WATERSHED PROJECT; PARTICIPANTS ENDED THE PROGRAM WITH PRESENTATIONS ON TOPICS RANGING FROM TSUNAMI MODELING AND SEA LION MONITORING TO RENEWABLE ENERGY ON ALCATRAZ AND MACROINVERTEBRATES.

LED 18 STUDENTS REPRESENTING 16 DIFFERENT LOCAL HIGH SCHOOLS IN A SIX-WEEK-LONG SUMMER PROGRAM FOR TEENS, LINC (LINKING INDIVIDUALS TO THE NATURAL COMMUNITY), A PARK STEWARDSHIP PROGRAM TO FACILITATE YOUTH VOLUNTEERISM IN THE PARK AND IMPART ECOLOGICAL AND LEADERSHIP LESSONS.

PLACED NINE ALUMNI OF THE LINC PROGRAM IN ADVANCED INTERNSHIP POSITIONS AT LANDS END, PRESIDIO, AND ALCATRAZ, AND WITH OUTWARD BOUND AND BAY AREA WILDERNESS TRAINING.

HELD 58 GOLDEN GATE RAPTOR OBSERVATORY TALKS FOR SCHOOL AND COMMUNITY GROUPS ABOUT RAPTOR SCIENCE AND VOLUNTEER INVOLVEMENT; IN TOTAL, APPROXIMATELY 10,000 MEMBERS OF THE PUBLIC VISITED HAWK HILL OR ENGAGED WITH GGRO EVENTS, INCLUDING THE TWO-DAY RAPTOR FEST IN OCTOBER.

ENRICHED AND ENLIVENED EDUCATIONAL PROGRAMMING THROUGH THE NATIVE PLANT NURSERIES BY SUCCESSFULLY PILOTING PETAL PUSHERS, A 2ND AND 3RD GRADE "JUNIOR SCIENTIST" PROGRAM; REVISING THE PETAL PUSHER STUDENT JOURNAL WITH NEW CONTENT AND ARTWORK; AND LAUNCHING GOLDEN GROWERS, A NEW

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Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

LONG-TERM VOLUNTEER PROGRAM.

ADVANCED CAREER AND SKILLS DEVELOPMENT FOR STAFF, INTERNS, AND VOLUNTEERS THROUGH 54 PARK ACADEMY CLASSES TEACHING EVERYTHING FROM PLANT TAXONOMY AND RESTORATION ECOLOGY TO LARGE-VEHICLE DRIVING AND SOILS.

ATTRACTED AND HOSTED, THROUGH THE EFFORTS OF THE INSTITUTE AT THE GOLDEN GATE, OVER 60 ENVIRONMENTAL PROGRAMS AND MEETINGS AT FORT BAKER-MANY OF THEM INVOLVING LEADERS IN THE FIELD SUCH AS THE NATURAL RESOURCES DEFENSE COUNCIL, NATURE CONSERVANCY, ENVIRONMENTAL PROTECTION AGENCY, AND WORLD WILDLIFE FUND.

BUILT ON THE SUCCESS OF THE INSTITUTE'S "HEAD IN THE SKY, FEET IN THE MUD" LECTURE SERIES IN PARTNERSHIP WITH CONSERVATION INTERNATIONAL BY LAUNCHING A NEW SERIES FOR 2009-10, "CONVERSATIONS WITH ECO-INNOVATORS"; IN TOTAL IN 2009, INSTITUTE LECTURES BROUGHT 545 COMMUNITY MEMBERS TO FORT BAKER TO CONNECT WITH AND LEARN FROM SOME OF THE FOREMOST INNOVATORS ON GLOBAL SUSTAINABILITY ISSUES.

LEVERAGED THE INSTITUTE'S WORK BY BROKERING COLLABORATIVE EVENTS WITH KEY PARTNERS SUCH AS THE NATIONAL PARK SERVICE CONSERVATION STUDY INSTITUTE AND THE GOING GREEN CONFERENCE FOR GREEN-TECH INVENTORS AND VENTURE CAPITALISTS.

EDUCATIONAL/INTERPRETIVE MATERIALS

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Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

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Inspection

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Employer identification number

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DEVELOPED AND RELEASED 35 NEW PUBLICATIONS AND PRODUCTS IN 2009,
INCLUDING: FULL LINE OF "JOHN MUIR BOTANIST" STATIONERY, MUIR WOODS
MEDITATIONS PHOTO BOOK, SUSTAINABLE STAINLESS-STEEL WATER BOTTLES,
HISTORIC REPRODUCTION ALCATRAZ INMATE DINING TRAY, STONEWARE ALCATRAZ
REGULATION MUG SETS, 2010 PARK LOGO AND BOTANICAL CALENDARS, WARMING
HUT AND ALCATRAZ APPAREL, AND ALCATRAZ GARDEN SEED PACKETS.

CREATED NEW IDENTITY PRODUCT LINES TO MARK THE 75TH ANNIVERSARY OF THE
FOUNDING OF THE PENITENTIARY ON ALCATRAZ, THE 25TH ANNIVERSARY OF THE
GGRO, AND THE RE-OPENING OF FORT BAKER AND LAUNCH OF THE INSTITUTE AT
THE GOLDEN GATE.

DEvised NEW CONTENT FOR MICROSITE WWW.FOROURPARKS.ORG TO SUPPORT
OUTREACH AND AWARENESS RELATED TO KEN BURNS' "AMERICA'S BEST IDEA"
FILM, INCLUDING A SERIES OF FIVE "TOP FIVE" GUIDES TO INTRODUCE
VISITORS TO NEW PARK EXPERIENCES (TOP FIVE SUNSET SPOTS, WILDLIFE
AREAS, PHOTOGRAPHY TIPS, FAVORITE HIKES, SECRET SPOTS) AND THEMED
WALLPAPERS AND E-CARDS.

PRODUCED WITH THE HELP OF OPEN ROAD TV THREE NEW PSAS FEATURING
FAMILIES OF DIVERSE BACKGROUNDS-IN SPANISH, URDU, AND CHINESE
(CANTONESE)-TO SPREAD THE PARKS MESSAGE TO A GREATER POPULATION.

TALLIED 1.5 MILLION INTERPRETIVE BOOKS AND PARK PRODUCTS PURCHASED BY
PARK VISITORS FROM THE PARKS CONSERVANCY IN FY09 TO ENHANCE THEIR

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

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Employer identification number

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EXPERIENCES AND INTERPRETATION OF THE GOLDEN GATE NATIONAL PARKS.

GREW THE PARKS CONSERVANCY'S FACEBOOK FOLLOWING FROM AROUND 400 FANS AT THE BEGINNING OF THE YEAR TO OVER 1,300 BY THE END OF 2009, THROUGH ACTIVE POSTING OF PARK NEWS, ACCOMPLISHMENTS, AND EVENTS, AND A COMMITMENT TO A SOCIAL MEDIA STRATEGY THAT ALSO INCLUDES BOLSTERING THE FACEBOOK PRESENCE FOR CRISSY FIELD CENTER, GOLDEN GATE RAPTOR OBSERVATORY, AND THE INSTITUTE AT THE GOLDEN GATE.

CONTINUED QUARTERLY PRODUCTION OF AWARD-WINNING BULLETINS SUCH AS GATEWAYS, MEMBER NEWSLETTER OF THE PARKS CONSERVANCY; PARK ADVENTURES, PARKWIDE EVENTS GUIDE AND CALENDAR (IN PARTNERSHIP WITH THE NATIONAL PARK SERVICE); AND PARK E-VENTURES, THE CONSERVANCY'S MONTHLY E-MAIL NEWSLETTER.

FORM 990, PART VI, SECTION A, LINE 10: THE TAXPAYER'S ACCOUNTING FIRM FORWARDED THE FORM 990 TO THE COO/CFO. AFTER REVIEWING THE FORM 990, THE COO/CFO FORWARDED THE FORM TO THE EXECUTIVE DIRECTOR FOR HIS REVIEW. THE FORM 990 WILL BE PROVIDED TO THE BOARD AFTER 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 AND ED FOR POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: INCENTIVE COMPENSATION IS PERFORMANCE BASED WITH THE EXECUTIVE DIRECTOR AND COO/CFO APPROVING

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Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

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Employer identification number

94-2781708

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

FORM 990, PART XI, LINE 2C

ROLE OF THE AUDIT COMMITTEE

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