

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)

2010

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 2010 calendar year, or tax year beginning **OCT 1, 2010** and ending **SEP 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOLDEN GATE NATIONAL PARKS CONSERVANCY		D Employer identification number 94-2781708
	Doing Business As		E Telephone number (415) 561-3000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	F Name and address of principal officer: GREG MOORE SAME AS C ABOVE		G Gross receipts \$ 57,765,991.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (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 Form 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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CONSERVANCY IS THE NONPROFIT PARTNER FOR THE GOLDEN GATE NATIONAL PARKS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	470
	6 Total number of volunteers (estimate if necessary)	6	34484
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	15,514,002.	7,292,657.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,403,964.	20,005,581.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	457,163.	746,844.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,909,624.	6,666,496.
		43,284,753.	34,711,578.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,267,029.	14,579,725.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,554,537.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	18,534,638.	20,361,462.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,801,667.	34,941,187.	
19 Revenue less expenses. Subtract line 18 from line 12	11,483,086.	-229,609.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	47,501,066.	46,865,754.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,680,835.	6,192,952.
	41,820,231.	40,672,802.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	GREG MOORE, PRESIDENT/CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROBERT A. DOCILI				
Paid Preparer Use Only	Firm's name ▶	Firm's EIN ▶			
	HOOD & STRONG LLP				
Paid Preparer Use Only	Firm's address ▶	Phone no. (415) 781-0793			
	100 FIRST STREET, 14TH FLOOR SAN FRANCISCO, CA 94105				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: 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 [X] No

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

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.

4a (Code:) (Expenses \$ 13,081,608. including grants of \$) (Revenue \$ 5,092,005.) PARK ENHANCEMENTS

THE CONSERVANCY MADE SIGNIFICANT PROGRESS IN BUILDING A CUTTING-EDGE NEW LANDS END LOOKOUT VISITOR CENTER, ADVANCED A MAJOR PHASE OF REDWOOD CREEK RESTORATION AT MUIR BEACH, AND SUPPORTED THE PRESIDIO TRUST'S WORK IN REVITALIZING EL POLIN SPRING AND THE LARGER TENNESSEE HOLLOW WATERSHED. THE CONSERVANCY ALSO PLACED NEW BRIDGES ALONG RODEO VALLEY TRAIL TO PROTECT SENSITIVE WETLANDS AND ADVANCED PLANS FOR A NEW PRESIDIO VISITOR CENTER. AT CRISSY FIELD, THE CONSERVANCY ADDED NEW PICNIC SITES AND HELPED FACILITATE THE FUTURE ADDITION OF FIVE WIND TURBINES TO POWER CRISSY FIELD CENTER AND EDUCATE YOUTH ON RENEWABLE ENERGY. ALONGSIDE THE NATIONAL PARK SERVICE TRAIL CREW, CONSERVANCY TRAILS FOREVER STAFF AND VOLUNTEERS HELPED REPAIR, IMPROVE, BUILD, OR

4b (Code:) (Expenses \$ 6,202,031. including grants of \$) (Revenue \$ 2,486,010.) COMMUNITY PROGRAMS

THE CONSERVANCY CONNECTED GOLDEN GATE WITH THE DIVERSE COMMUNITIES OF THE BAY AREA IN MYRIAD WAYS. BY PARTNERING WITH THE NATIONAL PARK SERVICE (NPS) AND PRESIDIO TRUST, THE CONSERVANCY HELPED BRING 34,484 VOLUNTEERS-A NEW RECORD-TO THE PARKS. VOLUNTEERS BUILT TRAILS, RESTORED HABITAT, GREW NATIVE PLANTS, MAINTAINED THE ALCATRAZ GARDENS (WITH THE GARDEN CONSERVANCY), STUDIED RAPTORS THROUGH THE GOLDEN GATE RAPTOR OBSERVATORY, AND MORE. YOUNG PEOPLE WERE ENGAGED THROUGH INNOVATIVE PARK STEWARDSHIP PROGRAMS (LINC, RESTORATION YOUTH CREW) AND THE EDUCATIONAL PROGRAMS OF CRISSY FIELD CENTER (A PARTNERSHIP OF THE CONSERVANCY, NPS, AND PRESIDIO TRUST). IN ADDITION TO PROGRAMS AIMED AT COMMUNITY GROUPS, THE CENTER OFFERS YOUTH ENVIRONMENTAL LEADERSHIP

4c (Code:) (Expenses \$ 6,170,133. including grants of \$) (Revenue \$) VISITOR PROGRAM SERVICES

THE CONSERVANCY CONTINUED TO PLAY AN ESSENTIAL ROLE IN GREETING AND WELCOMING THE ESTIMATED 14.5 MILLION VISITORS EACH YEAR TO THE GOLDEN GATE NATIONAL PARKS. IN THE LAST YEAR, ABOUT 1.4 MILLION PEOPLE WERE SERVED BY INTERPRETIVE TOURS AND EDUCATIONAL PROGRAMS ON ALCATRAZ, WHERE THE CONSERVANCY ALSO SUPPORTED A SHUTTLE FOR WHEELCHAIR USERS AND THOSE PHYSICALLY UNABLE TO WALK TO THE CELLHOUSE. CONSERVANCY STAFF GREETED 1 MILLION VISITORS AT MUIR WOODS NATIONAL MONUMENT VISITOR CENTER, AND ABOUT A MILLION MORE AT VISITOR CENTERS PARKWIDE, PROVIDING PARK INFORMATION AND INTERPRETIVE MATERIALS. WHEN COMPLETED IN 2012, A PAIR OF NEW SUSTAINABLY-BUILT STRUCTURES-THE BRIDGE PAVILION WELCOME CENTER (AT THE SOUTH PLAZA OF THE GOLDEN GATE BRIDGE) AND LANDS END

4d Other program services. (Describe in Schedule O.) (Expenses \$ 3,280,656. including grants of \$) (Revenue \$ 12,427,566.)

4e Total program service expenses 28,734,428.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a-14a regarding Form 1096, Form W-2G, employee reporting, foreign accounts, prohibited transactions, and charitable trusts.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

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

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

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: **NICOLAS ELSISHANS - (415) 561-3000**
FORT MASON, BLDG 201, SAN FRANCISCO, CA 94123

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 MELLE 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.
BETSY EISENHARDT TRUSTEE (STARTING MARCH 2011)	1.00	X						0.	0.	0.
RANDI FISHER TRUSTEE	1.00	X						0.	0.	0.
JESSICA GALLOWAY TRUSTEE	1.00	X						0.	0.	0.
JOHN C. GAMBLE TRUSTEE	1.00	X						0.	0.	0.
SALLY HAMBRECHT TRUSTEE	1.00	X						0.	0.	0.
LINDA HOWELL TRUSTEE (STARTING JANUARY 2011)	1.00	X						0.	0.	0.
PATSY ISHIYAMA TRUSTEE	1.00	X						0.	0.	0.
MARTHA KROFF TRUSTEE (STARTING MAY 2011)	1.00	X						0.	0.	0.
COLIN LIND TRUSTEE	1.00	X						0.	0.	0.
PHIL MARINEAU TRUSTEE	1.00	X						0.	0.	0.
JOHN E. MCCOSKER, PH.D. TRUSTEE	1.00	X						0.	0.	0.
ROBERT MORRIS TRUSTEE (STARTING APRIL 2011)	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 (describe hours for related organizations in Schedule O)	(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			
JOHN MURRAY TRUSTEE	1.00	X					0.	0.	0.	
JACOB E. PEREA, PH.D. TRUSTEE	1.00	X					0.	0.	0.	
ROB PRICE TRUSTEE	1.00	X					0.	0.	0.	
STACI SLAUGHTER TRUSTEE	1.00	X					0.	0.	0.	
MICHAEL E. WILLIS TRUSTEE	1.00	X					0.	0.	0.	
WALTER J. HAAS TRUSTEE (THROUGH DECEMBER 2010)	1.00	X					0.	0.	0.	
CHARLENE HARVEY TRUSTEE (THROUGH DECEMBER 2010)	1.00	X					0.	0.	0.	
AMY MCCOMBS TRUSTEE (THROUGH DECEMBER 2010)	1.00	X					0.	0.	0.	
REGINA LIANG MUEHLHOUSER TRUSTEE (THROUGH DECEMBER 2010)	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,006,770.	0.	92,128.	
d Total (add lines 1b and 1c)							1,006,770.	0.	92,128.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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	2,454,763.
HANFORD ARC 23195 MAFFEI ROAD, SONOMA, CA 95476	CONSTRUCTION SERVICES	1,662,057.
FISHER DEVELOPMENT, INC. 201 SPEAR STREET, SAN FRANCISCO, CA 94105	CONSTRUCTION SERVICES	1,391,788.
XANTRION, 651 THOMAS L. BERKLEY WAY, OAKLAND, CA 94612	IT SERVICES	571,386.
EHDD ARCHITECTURE, 500 TREAT AVENUE, #201, SAN FRANCISCO, CA 94110	CONSTRUCTION SERVICES	473,909.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **19**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	1,130,995.				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	6,161,662.				
	g	Noncash contributions included in lines 1a-1f: \$	121,775.				
	h	Total. Add lines 1a-1f	7,292,657.				
	Program Service Revenue	2 a	INTERPRETIVE TOURS	900099	12098805.	12098805.	
b		COOPS REIMBURSEMENTS	900099	7,236,900.	7,236,900.		
c		COMMUNITY PROGRAMS	900099	451,331.	451,331.		
d		NATIVE PLANT NURSERY A	900099	218,545.	218,545.		
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		20005581.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		429,578.		429,578.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	19133527			
		Less: cost or other basis and sales expenses	(ii) Other	18816261			
		Gain or (loss)		317,266.			
		Net gain or (loss)			317,266.		317,266.
	8 a	Gross income from fundraising events (not including \$ 1,130,995. of contributions reported on line 1c). See Part IV, line 18					
		Less: direct expenses					
		Net income or (loss) from fundraising events			-437,450.		-437,450.
	9 a	Gross income from gaming activities. See Part IV, line 19					
Less: direct expenses							
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances						
	Less: cost of goods sold						
	Net income or (loss) from sales of inventory			6,860,241.		6860241.	
Miscellaneous Revenue		Business Code					
11 a	STATE CONTRACT - RELOC	900099	211,210.			211,210.	
b	OTHER	900099	32,495.			32,495.	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		243,705.				
12	Total revenue. See instructions.		34711578.	20005581.	0.	7413340.	

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	505,464.	168,488.	168,488.	168,488.
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	11,073,041.	8,975,937.	1,376,952.	720,152.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	332,609.	205,345.	94,193.	33,071.
9 Other employee benefits	1,568,058.	1,242,712.	240,534.	84,812.
10 Payroll taxes	1,100,553.	846,345.	197,491.	56,717.
11 Fees for services (non-employees):				
a Management				
b Legal	38,023.		38,023.	
c Accounting	207,579.		207,579.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	34,405.		34,405.	
g Other	13,295,732.	12,874,503.	414,402.	6,827.
12 Advertising and promotion	543,795.	223,509.	111,556.	208,730.
13 Office expenses	9,823.			9,823.
14 Information technology	870,869.		870,869.	
15 Royalties				
16 Occupancy				
17 Travel	37,765.		36,337.	1,428.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	174,856.	132,275.	41,424.	1,157.
20 Interest	19,685.	19,685.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	448,888.	250,079.	198,809.	
23 Insurance	252,127.	207,965.	44,162.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SUPPLIES	3,478,568.	3,012,742.	465,826.	
b MEMBERSHIP PROGRAM	487,040.	243,520.		243,520.
c				
d				
e				
f All other expenses	462,307.	331,323.	111,172.	19,812.
25 Total functional expenses. Add lines 1 through 24f	34,941,187.	28,734,428.	4,652,222.	1,554,537.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing		1		64,750.
	2 Savings and temporary cash investments	599,163.	2		1,063,238.
	3 Pledges and grants receivable, net	6,901,898.	3		4,878,935.
	4 Accounts receivable, net	6,852,477.	4		7,457,069.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use	1,736,917.	8		1,554,945.
	9 Prepaid expenses and deferred charges	275,731.	9		2,134,025.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,222,357.			
	b Less: accumulated depreciation	10b 1,503,739.	921,391.	10c	718,618.
	11 Investments - publicly traded securities			11	22,647,974.
	12 Investments - other securities. See Part IV, line 11	30,213,489.	12		6,281,070.
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11	0.	15		65,130.
16 Total assets. Add lines 1 through 15 (must equal line 34)	47,501,066.	16		46,865,754.	
Liabilities	17 Accounts payable and accrued expenses	4,889,766.	17		5,460,466.
	18 Grants payable			18	
	19 Deferred revenue	631,736.	19		633,005.
	20 Tax-exempt bond liabilities			20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties			23	
	24 Unsecured notes and loans payable to unrelated third parties			24	
	25 Other liabilities. Complete Part X of Schedule D	159,333.	25		99,481.
	26 Total liabilities. Add lines 17 through 25	5,680,835.	26		6,192,952.
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	18,233,472.	27		19,244,669.
	28 Temporarily restricted net assets	18,848,907.	28		16,371,670.
	29 Permanently restricted net assets	4,737,852.	29		5,056,463.
	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	41,820,231.	33		40,672,802.
34 Total liabilities and net assets/fund balances	47,501,066.	34		46,865,754.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,711,578.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,941,187.
3	Revenue less expenses. Subtract line 2 from line 1	3	-229,609.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,820,231.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-917,820.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	40,672,802.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2010)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9369699.	8555794.	4283086.	15514002.	7292657.	45015238.
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	12386025.	23060141.	23742944.	25035193.	26865822.	111090125
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	21755724.	31615935.	28026030.	40549195.	34158479.	156105363
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	153,315.	806,441.	346,931.	181,218.	544,939.	2032844.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	153,315.	806,441.	346,931.	181,218.	544,939.	2032844.
8 Public support (Subtract line 7c from line 6.)						154072519

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	21755724.	31615935.	28026030.	40549195.	34158479.	156105363
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	277,365.	471,020.	420,608.	362,730.	429,578.	1961301.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	277,365.	471,020.	420,608.	362,730.	429,578.	1961301.
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.)	45,274.	30,099.	2633596.	2439773.	243,705.	5392447.
13 Total support (Add lines 9, 10c, 11, and 12.)	22078363.	32117054.	31080234.	43351698.	34831762.	163459111

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 2010 (line 8, column (f) divided by line 13, column (f))	15	94.26 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	94.32 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1.20 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.13 %

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

GOLDEN GATE NATIONAL PARKS CONSERVANCY

94-2781708

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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/>	\$ 5,000.	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/>	\$ 262,500.	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/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 12,000.	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/>	\$ 84,000.	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		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<hr/> <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	<hr/> <hr/> <hr/> <hr/>	\$ 6,336.	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
19		\$ 35,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 15,500.	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		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 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
25		\$ 5,676.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 16,263.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 64,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 16,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 1,642,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 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
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		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 33,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 74,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 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
43		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 8,000.	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	<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.)
50	<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.)
51	<hr/> <hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	<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.)
53	<hr/> <hr/> <hr/> <hr/>	\$ 76,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	<hr/> <hr/> <hr/> <hr/>	\$ 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
55		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 5,000.	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		\$ 14,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 12,000.	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
67		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71		\$ 6,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72		\$ 128,359.	Person <input checked="" 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
73	<hr/> <hr/> <hr/>	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	<hr/> <hr/> <hr/>	\$ 20,000.	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/>	\$ 10,000.	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/>	\$ 75,000.	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/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/> <hr/>	\$ 13,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	<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.)
81	<hr/> <hr/> <hr/> <hr/>	\$ 9,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	<hr/> <hr/> <hr/> <hr/>	\$ 6,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	<hr/> <hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	<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
85		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88		\$ 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		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90		\$ 17,500.	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
91	<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.)
92	<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.)
93	<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.)
94	<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.)
95	<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.)
96	<hr/> <hr/> <hr/> <hr/>	\$ 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
97		\$ 31,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99		\$ 10,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103	<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.)
104	<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.)
105	<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.)
106	<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.)
107	<hr/> <hr/> <hr/>	\$ 318,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$	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
18	25 CASES OF CHARDONNAY FOR 2010 TF DINNER _____ _____ _____	\$ 6,336.	10/14/10
19	24 CASES OF WINE _____ _____ _____	\$ 10,080.	11/04/10
72	161 SH AWI; 131 SH COF; 93 SH CAT; 69 SH CMI; 85 SH GDI; 207 SH LNC; 44 SH MTD; 108 SH NIHD; ETC _____ _____	\$ 95,359.	10/04/10
99	DINNER FOR 40 FOR TF DINNER AUCTION ITEM _____ _____ _____	\$ 10,000.	10/02/10
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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), or Form 990-EZ, Part V, line 35a (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 Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
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)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.		3,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
c Total lobbying expenditures	25,123.	28,771.	24,226.		78,120.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.		750,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

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)	25,000.	
3 Aggregate grants from (during year)	2,500.	
4 Aggregate value at end of year	77,000.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,523,356.	6,897,098.	6,984,769.		
b Contributions	318,611.	68,575.			
c Net investment earnings, gains, and losses	-143,171.	787,175.	186,823.		
d Grants or scholarships					
e Other expenditures for facilities and programs	37,977.	229,492.	274,494.		
f Administrative expenses					
g End of year balance	7,660,819.	7,523,356.	6,897,098.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 34.00 %
 - b Permanent endowment 66.00 %
 - 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? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		223,619.	140,400.	83,219.
d Equipment		1,998,738.	1,363,339.	635,399.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				718,618.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	3,266,994.	END-OF-YEAR MARKET VALUE
(B) CASH AND CASH EQUIVALENTS	3,014,076.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	6,281,070.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	99,481.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	99,481.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,711,578.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	34,941,187.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-229,609.
4	Net unrealized gains (losses) on investments	4	-917,820.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-917,820.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-1,147,429.

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	33,187,184.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-917,820.
b	Donated services and use of facilities	2b	146,980.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	549,740.
e	Add lines 2a through 2d	2e	-221,100.
3	Subtract line 2e from line 1	3	33,408,284.
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	1,303,294.
c	Add lines 4a and 4b	4c	1,303,294.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	34,711,578.

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

1	Total expenses and losses per audited financial statements	1	34,334,613.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	146,980.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	549,740.
e	Add lines 2a through 2d	2e	696,720.
3	Subtract line 2e from line 1	3	33,637,893.
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	1,303,294.
c	Add lines 4a and 4b	4c	1,303,294.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	34,941,187.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE CONSERVANCY HAS BEEN CLASSIFIED AS A PUBLICLY

SUPPORTED, TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE (THE IRC), AND IS EXEMPT FROM CALIFORNIA FRANCHISE TAXES

UNDER REVENUE AND TAXATION CODE SECTION 23701(D).

THE CONSERVANCY FOLLOWS FASB ASC TOPIC 740 INCOME TAXES TO ACCOUNT FOR

UNCERTAIN TAX POSITIONS. MANAGEMENT EVALUATED THE CONSERVANCY'S TAX

POSITIONS AND CONCLUDED THAT THE CONSERVANCY HAD MAINTAINED ITS TAX-EXEMPT

Part XIV Supplemental Information (continued)

STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

THE CONSERVANCY IS GENERALLY NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY FEDERAL AND STATE AUTHORITIES FOR YEARS PRIOR TO 2008 AND 2007, RESPECTIVELY.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 549,740.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COGS FOR INTERPRETIVE TOURS 1,303,294.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE 549,740.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

COGS FOR INTERPRETIVE TOURS 1,303,294.

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

		(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	1,243,285.			1,243,285.
	2 Less: Charitable contributions	1,130,995.			1,130,995.
	3 Gross income (line 1 minus line 2)	112,290.			112,290.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	145,559.			145,559.
	6 Rent/facility costs	80,502.			80,502.
	7 Food and beverages	174,014.			174,014.
	8 Entertainment	9,500.			9,500.
	9 Other direct expenses	140,165.			140,165.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(549,740)
	11 Net income summary. Combine line 3, column (d), and line 10				-437,450.

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

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

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? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

GOLDEN GATE NATIONAL PARKS CONSERVANCY

Employer identification number

94-2781708

Part I Questions Regarding Compensation

		Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
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?	2	
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 checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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?	5a	X
b	Any related organization?	5b	X
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?	6a	X
b	Any related organization?	6b	X
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	7	X
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GREGORY MOORE	(i)	214,410.	25,000.	0.	15,773.	3,539.	258,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LAURIE WETZEL	(i)	143,170.	10,000.	0.	10,748.	5,190.	169,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MARY K. MORELLI	(i)	148,305.	3,500.	0.	10,126.	3,467.	165,398.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	1	95,359.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	2	16,416.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>AUCTION ITEM</u>)	X	1	10,000.	FAIR MARKET VALUE
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 Acknowledgement **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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

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:

MAINTAIN 32 MILES OF TRAIL PARKWIDE. IN A NEW PARTNERSHIP WITH THE GOLDEN GATE BRIDGE, HIGHWAY AND TRANSPORTATION DISTRICT, THE CONSERVANCY MADE PLANS TO ENHANCE VISITOR EXPERIENCES AT THE BRIDGE PLAZA BY IMPROVING TRAILS TO NEARBY PARKLANDS, CONSTRUCTING OVERLOOKS, RENOVATING FACILITIES, INSTALLING EXHIBITS AND SIGNAGE, AND OPENING A NEW WELCOME CENTER.

THE PRESIDIO-ALONGSIDE THE PRESIDIO TRUST AND NPS, THE CONSERVANCY ADVANCED MAJOR PROJECTS OF THE PRESIDIO TRAILS, BIKEWAYS, AND OVERLOOKS INITIATIVE. THE COASTAL TRAIL CORRIDOR ALONG LINCOLN BOULEVARD WAS ENHANCED WITH NEW BIKE LANES, MULTI-USE SEGMENTS, SAFETY FEATURES, AND RESTORED VISTAS. SUBSTANTIAL PROGRESS WAS ALSO MADE ON TWO NEW COASTAL OVERLOOKS, THE GOLDEN GATE OVERLOOK AND PACIFIC OVERLOOK. THE CONSERVANCY ALSO HELPED SUPPORT DRAMATIC IMPROVEMENTS TO THE EL POLIN SPRING AREA (A PART OF THE LARGER REVITALIZATION OF THE TENNESSEE

Name of the organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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HOLLOW WATERSHED), AND ADVANCED PLANS FOR A NEW PRESIDIO VISITOR CENTER.

REDWOOD CREEK AT MUIR BEACH-WITH A MAJOR PHASE OF WORK WRAPPING UP ON THE RESTORATION OF REDWOOD CREEK WATERSHED IN MARIN COUNTY, THE CONSERVANCY REALIGNED THE CREEK CHANNEL NEAR MUIR BEACH, CREATED MORE NATURAL WATER FLOWS, AND PREPARED TO INSTALL A 235-FOOT BRIDGE TO PRESERVE RECREATIONAL ACCESS WHILE PROTECTING HABITAT FOR ENDANGERED AND THREATENED SPECIES LIKE THE COHO SALMON AND CALIFORNIA RED-LEGGED FROG.

LANDS END-IN ADDITION TO THE ONGOING, VOLUNTEER-DRIVEN EFFORT TO RESTORE AND MAINTAIN HABITAT FOR NATIVE WILDLIFE, THE CONSERVANCY FINISHED PLANNING/DESIGN AND BEGAN CONSTRUCTION OF THE NEWEST VISITOR CENTER IN THE GOLDEN GATE NATIONAL PARKS-THE LANDS END LOOKOUT, A "GREEN" FACILITY FEATURING INTERPRETIVE EXHIBITS, ARTIFACT DISPLAYS, CAFE, AND PARK STORE.

ALCATRAZ-THE CONSERVANCY CONTINUED ITS STRONG PARTNERSHIP WITH THE GARDEN CONSERVANCY AND NPS IN THE RESTORATION OF THE HISTORIC ALCATRAZ GARDENS. THE 4.5-ACRE GARDENS, WHICH ARE VISITED BY 5,000 VISITORS EACH DAY, ARE KEPT LOOKING THEIR BEST BY A ROBUST VOLUNTEER PROGRAM. IN 2011, A TOTAL OF 849 VOLUNTEERS CONTRIBUTED A RECORD-HIGH 7,987 HOURS TO CARE FOR THE GARDENS.

CRISSY FIELD-EVEN AS THIS SIGNATURE SITE CELEBRATED THE 10TH ANNIVERSARY OF ITS RESTORATION IN 2011, THE CONSERVANCY CONTINUED TO ENHANCE ITS IMMENSE COMMUNITY VALUE. NEW INDIVIDUAL AND GROUP PICNIC

Name of the organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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SITES WERE INSTALLED, AND PLANS ADVANCED FOR THE ADDITION OF FIVE WIND TURBINES IN FRONT OF CRISSY FIELD CENTER, WHICH WILL SERVE TO POWER THE CENTER, EXPAND RENEWABLE ENERGY RESEARCH, AND PROVIDE UP-CLOSE LESSONS IN SUSTAINABLE TECHNOLOGY FOR THE CENTER'S YOUTH.

PARKLANDS AROUND THE GOLDEN GATE BRIDGE-BY PARTNERING WITH THE GOLDEN GATE BRIDGE, HIGHWAY AND TRANSPORTATION DISTRICT (AND WITH THE COOPERATION WITH THE NPS AND PRESIDIO TRUST), THE CONSERVANCY AIMED TO ELEVATE THE EXPERIENCE OF VISITORS TO THE NATIONAL ICON IN THE HEART OF THESE NATIONAL PARKS. THE PARTNERSHIP PROJECT'S GOALS INCLUDE: A NEW BRIDGE PAVILION WELCOME CENTER, GUIDED TOURS AND A PHOTO PROGRAM AT A RENOVATED ROUND HOUSE, REVAMPED BRIDGE CAFE, NEW EXHIBITS AND WAYFINDING SIGNAGE, SCENIC OVERLOOKS, AND ENHANCEMENTS TO BAY TRAIL SEGMENTS AROUND THE SOUTH END OF THE BRIDGE-BOLSTERING THE CONNECTION OF THE BRIDGE TO THE SURROUNDING PARKLANDS.

PARKLANDS IN SAN MATEO COUNTY-ON MILAGRA RIDGE AND AT MORI POINT, HABITAT RESTORATION PROGRESSED HAND-IN-HAND WITH RESEARCH AND MONITORING (ALONGSIDE THE NPS) OF THREATENED AND ENDANGERED SPECIES SUCH AS THE SAN FRANCISCO GARTER SNAKE, CALIFORNIA RED-LEGGED FROG, MISSION BLUE BUTTERFLY, AND SAN BRUNO ELFIN BUTTERFLY. THE CONSERVANCY IS ALSO PLAYING A KEY ROLE IN ENGAGING NEIGHBORS AROUND RANCHO CORRAL DE TIERRA, A PARCEL SLATED FOR TRANSFER TO THE GOLDEN GATE NATIONAL PARKS.

TRAILS FOREVER-THROUGHOUT 2011, TRAILS FOREVER VOLUNTEERS AND STAFF REPRESENTING THE THREE SPONSORING AGENCIES (CONSERVANCY, NPS, PRESIDIO TRUST) WORKED TO FULFILL THIS INITIATIVE'S MISSION OF CREATING A

Name of the organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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WORLD-CLASS TRAIL SYSTEM ACROSS THE GOLDEN GATE NATIONAL PARKS. THE NPS TRAIL CREW AND TRAILS FOREVER TEAMS REPAIRED, IMPROVED, BUILT, OR MAINTAINED 32 MILES OF TRAILS. IN ADDITION TO AFOREMENTIONED PROJECTS ALONG REDWOOD CREEK, AT LANDS END, IN THE PRESIDIO, AND ON THE COASTAL TRAIL, 2011 TRAILS FOREVER ACCOMPLISHMENTS INCLUDED PLACING TWO NEW BRIDGES AND REALIGNED SEGMENTS OF RODEO VALLEY TRAIL, COMPLETING DESIGN FOR THE TENNESSEE VALLEY/BAY TRAIL CONNECTOR AND RHUBARB TRAIL, AND ADVANCING PLANS FOR THE DIAS RIDGE TRAIL/REDWOOD CREEK CONNECTOR TRAIL.

TRAILS FOREVER ALSO CONNECTED COMMUNITY MEMBERS WITH THEIR BELOVED TRAILS, AS 1,069 VOLUNTEERS PERFORMED MAINTENANCE WITH THE TRAIL CREW, 113 YOUNG PEOPLE VOLUNTEERED THROUGH TEENS ON TRAILS EVENTS, AND 40 YOUTH CONTRIBUTED TO TRAILS STEWARDSHIP THROUGH THEIR PARTICIPATION IN SCA AND CONSERVATION CORPS OF THE NORTH BAY.

PARK STEWARDSHIP AND RESTORATION - THIS MULTI-FACETED PROGRAM MARSHALED VOLUNTEERS FOR THE RESTORATION OF VITAL PARK SITES IN MARIN COUNTY (HAWK HILL, MUIR BEACH, DIAS RIDGE, OAKWOOD VALLEY, WOLFBACK RIDGE, RODEO LAGOON), SAN FRANCISCO (LANDS END, PRESIDIO BLUFFS), AND SAN MATEO COUNTY (SWEENEY RIDGE, MORI POINT, MILAGRA RIDGE). PARK STEWARDSHIP PLAYED A VITAL ROLE IN NURTURING FUTURE STEWARDS (33 DIVERSE HIGH SCHOOLERS WERE MENTORED THROUGH THE LINC PROGRAM, AND SIX STUDENTS WERE PLACED IN ADVANCED INTERNSHIPS), INTERPRETING NATURAL RESOURCES FOR COMMUNITY MEMBERS, AND FURTHERING RESEARCH ON PARK SPECIES AND ECOSYSTEMS. THE CONSERVANCY SUPPORTED RESTORATION OF KEY HABITAT FOR THREATENED AND ENDANGERED SPECIES INCLUDING MISSION BLUE BUTTERFLY, SAN FRANCISCO GARTER SNAKE, RED-LEGGED FROG, COHO SALMON, STEELHEAD TROUT AND MORE.

Name of the organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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CULTURAL RESOURCES-THE CONSERVANCY SUPPORTED THE PRESERVATION, STEWARDSHIP AND INTERPRETATION OF PARK CULTURAL AND HISTORIC RESOURCES. PROJECT WORK INCLUDED SUPPORT TO MUSEUM COLLECTIONS, CATALOGING ARCHAEOLOGICAL COLLECTIONS, AND STEWARDSHIP AND INTERPRETATION OF PARK SEACOAST FORTIFICATIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PROGRAMS LIKE I-YEL (INSPIRING YOUNG EMERGING LEADERS), URBAN TRAILBLAZERS, AND PROJECT WISE (WATERSHEDS INSPIRING STUDENT EDUCATION). MORE THAN 4,200 PARTICIPANTS ENJOYED CAMPING AT THE PRESIDIO, A PROGRAM TO GIVE KIDS FROM URBAN AREAS A TRUE CAMPING EXPERIENCE. MEANWHILE, THE INSTITUTE AT THE GOLDEN GATE ADVANCED TWO MAIN INITIATIVES: TO IMPROVE FOOD OPTIONS AT PARKS NATIONWIDE, AND TO BRING TOGETHER THE PUBLIC LANDS AND PUBLIC HEALTH SECTORS.

CRISSY FIELD CENTER - A PARTNERSHIP OF THE CONSERVANCY, NPS, AND PRESIDIO TRUST, THE CENTER MADE GREAT STRIDES IN ENRICHING THE PROGRAMS THAT CONNECT NATURE AND NATIONAL PARKS WITH YOUNG PEOPLE OF ALL BACKGROUNDS. IN TOTAL, 19,704 KIDS, YOUTH, AND COMMUNITY MEMBERS WERE SERVED BY THE CENTER'S EDUCATIONAL AND ENVIRONMENTAL PROGRAMS IN 2011. ON AVERAGE, EACH YOUNG PERSON RECEIVED 12 HOURS OF CONTACT (UP FROM SEVEN HOURS THE YEAR BEFORE), INDICATING PROGRESS IN PROVIDING MORE IN-DEPTH EXPERIENCES.

IN 2011, 22 HIGH SCHOOL INTERNS WERE SERVED BY THE CENTER'S FLAGSHIP ENVIRONMENTAL LEADERSHIP PROGRAM, I-YEL. OVER 100 HIGH SCHOOLERS LEARNED IN THE "OUTDOOR CLASSROOM" OF THE PRESIDIO THROUGH PROJECT

Name of the organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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WISE. AND NEARLY 300 KIDS, MANY OF THEM RECEIVING PARTIAL AND FULL SCHOLARSHIPS, GAINED INVALUABLE, HANDS-ON NATIONAL PARK EXPERIENCES THROUGH THE CENTER'S SUMMER CAMPS. ALSO, 2011 WAS A BANNER YEAR FOR CAMPING AT THE PRESIDIO. CAP, A CENTER PROGRAM IN PARTNERSHIP WITH BAY AREA WILDERNESS TRAINING, BROUGHT 4,261 KIDS AND ADULTS TO ROB HILL CAMPGROUND FOR AN UNFORGETTABLE OVERNIGHT TRIP, A FIRST FOR MANY OF THEM.

INSTITUTE AT THE GOLDEN GATE-IN 2011, THE INSTITUTE, A CONSERVANCY PROGRAM IN PARTNERSHIP WITH THE NPS, FURTHER HONED ITS EFFORTS TO POSITION THE PARKS AS A PLATFORM FOR ADVANCING SOLUTIONS FOR GLOBAL SUSTAINABILITY. THE INSTITUTE PUBLISHED TWO GROUNDBREAKING FOOD FOR THE PARKS REPORTS, HELPING PROPEL NPS DIRECTOR JON JARVIS' CALL FOR HEALTHIER, MORE SUSTAINABLE FOOD CHOICES IN NATIONAL PARKS. THE INSTITUTE ALSO STRENGTHENED THE NEXUS BETWEEN THE PUBLIC LANDS COMMUNITY AND PUBLIC HEALTH ENTITIES THROUGH A HEALTHY PEOPLE, HEALTHY PARKS US CONFERENCE, AND THE LAUNCH OF AN ONLINE RESOURCE PORTAL, WWW.PARKSHEALTHGUIDE.ORG. IN ITS ONGOING WORK TO AMPLIFY IMPACT, THE INSTITUTE ALSO TEAMED UP WITH GOOGLE EARTH OUTREACH TO HOLD TRAININGS FOR NONPROFIT PROFESSIONALS ON HOW GOOGLE EARTH MAPPING TOOLS CAN ADVANCE THEIR CAUSES.

GOLDEN GATE RAPTOR OBSERVATORY (GGRO)-DURING THE 2011 MIGRATION SEASON, THIS PIONEERING "CITIZEN SCIENCE" PROGRAM-A PARTNERSHIP OF THE CONSERVANCY AND NPS-ORGANIZED 297 VOLUNTEERS WHO SIGHTED 21,169 RAPTORS (OF 17 SPECIES), BANDED 1,263 BIRDS OF PREY (OF NINE SPECIES), AND RADIO-TRACKED TWO RED-TAILED HAWKS. SEVENTEEN GGRO DOCENTS PROVIDED KNOWLEDGEABLE INTERPRETATION TO ABOUT 5,000 VISITORS TO HAWK HILL IN

Name of the organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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THE MARIN HEADLANDS.

NATIVE PLANT NURSERIES - THE FOUNDATIONAL ROOT OF THE CONSERVANCY'S RESTORATION WORK, THIS PROGRAM SAW THE ADDITION OF A SIXTH NATIVE PLANT NURSERY-THE NURSERY AT OCEANA HIGH SCHOOL IN PACIFICA. TOGETHER, THE SIX NURSERIES GREW A RECORD NUMBER OF NATIVE PLANTS: 204,522, FAR SURPASSING THE PREVIOUS HIGH OF 164,247. IN ALL, 226 DIFFERENT SPECIES WERE GROWN, FOR 63 HABITAT AND LANDSCAPE RESTORATION PROJECTS ACROSS THE GOLDEN GATE NATIONAL PARKS. VOLUNTEERS HELPED COLLECT 92 POUNDS OF SEED FROM 27 WATERSHEDS ACROSS THE PARKS TO PROPAGATE A HEALTHY DIVERSITY OF PLANTS IN THE NURSERIES. NURSERY STAFF ALSO CONTINUED TO PROVIDE AWARD-WINNING EDUCATIONAL PROGRAMS AND ADVANCE RESEARCH IN THE CULTIVATION OF NATIVE PLANTS.

VOLUNTEER PROGRAMS - THROUGH A COLLABORATIVE EFFORT OF THE CONSERVANCY, NPS, AND PRESIDIO TRUST, A NEW RECORD-HIGH LEVEL OF VOLUNTEER PARTICIPATION WAS ACHIEVED IN 2011. ALL TOLD, 34,484 COMMUNITY MEMBERS OF ALL AGES GAVE 513,884 HOURS IN SERVICE TO THE GOLDEN GATE NATIONAL PARKS. IN ADDITION TO THE PARTICIPANTS IN REGULARLY SCHEDULED DROP-IN OPPORTUNITIES (BUILDING AND MAINTAINING TRAILS, RESTORING LANDSCAPES, GROWING NATIVE PLANTS, CLEANING BEACHES, STEWARDING CULTURAL RESOURCES, AND MORE), 451 VOLUNTEER GROUPS ALSO CAME TO THE PARKS. THE JOINT VOLUNTEER PROGRAM ALSO WAS INSTRUMENTAL IN ENERGIZING COMMUNITY PARTICIPATION IN THE MLK, JR. DAY OF SERVICE, MUIR WOODS EARTH DAY, NATIONAL TRAILS DAY, CALIFORNIA COASTAL CLEANUP DAY, AND OTHER SPECIAL EVENTS.

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

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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LOOKOUT VISITOR CENTER-WILL SERVE MILLIONS OF PARK VISITORS IN THE YEARS TO COME.

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

INTERPRETATION

THE CONSERVANCY HELPED TELL STORIES THAT IMBUE THESE PARKS WITH MEANING FOR MANY DIVERSE AUDIENCES BY OFFERING EDUCATIONAL TOURS AND PROGRAMS AND PROVIDING INTERPRETIVE EXHIBITS AND MATERIALS. PARK STEWARDSHIP STAFF LED MORE THAN 300 INFORMAL, EDUCATIONAL TALKS ACROSS THE PARK AND GGRO DOCENTS ENGAGED 5,000 VISITORS TO HAWK HILL DURING THE FALL MIGRATION. THE CONSERVANCY ALSO HELPED SUPPORT NPS INTERPRETIVE PROGRAMS AT FORT POINT NATIONAL HISTORIC SITE AND IN THE MARIN HEADLANDS (POINT BONITA LIGHTHOUSE, BATTERY TOWNSLEY, NIKE MISSILE SITE), WHILE PERFORMING OUTREACH AND RECRUITMENT FOR THE ALCATRAZ GARDENS DOCENTS PROGRAM (IN PARTNERSHIP WITH THE GARDEN CONSERVANCY). FINALLY, THE CONSERVANCY CONNECTED PEOPLE WITH THE PARKS' NATURAL AND CULTURAL RESOURCES THROUGH ENHANCED SIGNAGE, KIOSKS AND INTERPRETIVE PANELS THROUGHOUT THE PARKS; AN IMPROVED WEBSITE; A BURGEONING SOCIAL MEDIA PRESENCE; AND NEWLY DEVELOPED BOOKS, MAPS, AND GUIDES.

EXPENSES \$ 3,280,656. INCLUDING GRANTS OF \$ 0. REVENUE \$ 12,427,566.

FORM 990, PART VI, SECTION B, LINE 11: THE TAXPAYER'S ACCOUNTING FIRM FORWARDED THE FORM 990 TO THE EVP/COO. AFTER REVIEWING THE FORM 990, THE EVP/COO FORWARDED THE FORM TO THE PRESIDENT/CEO FOR HIS REVIEW. THE FORM 990 WAS PROVIDED TO THE BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY ASK EACH MEMBER OF THE BOARD OF TRUSTEES, MANAGER, SR. DIRECTOR & EXECUTIVE TO UPDATE AND SIGN

Name of the organization GOLDEN GATE NATIONAL PARKS CONSERVANCY	Employer identification number 94-2781708
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CONFLICT OF INTEREST STATEMENTS. REVIEWED BY PRESIDENT/CEO AND EVP/COO FOR POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: INCENTIVE COMPENSATION IS PERFORMANCE-BASED WITH THE PRESIDENT/CEO AND EVP/COO APPROVING ALL INCENTIVE COMPENSATION, EXCEPT THE PRESIDENT/CEO AND EVP/COO WHO REQUIRE BOARD APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE CONSERVANCY'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -917,820.