

**GREENBELT ALLIANCE/PEOPLE  
FOR OPEN SPACE, INC.**

**Federal and California Exempt Organization  
Return of Organization Exempt From Income**

For the Year Ended September 30, 2011

***Novogradac & Company LLP***  
**Certified Public Accountants**

August 14, 2012

Edward Lee  
Director of Finance and Administration  
Greenbelt Alliance/People for Open Space, Inc.  
631 Howard Street, #510  
San Francisco, CA 94105

Re: Greenbelt Alliance/People for Open Space, Inc.

Dear Edward:

We are pleased to confirm that the federal exempt organization tax return for **Greenbelt Alliance/People for Open Space, Inc.** for the year ended September 30, 2011 has been filed electronically on your behalf. Enclosed are copies of the return.


Also enclosed, in duplicate, are the California exempt organization tax return and Form RRF-1, Registration/Renewal Fee Report to Attorney General of California for **Greenbelt Alliance/People for Open Space, Inc.** for the year ended September 30, 2011. The California return shows a filing fee due in the amount of \$10. Form RRF-1 shows a payment of \$150 due. The California return and RRF-1 are due on or before August 15, 2012.

The returns were prepared from data made available to us by you. You were previously sent an electronic draft copy of the tax returns for your review. By signing Form 8879-EO you have acknowledged that you have reviewed the federal return, approved the elections made, did not find any material misstatements, and authorized our firm to file the tax returns electronically on your behalf.

The California exempt organization return and Form RRF-1 should be filed as explained in the filing instructions attached to your copies of the returns. We recommend using certified mail, return receipt requested, to have evidence of timely filing.

If you have any questions, please call me at (415) 356-8011 or Kevin Wilson at (415) 356-8029.

Very truly yours,  
NOVOGRADAC & COMPANY LLP

  
by

Diane M. Rubin

Enclosures

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

SEPTEMBER 30, 2011

<b>Prepared for</b>	GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE 312 SUTTER STREET NO. 510 SAN FRANCISCO, CA 94108
<b>Prepared by</b>	NOVOGRADAC & COMPANY LLP PO BOX 7833 SAN FRANCISCO, CA 94120-7833
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

**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)

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

Open to Public Inspection

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

<b>B</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	<b>C</b> Name of organization <b>GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>312 SUTTER STREET 510</b> City or town, state or country, and ZIP + 4 <b>SAN FRANCISCO, CA 94108</b> <b>F</b> Name and address of principal officer: <b>JEREMY MADSEN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>94-1676747</b> <b>E</b> Telephone number <b>415-543-6771</b> <b>G</b> Gross receipts \$ <b>2,443,724.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.GREENBELT.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1958</b> <b>M</b> State of legal domicile: <b>CA</b>		

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>WE ARE THE CHAMPION OF THE PLACES THAT MAKE THE BAY AREA SPECIAL BY WORKING TO DEFEND THE BAY</b>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>28</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>28</b>
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>27</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>0</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>521,282.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-98,272.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>25,977.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,240,240.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,460,955.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>176,231.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>806,619.</b>
<b>Net Assets or Fund Balances</b>	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,267,574.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-27,334.</b>
	<b>20</b>	Total assets (Part X, line 16)	<b>2,885,076.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>89,146.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>2,795,930.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>JEREMY MADSEN, EXECUTIVE DIRECTOR</b>	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DIANE M. RUBIN</b>	Preparer's signature <i>Diane Rubin</i>
	Firm's name ▶ <b>NOVOGRADAC &amp; COMPANY LLP</b>	Date <b>8/4/12</b>
	Firm's address ▶ <b>PO BOX 7833 SAN FRANCISCO, CA 94120-7833</b>	Check if self-employed <input type="checkbox"/> PTIN
	Firm's EIN ▶	Phone no. <b>(415) 356-8000</b>

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

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning OCT 1, 2010, and ending SEP 30, 2011

**2010**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ See instructions.

Name of exempt organization

Employer identification number

**GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE**

**94-1676747**

Name and title of officer

**JEREMY MADSEN  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶ <input checked="" type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b <u>0</u>

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize NOVOGRADAC & COMPANY LLP to enter my PIN 11111  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ [Signature] Date ▶ 8/13/11

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

94076711111  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ [Signature] Date ▶ 8/14/11

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**Product: Exempt**

**Category:**

**Name:** Greenbelt Alliance/People for Open

**IRS Center:** Ogden

**e-Postmark:** 8/14/2012 1:58:50 PM

**FEIN:** 94-1676747

**Notification:**

**Fiscal Year** 10/1/2010

**Fiscal Year** 9/30/2011

**Begin Date:**

**End Date:**

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	8/14/2012	Upload Started			
	8/14/2012	Ready to Release by Customer			
	8/14/2012	Released for Transmission - Validation in Progress			NOVODMR
	8/14/2012	Ready to transmit - Validation Complete			

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b> <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization	Employer identification number	
	GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE	94-1676747	
	Number, street, and room or suite no. If a P.O. box, see instructions. 631 HOWARD STREET #510	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94105	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

GREENBELT ALLIANCE/PEOPLE FOR OPEN

• The books are in the care of  631 HOWARD STREET #510 - SAN FRANCISCO, CA 94105

Telephone No.  415-543-6771

FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until AUGUST 15, 2012

5 For calendar year , or other tax year beginning OCT 1, 2010, and ending SEP 30, 2011

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Dave Sun Title  CPA

Date  5/14/12

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:

PROTECTING BAY AREA'S GREENBELT & IMPROVING THE LIVABILITY OF ITS CITIES & TOWN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,377,000. including grants of \$ ) (Revenue \$ )

POLICY AND FIELD

GREENBELT ALLIANCE HAS SUCCESSFULLY PROMOTED VARIOUS POLICIES CREATING VIBRANT, ECONOMICALLY AND ENVIRONMENTALLY SUSTAINABLE NEIGHBORHOODS THROUGHOUT THE SAN FRANCISCO BAY AREA INCLUDING IN OAKLAND, NOVATO, MOUNTAIN VIEW AND SAN JOSE.

PROTECTED OPEN SPACES BY WINNING URBAN GROWTH BOUNDARY MEASURES IN SANTA ROSA, CLOVERDALE AND PETALUMA. WITH THE PASSAGE OF THE LINE IN CLOVERDALE, ALL NINE CITIES IN SONOMA COUNTY NOW HAVE URBAN GROWTH BOUNDARIES IN PLACE. COMPLETED A SUCCESSFUL CAMPAIGN TO DEFEAT A BALLOT MEASURE THAT WOULD HAVE EXPANDED THE CITY OF SAN RAMON'S URBAN

4b (Code: ) (Expenses \$ 243,735. including grants of \$ ) (Revenue \$ 192,112.)

MEMBERSHIP

GREENBELT ALLIANCE'S MEMBERSHIP PROGRAM ENCOMPASSES SPECIAL EVENTS, EDUCATION EVENTS & OUTINGS, OPPORTUNITIES FOR VOLUNTEER INVOLVEMENT, AND COMMUNICATIONS THAT REACH AN AUDIENCE OF OVER 5,000. COMMUNICATIONS INCLUDE A VARIETY OF REGULAR PRINT, WEBSITE, AND EMAIL CHANNELS. SPECIAL EVENTS INCLUDE THE BLUEGRASS FOR THE GREENBELT FESTIVAL AND WEEKLY GREENBELT OUTINGS PLUS A VARIETY OF EDUCATIONAL EVENTS AND SPECIAL BRIEFINGS ON THEIR GROW SMART BAY AREA WORK. GREENBELT REGULARLY ENGAGE VOLUNTEERS AND INTERNS IN THEIR WORK AND EVENTS. MORE THAN 2,000 FRIENDS, MEMBERS, AND DONORS SUPPORT THEIR WORK WITH FINANCIAL CONTRIBUTIONS.

4c (Code: ) (Expenses \$ 179,784. including grants of \$ ) (Revenue \$ 92,407.)

COMMUNICATIONS AND EDUCATION

INCREASED GREENBELT ALLIANCE'S PRESENCE IN BOTH PRINT AND ONLINE MEDIA AS AN ORGANIZATION WITH A LONG, SUCCESSFUL TRACK RECORD AND SOLID GREEN REPUTATION THAT PROMOTES SMART GROWTH. HOSTED TOURS TO SHOW SMART DEVELOPMENT AND TO ENCOURAGE GOOD PLANNING. HELD FOCUS GROUPS WITH COMMUNITIES OF COLOR TO BETTER UNDERSTAND AND SYNC SMART GROWTH WITH THEIR NEEDS. ORGANIZED PARTICIPATION IN FOUR PRIORITY CITIES AND CREATED A SERIES OF VIDEOS TO HIGHLIGHT THE IMPORTANCE OF DESIGNING CITIES WITH PEOPLE IN MIND FOR PARK(ING) DAY, AN ANNUAL, WORLDWIDE EVENT THAT INVITES PEOPLE EVERYWHERE TO TEMPORARILY TRANSFORM METERED PARKING SPOTS INTO POP-UP

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 156,791. including grants of \$ ) (Revenue \$ 933.)

4e Total program service expenses 1,957,310.



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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> .....	<b>4</b> X	
<b>5</b> 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> .....	<b>5</b>	
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b> X	
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> 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> .....	<b>12a</b> X	
<b>b</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> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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> .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....	<b>20b</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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
<b>22</b> 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
<b>23</b> 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
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> 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	
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	<b>1a</b>		28
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b>		28
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?	X	
<b>b</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?	X	
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	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>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **GREENBELT ALLIANCE/PEOPLE FOR OPEN - 415-543-6771**  
**312 SUTTER STREET, NO. 510, SAN FRANCISCO, CA 94108**

**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			
JEREMY MADSEN EXECUTIVE DIRECTOR	37.50	X	X				114,415.	0.	0.	
EDWARD LEE DIRECTOR OF FINANCE AND ADMINISTRATI	37.50	X	X				16,354.	0.	0.	
ANDERSON BARNES VICE PRESIDENT, BOARD AFFA	1.00	X					0.	0.	0.	
JOHN CHAPMAN PRESIDENT	1.00	X					0.	0.	0.	
RAQUEL DONOSO BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM EVERS BOARD MEMBER	1.00	X					0.	0.	0.	
MORTIMER FLEISHHACKER BOARD MEMBER	1.00	X					0.	0.	0.	
DONNA GERBER BOARD MEMBER	1.00	X					0.	0.	0.	
JON HARVEY BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL HOWE BOARD MEMBER	1.00	X					0.	0.	0.	
ROBERT E. JOHNSON AUDIT COMMITTEE CHAIR	1.00	X					0.	0.	0.	
DEEPAK KAMLANI BOARD MEMBER	1.00	X					0.	0.	0.	
DANIEL R. KINGSLEY VICE PRESIDENT, DEVELOPMEN	1.00	X					0.	0.	0.	
DUANE KROMM SECRETARY/TREASURER	1.00	X					0.	0.	0.	
SAM LICCARDO BOARD MEMBER	1.00	X					0.	0.	0.	
JAKE MACKENZIE VICE PRESIDENT, POLICY	1.00	X					0.	0.	0.	
JEAN MCCOWN BOARD MEMBER	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			
SANDRA NATHAN BOARD MEMBER	1.00	X						0.	0.	0.
MICHELE PERRAULT BOARD MEMBER	1.00	X						0.	0.	0.
NANCY ADLER BOARD MEMBER	1.00	X						0.	0.	0.
MARGARET SPAULDING BOARD MEMBER	1.00	X						0.	0.	0.
MICHELE STRATTON BOARD MEMBER	1.00	X						0.	0.	0.
DEE SWANHUYSER BOARD MEMBER	1.00	X						0.	0.	0.
LANEY THORNTON BOARD MEMBER	1.00	X						0.	0.	0.
JEFFRY BLACHFIELD BOARD MEMBER	1.00	X						0.	0.	0.
WELLS WHITNEY BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								130,769.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								130,769.	0.	0.

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 **1**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include FEI TSEN, MICHELLE YESNEY, TERESA ALVARADO, and JOHN KRIKEN, all marked as Board Members with 1.00 hours per week and 0.00 compensation.

Total to Part VII, Section A, line 1c

**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	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1690297.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		1690297.				
Program Service Revenue	2 a	<b>MEMBERSHIP DUES &amp; ASSE</b>	Business Code 713990	192,112.	192,112.			
	b	<b>FIELD AND CONTRACTS</b>	541900	21,367.	21,367.			
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f		213,479.				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		71,090.			71,090.
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6 a		Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			-4,721.		-4,721.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		92,407.			
		b	Less: direct expenses	b	98,373.			
		c	Net income or (loss) from fundraising events		-5,966.			-5,966.
9 a		Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue								
11 a	<b>MISCELLANEOUS INCOME</b>	Business Code 900099		993.	993.			
	b							
	c							
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d			993.			
12	<b>Total revenue.</b> See instructions.			1965172.	214,472.	0.	60,403.	



**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				
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	1,349,827.	1,143,147.	80,933.	125,747.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	141,995.	119,238.	9,073.	13,684.
10 Payroll taxes	109,513.	92,699.	6,576.	10,238.
11 Fees for services (non-employees):				
a Management				
b Legal	3,447.	3,447.		
c Accounting	13,000.	2,595.	10,164.	241.
d Lobbying	30,250.	30,250.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	27,832.	23,481.	1,070.	3,281.
14 Information technology				
15 Royalties				
16 Occupancy	107,736.	94,717.	5,081.	7,938.
17 Travel	20,443.	13,397.	6,817.	229.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,043.	2,542.	196.	305.
23 Insurance	4,059.	3,436.	245.	378.
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 <b>CONSULTING</b>	296,699.	260,555.	35,002.	1,142.
b <b>SERVICE CHARGES &amp; FEES</b>	56,400.	45,545.	9,300.	1,555.
c <b>PRINTING &amp; DUPLICATION</b>	33,034.	29,914.	51.	3,069.
d <b>MEETING</b>	31,302.	12,992.	17,317.	993.
e <b>TELEPHONE</b>	27,342.	23,375.	2,027.	1,940.
f All other expenses	71,818.	55,980.	10,347.	5,491.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	2,327,740.	1,957,310.	194,199.	176,231.
26 <b>Joint costs.</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash - non-interest-bearing .....		1
	2	Savings and temporary cash investments .....	1,230,983.	2 1,201,594.
	3	Pledges and grants receivable, net .....	382,000.	3 30,000.
	4	Accounts receivable, net .....	19,713.	4 160.
	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 .....		8
	9	Prepaid expenses and deferred charges .....	31,192.	9 39,734.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 23,527.	
	b	Less: accumulated depreciation .....	10b 12,806.	10c 10,721.
	11	Investments - publicly traded securities .....		11
	12	Investments - other securities. See Part IV, line 11 .....	1,200,743.	12 1,175,353.
	13	Investments - program-related. See Part IV, line 11 .....		13
	14	Intangible assets .....		14
	15	Other assets. See Part IV, line 11 .....	12,184.	15 13,184.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,885,076.	16 2,470,746.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	69,299.	17 107,230.
	18	Grants payable .....		18
	19	Deferred revenue .....	19,847.	19 9,503.
	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 .....		25
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	89,146.	26 116,733.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27	Unrestricted net assets .....	1,111,165.	27 914,775.
	28	Temporarily restricted net assets .....	627,383.	28 381,856.
	29	Permanently restricted net assets .....	1,057,382.	29 1,057,382.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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	<b>Total net assets or fund balances</b> .....	2,795,930.	33 2,354,013.	
34	<b>Total liabilities and net assets/fund balances</b> .....	2,885,076.	34 2,470,746.	

**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	1,965,172.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,327,740.
3	Revenue less expenses. Subtract line 2 from line 1	3	-362,568.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,795,930.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-79,349.
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	2,354,013.

**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
b	Were the organization's financial statements audited by an independent accountant?	X	
c	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
b	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.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE** Employer identification number **94-1676747**

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

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I
    - b  Type II
    - c  Type III - Functionally integrated
    - d  Type III - Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
    - (ii) A family member of a person described in (i) above? .....
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....
  - h Provide the following information about the supported organization(s).

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

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,047,130.	1,851,421.	2,244,756.	1,791,253.	1,690,297.	8,624,857.
<b>2</b> 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 .....	683,881.	602,808.	499,165.	547,259.	306,879.	2,639,992.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	1,731,011.	2,454,229.	2,743,921.	2,338,512.	1,997,176.	11,264,849.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</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.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						11,264,849.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....	1,731,011.	2,454,229.	2,743,921.	2,338,512.	1,997,176.	11,264,849.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	72,627.	63,568.	38,464.	45,269.	66,369.	286,297.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	72,627.	63,568.	38,464.	45,269.	66,369.	286,297.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....	1,803,638.	2,517,797.	2,782,385.	2,383,781.	2,063,545.	11,551,146.

**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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	97.52 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	96.47 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	2.48 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	2.53 %

**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

GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE

94-1676747

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	Employer identification number
<b>GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE</b>	<b>94-1676747</b>

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANONYMOUS N/A N/A, CA 99999	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CLAIRE PERRY 2420 SAND HILL ROAD, SUITE 201 MENLO PARK, CA 94025	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MATT BARGER 3449 PACIFIC AVE SAN FRANCISCO, CA 94118	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	DOROTHY ERSKINE SPECIAL FUND 530 BUSH STREET SAN FRANCISCO, CA 94108	\$ 53,215.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL MOUNTAIN VIEW, CA 94040	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE SAN FRANCISCO FOUNDATION 225 BUSH STREET #5 SAN FRANCISCO, CA 94104	\$ 134,107.	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 <b>GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE</b>	Employer identification number <b>94-1676747</b>
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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	THE DAVID AND LUCILE PACKARD FOUNDATION  300 SECOND STREET  LOS ALTOS, CA 94022	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	EAST BAY COMMUNITY FUND  200 FRANK H. OGAWA PLAZA  OAKLAND, CA 94612	\$ 92,331.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	CLARENCE E. HELLER CHARITABLE FOUNDATION  44 MONTGOMERY STREET, SUITE 1970  SAN FRANCISCO, CA 94104	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	THE WILLIAM AND FLORA HEWLETT FOUNDATION  2121 SAND HILL ROAD  MENLO PARK, CA 94025	\$ 285,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	THE ORAM FOUNDATION  334 EAST LINDEN AVENUE  ENGLEWOOD, NJ 07631	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	MARIN COMMUNITY FOUNDATION  5 HAMILTON LANDING, SUITE 200  NOVATO, CA 94949	\$ 34,000.	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 <b>GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE</b>	Employer identification number <b>94-1676747</b>
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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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE</b>	Employer identification number <b>94-1676747</b>
-------------------------------------------------------------------------	-----------------------------------------------------

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2010**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part 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 <b>GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE</b>	Employer identification number <b>94-1676747</b>
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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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	30,268.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	30,268.													
<b>d</b>	Other exempt purpose expenditures .....	2,297,472.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	2,327,740.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns. <span style="float: right;">266,387.</span>														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	66,597.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>														

**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	
<b>2a</b>	Lobbying nontaxable amount	272,635.	268,875.	263,379.	266,387.	1,071,276.
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))					1,606,914.
<b>c</b>	Total lobbying expenditures	31,978.	0.	5,300.	30,268.	67,546.
<b>d</b>	Grassroots nontaxable amount	68,159.	67,219.	65,845.	66,597.	267,820.
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))					401,730.
<b>f</b>	Grassroots lobbying expenditures	2,710.	0.	0.		2,710.

**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
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**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."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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.

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE

Employer identification number

94-1676747

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... Table with 2 columns: Held at the End of the Tax Year. Rows include: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 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... 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)? 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:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
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	1,176,983.	1,074,864.	1,083,875.		
b Contributions	40,211.	77,100.	40,200.		
c Net investment earnings, gains, and losses	-10,248.	90,505.	-10,867.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	64,179.	65,486.	38,344.		
g End of year balance	1,142,767.	1,176,983.	1,074,864.		

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

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

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

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

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

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		7,062.	4,009.	3,053.
d Equipment		16,465.	8,797.	7,668.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,721.



**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) <b>EAST BAY COMMUNITY</b>		
(B) <b>FOUNDATION GROWTH</b>	<b>1,175,353.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>1,175,353.</b>	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		

**2.** (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶  
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	1,965,172.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,327,740.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-362,568.
4	Net unrealized gains (losses) on investments	4	-79,349.
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	-79,349.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-441,917.

**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	1,984,196.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-79,349.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	98,373.
e	Add lines 2a through 2d	2e	19,024.
3	Subtract line 2e from line 1	3	1,965,172.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,965,172.

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

1	Total expenses and losses per audited financial statements	1	2,426,113.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	98,373.
e	Add lines 2a through 2d	2e	98,373.
3	Subtract line 2e from line 1	3	2,327,740.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,327,740.

**Part XIV Supplemental Information**

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

**PART V, LINE 4: CONTRIBUTIONS RECEIVED BY DONORS WHO HAVE RESTRICTED**

**THEIR DONATIONS TO THE PERMANENT ENDOWMENT ARE ADDED TO THE PERMANENT ENDOWMENT FUND AND FUNDS WILL BE USED AS DESIGNATED BY THE DONORS. IF BEQUESTS ARE NOT RESTRICTED, THE BOARD HAS A POLICY THAT 75% OF SUCH BEQUESTS WILL BE DESIGNATED AS QUASI ENDOWMENT FUNDS, WHICH WILL BE RESTRICTED FOR OPERATIONS AND OTHER USES AS DESIGNATED BY THE BOARD OF DIRECTORS.**

**Part XIV** Supplemental Information (continued)

PART X, LINE 2: THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE ORGANIZATION TO REPORT INFORMATION REGARDING ITS EXPENSES TO VARIOUS TAX POSITIONS TAKEN. MANAGEMENT HAS DETERMINED WHETHER ANY TAX POSITIONS HAVE MET THE RECOGNITION THRESHOLD AND HAS MEASURED ITS EXPOSURE TO THOSE TAX POSITIONS. MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS ADEQUATELY ADDRESSED ALL RELEVANT TAX POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES. FEDERAL TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE THE AUDIT THE PREVIOUS THREE YEARS OF TAX RETURNS FILED. CALIFORNIA TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS FOUR YEARS OF TAX RETURNS FILED. NO INTEREST OR PENALTIES FROM FEDERAL OR STATE TAX AUTHORITIES WERE RECORDED IN THE FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:  
 RECLASSIFICATION OF FUNDRAISING EVENTS EXPENSE 98,373.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:  
 RECLASSIFICATION OF FUNDRAISING EVENTS EXPENSE 98,373.

# Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury  
Internal Revenue Service

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

Open To Public  
Inspection

Name of the organization

**GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE**

Employer identification number

**94-1676747**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |                                                             |                                                                  |
|-------------------------------------------------------------|------------------------------------------------------------------|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |                                                                  |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**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
		BLUEGRASS FOR THE GREEN (event type)	(event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	92,407.		92,407.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	92,407.		92,407.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	98,373.		98,373.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 98,373.)
	11	Net income summary. Combine line 3, column (d), and line 10			-5,966.

**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))
Revenue	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  %  
b An outside facility  %

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 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

GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE

Employer identification number

94-1676747

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

AREA'S NATURAL AND AGRICULTURAL LANDSCAPE FROM DEVELOPMENT AND CREATE  
VIBRANT AND LIVABLE COMMUNITIES. THROUGH ORGANIZATIONAL EXPERTISE,  
POLICY DEVELOPMENT, ADVOCACY AND ORGANIZING, WE WORK TO MAKE EVERY  
PLACE IN THE BAY AREA AMAZING.

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

GROWTH BOUNDARY TO INCLUDE 1,624 ACRES OF THE VALLEY AS WELL AS SEVERAL  
UNDEVELOPED PARCELS IN THE HILLS WEST OF THE CITY.

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

PARKS. HOSTED A SUCCESSFUL SERIES OF FILMS CALLED "REINVENTING OUR  
CITIES: FILMS OF VISION AND HOPE," AND "GLOBAL PERSPECTIVES ON LIVABLE  
CITIES."

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

SAN FRANCISCO HOUSING ACTION COALITION \$126,494

GREENBELT ALLIANCE INITIATIVE FUND \$30,297

OPEN SPACE COUNCIL \$3,120

RESEARCH AND EDUCATION \$55,720

EXPENSES \$ 156,791. INCLUDING GRANTS OF \$ 0. REVENUE \$ 933.

**FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 MUST BE REVIEWED**

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

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

Name of the organization <b>GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE</b>	Employer identification number <b>94-1676747</b>
-----------------------------------------------------------------------------	-----------------------------------------------------

**BY STAFF AND APPROVED BY BOARD OF DIRECTORS/COMMITTEE.**

**FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST STATEMENTS ARE REVIEWED ANNUALLY.**

**FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR SALARY IS REVIEWED ANNUALLY THROUGH THE FINANCE COMMITTEE AND APPROVAL FROM THE BOARD OF DIRECTORS.**

**FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.**

**FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:  
NET UNREALIZED LOSSES ON INVESTMENTS: -79,349.**

**FORM 990, PART XI, LINE 2C: THE BOARD ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.**



# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

SEPTEMBER 30, 2011

<b>Prepared for</b>	GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE 312 SUTTER STREET NO. 510 SAN FRANCISCO, CA 94108
<b>Prepared by</b>	NOVOGRADAC & COMPANY LLP PO BOX 7833 SAN FRANCISCO, CA 94120-7833
<b>Amount due or refund</b>	BALANCE DUE OF \$10
<b>Make check payable to</b>	FRANCHISE TAX BOARD
<b>Mail tax return and check (if applicable) to</b>	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0701
<b>Return must be mailed on or before</b>	SEPTEMBER 17, 2012
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.  INCLUDE THE ORGANIZATION'S CALIFORNIA CORPORATION/ORGANIZATION NUMBER AND "2010 FORM 199" ON THE REMITTANCE.

2010

# California Exempt Organization Annual Information Return

199

Calendar Year 2010 or fiscal year beginning month **OCTOBER** day **1** year **2010**, and ending month **SEPTEMBER** day **30** year **2011**.

**A** First Return Filed?  Yes  No **B** Type of organization Exempt under Section 23701 **D** (insert letter)  IRC Section 4947(a)(1) trust  **CORP #**  
**0491227**

Corporation/Organization Name **GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE** **FEIN**  
**94-1676747**

Address  
**312 SUTTER STREET, NO. 510**

City **SAN FRANCISCO** State **CA** ZIP Code **94108**

**C** Amended Return?  Yes  No  
**D** Are you a subordinate/affiliate in a group exemption?  Yes  No  
**(a)** Is this a group filing for affiliates? See General Instruction L  Yes  No  
**(b)** If "Yes," enter the number of affiliates \_\_\_\_\_  
**(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)  
**(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**(e)** Federal Group Exemption Number \_\_\_\_\_  
**(f)** Is a roster of subordinates attached?  Yes  No  
**E** Final return?  
 Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized (attach explanation)  
If a box is checked, enter date \_\_\_\_\_  
**F** Check the box if the organization filed the following federal forms or schedule:  
(1)  990T (2)  990PF (3)  (Schedule H) 990  
**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.   
**H** Accounting method used (1)  Cash (2)  Accrual (3)  Other  
**I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations  Yes  No  
**J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter amount of gross receipts from nonmember sources \$ \_\_\_\_\_  
**L** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**M** Is the organization a Limited Liability Company?  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	753,427.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	1,690,297.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction B	4	2,443,724.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	380,179.00
	7	Total costs. Add line 5 and line 6	7	380,179.00
	8	Total gross income. Subtract line 7 from line 4	8	2,063,545.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,426,113.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-362,568.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
Signature of officer **EXECUTIVE DIRE** Title Date \_\_\_\_\_ Telephone **(415) 543-6771**

Preparer's signature *Diane Ren* Date **8/14/12** Check if self-employed  Preparer's PTIN/SSN **P00043467**

**Paid Preparer's Use Only**  
Firm's name (or yours, if self-employed) and address **NOVOGRADAC & COMPANY LLP** **PO BOX 7833** **SAN FRANCISCO, CA 94120-7833** FEIN **94-3108253** Telephone **(415) 356-8000**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.**

028951 12-16-10

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	92,407.00
	2	Interest	•	2	00
	3	Dividends	•	3	71,090.00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See instructions)	•	6	375,458.00
	7	Other income	•	7	214,472.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	753,427.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	130,769.00
	12	Other salaries and wages	•	12	1,219,058.00
	13	Interest	•	13	00
	14	Taxes	•	14	109,513.00
	15	Rents	•	15	107,736.00
	16	Depreciation and depletion (See instructions)	•	16	3,043.00
	17	Other	•	17	855,994.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	2,426,113.00

**Schedule L Balance Sheets**

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		1,230,983.		1,201,594.
2 Net accounts receivable		19,713.		160.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans )				
9 Other investments <b>STMT 6</b>		1,200,743.		1,175,353.
10 a Depreciable assets	77,116.		23,527.	
b Less accumulated depreciation	( 68,855. )	8,261.	( 12,806. )	10,721.
11 Land				
12 Other assets <b>STMT 7</b>		425,376.		82,918.
13 Total assets		2,885,076.		2,470,746.
<b>Liabilities and net worth</b>				
14 Accounts payable		69,299.		107,230.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities <b>STMT 8</b>		19,847.		9,503.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,795,930.		2,354,013.
22 Total liabilities and net worth		2,885,076.		2,470,746.

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	• -441,917.	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return <b>STMT 9</b>	• 79,349.	Subtract line 9 from line 6	-362,568.
6 Total.			
Add line 1 through line 5	-362,568.		

FORM 199

CASH CONTRIBUTIONS OF \$5000 OR MORE  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ANONYMOUS	N/A N/A, CA, 99999		120,000.
CLAIRE PERRY	2420 SAND HILL ROAD, SUITE 201 MENLO PARK, CA, 94025		50,000.
MATT BARGER	3449 PACIFIC AVE SAN FRANCISCO, CA, 94118		50,000.
DOROTHY ERSKINE SPECIAL FUND	530 BUSH STREET SAN FRANCISCO, CA, 94108		53,215.
SILICON VALLEY COMMUNITY FOUNDATION	2440 WEST EL CAMINO REAL MOUNTAIN VIEW, CA, 94040		100,000.
THE SAN FRANCISCO FOUNDATION	225 BUSH STREET #5 SAN FRANCISCO, CA, 94104		134,107.
THE DAVID AND LUCILE PACKARD FOUNDATION	300 SECOND STREET LOS ALTOS, CA, 94022		100,000.
EAST BAY COMMUNITY FUND	200 FRANK H. OGAWA PLAZA OAKLAND, CA, 94612		92,331.
CLARENCE E. HELLER CHARITABLE FOUNDATION	44 MONTGOMERY STREET, SUITE 1970 SAN FRANCISCO, CA, 94104		50,000.
THE WILLIAM AND FLORA HEWLETT FOUNDATION	2121 SAND HILL ROAD MENLO PARK, CA, 94025		285,000.
THE ORAM FOUNDATION	334 EAST LINDEN AVENUE ENGLEWOOD, NJ, 07631		60,000.
MARIN COMMUNITY FOUNDATION	5 HAMILTON LANDING, SUITE 200 NOVATO, CA, 94949		34,000.
TOTAL INCLUDED ON LINE 3			<u>1,128,653.</u>

FORM 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	2
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	380,179.	0.	0.	375,458.
TOTAL TO FORM 199, PAGE 2, LN 6	380,179.	0.	0.	375,458.

FORM 199	OTHER INCOME	STATEMENT	3
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DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME	993.
MEMBERSHIP DUES & ASSESSMENTS	192,112.
FIELD AND CONTRACTS	21,367.
TOTAL TO FORM 199, PART II, LINE 7	214,472.

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FORM 199            COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES            STATEMENT    4

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JEREMY MADSEN 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	EXECUTIVE DIRECTOR 37.50	114,415.
EDWARD LEE 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	DIRECTOR OF FINANCE AND AD 37.50	16,354.
ANDERSON BARNES 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	VICE PRESIDENT, BOARD AFFA 1.00	0.
JOHN CHAPMAN 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	PRESIDENT 1.00	0.
RAQUEL DONOSO 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
WILLIAM EVERS 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
MORTIMER FLEISHHACKER 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
DONNA GERBER 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
JON HARVEY 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
MICHAEL HOWE 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
ROBERT E. JOHNSON 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	AUDIT COMMITTEE CHAIR 1.00	0.

DEEPAK KAMLANI 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
DANIEL R. KINGSLEY 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	VICE PRESIDENT, DEVELOPMEN 1.00	0.
DUANE KROMM 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	SECRETARY/TREASURER 1.00	0.
SAM LICCARDO 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
JAKE MACKENZIE 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	VICE PRESIDENT, POLICY 1.00	0.
JEAN MCCOWN 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
SANDRA NATHAN 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
MICHELE PERRAULT 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
NANCY ADLER 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
MARGARET SPAULDING 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
MICHELE STRATTON 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
DEE SWANHUYSER 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
LANEY THORNTON 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.

JEFFRY BLACHFIELD 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
WELLS WHITNEY 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
FEI TSEN 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
MICHELLE YESNEY 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
TERESA ALVARADO 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
JOHN KRIKEN 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	BOARD MEMBER 1.00	0.
MIRIAM KRONBERG 312 SUTTER STREET, NO. 510 SAN FRANCISCO, CA 94108	CHIEF OPERATING OFFICER 37.50	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>130,769.</u>

FORM 199	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
CONSULTING	296,699.
SERVICE CHARGES & FEES	56,400.
PRINTING & DUPLICATION	33,034.
MEETING	31,302.
TELEPHONE	27,342.
DIRECT EXPENSES OF FUNDRAISING EVENTS	98,373.
OTHER EMPLOYEE BENEFITS	141,995.
LEGAL FEES	3,447.
ACCOUNTING FEES	13,000.
LOBBYING FEES	30,250.
OFFICE EXPENSES	27,832.
TRAVEL	20,443.
INSURANCE	4,059.
ALL OTHER EXPENSES	71,818.
TOTAL TO FORM 199, PART II, LINE 17	<u>855,994.</u>



FORM 199	OTHER INVESTMENTS	STATEMENT	6
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
EAST BAY COMMUNITY FOUNDATION GROWTH		1,200,743.	1,175,353.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		1,200,743.	1,175,353.

FORM 199	OTHER ASSETS	STATEMENT	7
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PLEDGES AND GRANTS RECEIVABLE		382,000.	30,000.
PREPAID EXPENSES AND DEFERRED CHARGES		31,192.	39,734.
DEPOSITS		12,184.	13,184.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		425,376.	82,918.

FORM 199	OTHER LIABILITIES	STATEMENT	8
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
DEFERRED REVENUE		19,847.	9,503.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		19,847.	9,503.

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	9
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
UNREALIZED LOSSES		79,349.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		79,349.	

FORM 199

FUND BALANCES

STATEMENT 10

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
UNRESTRICTED ASSETS	1,111,165.	914,775.
TEMPORARILY RESTRICTED ASSETS	627,383.	381,856.
PERMANENTLY RESTRICTED ASSETS	1,057,382.	1,057,382.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	2,795,930.	2,354,013.

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

SEPTEMBER 30, 2011

<b>Prepared for</b>	GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE 312 SUTTER STREET NO. 510 SAN FRANCISCO, CA 94108
<b>Prepared by</b>	NOVOGRADAC & COMPANY LLP PO BOX 7833 SAN FRANCISCO, CA 94120-7833
<b>Mail tax return to</b>	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
<b>Return must be mailed on or before</b>	AUGUST 15, 2012
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.  ENCLOSE A CHECK FOR \$150 MADE PAYABLE TO ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>CT 007498</b>  <b>GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE</b> <small>Name of Organization</small>  <b>312 SUTTER STREET, NO. 510</b> <small>Address (Number and Street)</small>  <b>SAN FRANCISCO, CA 94108</b> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <b>0491227</b>  Federal Employer I.D. No. <b>94-1676747</b>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 10/01/2010 ending 09/30/2011) list:  
 Gross annual revenue \$ 1,965,172. Total assets \$ 2,470,746.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		<b>X</b>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		<b>X</b>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		<b>X</b>
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		<b>X</b>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		<b>X</b>
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		<b>X</b>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		<b>X</b>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<b>X</b>	

Organization's area code and telephone number **415-543-6771**

Organization's e-mail address \_\_\_\_\_

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

**JEREMY MADSEN**

**EXECUTIVE DIRECTOR**

Signature of authorized officer

Printed Name

Title

Date

**PAID PREPARER STATEMENT**

**GREENBELT ALLIANCE/PEOPLE FOR OPEN SPACE, INC.**

**94-1676747**

**Form RRF-1**

**Registration/Renewal Fee Report to Attorney General of California  
For The Year Ended September 30, 2011**

8/14/12

Date



Preparer's Signature

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Preparer's Name: Diane M. Rubin

Preparer's FEIN: 94-3108253

Preparer's SS #: P00043467

**A COMPLETE COPY OF THE  
FEDERAL FORM 990  
WAS ATTACHED TO THE  
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