Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection ► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2021 calen	dar year, or tax year beginning , 2021, and	ending		, 20	
В	Check if a	applicable:	С		D Employer id	lentification number	
	Addr	ress change	Great Old Broads for Wilderness		87-047	79828	
	Nam	ne change	555 Rivergate Lane Suite B1-110		E Telephone n		
	Initia	al return	Durango, ČO 81301		(970)	385-9577	
	\vdash	return/terminated			(370)	303 3311	
	\vdash	ended return			G Gross receip	sts \$ 956	605.
	\vdash	lication pending	F Name and address of principal officer: Michele Silbert	H(a) Is this	a group return for		X No
	ДАррі	lication pending	Same As C Above	` '			No
_	Tay ov	empt status:	· I I I - I - I - I - I - I - I	527 If "No,	subordinates inclu attach a list. See	instructions.	Ш
<u>'</u> J		•				_	
K			w.greatoldbroads.org		exemption numbe		
		of organization:		f formation: 199	8 IVI State	of legal domicile: CO	
Pa	rt I	Summar	y	011 D1	- 6 til	1.4	
	1 B	rielly descri	be the organization's mission or most significant activities:Great	Old Broad	s for Wi	<u>lderness is</u>	<u>a</u>
es			grassroots organization, led by women, the	at engages	s and inp	sires_activ	ISIII _
ᆵ		<u>to prese</u>	rve and protect wildnernes and wild lands.		. – – – – –		
Governance	2 0	Check this bo	if the organization discontinued its operations or disposed	of more than 3	05% of its not		
õ			oting members of the governing body (Part VI, line 1a)				9
∘ত			dependent voting members of the governing body (Part VI, line 1b).				9
Activities &			of individuals employed in calendar year 2021 (Part V, line 2a)				14
≅			of volunteers (estimate if necessary)				300
₹			ed business revenue from Part VIII, column (C), line 12			'a	0.
			business taxable income from Form 990-T, Part I, line 11				0.
					rior Year	Current Ye	ar
	8 C	Contributions	and grants (Part VIII, line 1h)		617,358		779.
Revenue			vice revenue (Part VIII, line 2g)		26,680		124.
Ver		-	ncome (Part VIII, column (A), lines 3, 4, and 7d)		1,208		562.
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				642.
			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12		645,246		107.
			imilar amounts paid (Part IX, column (A), lines 1-3)				
			to or for members (Part IX, column (A), line 4)				
			er compensation, employee benefits (Part IX, column (A), lines 5-10		614,154	611	862.
es	16 2		fundraising fees (Part IX, column (A), line 11e)		014,134		
Expenses	104					Ι,	303.
꼾	b I		sing expenses (Part IX, column (D), line 25) ► 139,8				
_	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)		169,893	_	475.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		784,047		640.
		Revenue less	s expenses. Subtract line 18 from line 12		-138,801	. 137,	467.
5 g					ng of Current Ye	ar End of Yea	ar
sets alan	20 T		(Part X, line 16)		L,139,434	1,298,	654.
AB	21 T	otal liabilitie	es (Part X, line 26)		314,212	303,	712.
Net Assets o Fund Balance	22 N	let assets or	fund balances. Subtract line 21 from line 20		825,222	. 994,	942.
	rt II	Signatur	e Block	I.	,	,	
			eclare that I have examined this return, including accompanying schedules and statements,	and to the best of n	nv knowledge and	belief, it is true, correct.	and
com	olete. Dec	laration of prepa	arer (other than officer) is based on all information of which preparer has any knowledge.		,	, , ,	
Siç	ın	Signatu	re of officer	Da	ate		
He	re	Mic	helle Ryan	Co-C	hair		
			print name and title				
		Print/Type p	preparer's name Preparer's signature Date		Check if	PTIN	
Pa	id	Michel	lle Sainio michelle Sainio	11/14/2022	self-employed	P01247182	
	ıu eparer				1. 37		
	e Only				Firm's FINI ► C	34-1073179	
		, I mins addre	•				6
Mar	the IP	S discuss th	Durango, CO 81301 is return with the preparer shown above? See instructions			970) 247-050 X Yes	No
ivia	, נווכ ות	uiscuss II	no return with the preparer shown above: See instructions			A Tes	INO

. uı	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
'	Great Old Broads for Wilderness is a national grassroots organization, led by women,
	that engages and inpsires activism to preserve and protect wildnernes and wild lands.
2	Did the organization undertake any significant program services during the year which were not listed on the prior
_	Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
,	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,
	and revenue, if any, for each program service reported.
4 a	(Code:) (Expenses \$ 491,392. including grants of \$) (Revenue \$ 24,124.)
	Great Old Broads for Wilderness is a national grassroots organization, led by women,
	that engages and inspires activism to preserve and protect wilderness and wild lands.
4 b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses \(\frac{491,392}{}.
	, J

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> 'Yes,' <i>complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

Form 990 (2021) Great Old Broads for Wilderness Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a 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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Χ
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	· 		
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
D A /			ΩΩΩ (

Form 990 (2021) Great Old Broads for Wilderness

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

			Yes	No
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ı	1 If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	olf 'Yes,' enter the name of the foreign country► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5.	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
) If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			21
7	not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6 b		
	• • • • • • • • • • • • • • • • • • • •			
Č	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
ı	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
ä	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
١	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
ä	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ć	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If 'Yes,' complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q...... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes.' describe on Χ Schedule O how this was done..... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CO Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records Erin Birt 555 Rivergate Lane Unit B1-110 Durango CO 81301 (970) 568-5509

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

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

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

- 1 a 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

	heck this box if neither the organization nor any relate	ed organiz	ation	con	npen	sate	d any	y cu	rrent officer, direct	or, or trustee.	
			(C)								
	(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	than is Individu	one both dir	(do n box, an c ector	ot che unles officer /truste	eck pers a Highest compensated employee	on	(D) Reportable compensation from the organization (W-2/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)	Michele Silbert	40									
	Executive Dir.	0			Χ				81,775.	0.	0.
(2)	Anne Heikkila	3									
	Co-Chair	0	Χ		Χ				0.	0.	0.
(3)	Michelle_Ryan	3									
	Co-Chair	0	Χ		Χ				0.	0.	0.
(4)	Linda Delano	3									
	Vice Chair	0	Χ		Χ				0.	0.	0.
(5)	Philipa Coe	3									
	Secretary	0	Χ		Χ				0.	0.	0.
(6)	Susan Jacobson	3									
	Treasurer	0	Χ		Χ				0.	0.	0.
(7)	Mary O'Brien	3									
	Member	0	Χ						0.	0.	0.
(8)	Anna Lee Vargas	3									
	Member	0	Χ						0.	0.	0.
(9)	Laura Hodge	3							_	_	
44.01	Member	0	X						0.	0.	0.
(10)	Corina Lopez	3							_		_
	Member	0	Χ						0.	0.	0.
(11)											
(12)											
(13)											
(14)											

Part VII Section A. Officers, Direct		Key			es, a	anc	d Highest Com	pensated Emp	loyees	(conti	nued)
	(B)			(C)							
(A)	Average hours	Position (do not check more than one box, unless person is both an		(D) Reportable	(E) Reportable		(F)				
Name and title	per week	office	er and	a direc	tor/trust	ee)	compensation from	compensation from related organizations	C	ated amo	
	(list any hours for related control or direct control		For	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	nsation : rganizati	ion			
	for related	Individual or director		i eg	Highest co employee	ner				d related anization	
	organiza - tions	or th	<u>≅</u>	Key employee	e						
	below dotted line)	Individual trustee or director	Institutional trustee	ð	Highest compensated employee						
	ilile)		क		ited						
(15)											
22											
(16)											
(17)											
(18)											
(10)											
<u>(19)</u>											
(20)				-							
(21)											
		•									
(22)											
(23)											
(24)											
(24)		4									
(25)											
1 b Subtotal						>	81,775.	0.	ļ		0.
c Total from continuation sheets to Part						>	0.	0.		0.	
d Total (add lines 1b and 1c)					1	>	81,775.	0.			0.
2 Total number of individuals (including but	not limited to those I	isted a	above)) who	receiv	/ed	more than \$100,00	0 of reportable comp	pensatio	า	
from the organization 0										\ <u></u>	
										Yes	No
3 Did the organization list any former off on line 1a? If 'Yes,' complete Schedule	icer, director, truste <i>J for such individu</i>	ee, ke <u>r</u> Jal	y em	oloye	e, or h	nigh	nest compensated	employee	. 3		Х
·											
the organization and related organization	ons greater than \$1	50,00	0? <i>If</i>	'Yes,	' com _i	ple	te Schedule J for	ITOITI			
such individual									. 4		X
5 Did any person listed on line 1a receive for services rendered to the organization	e or accrue comper	nsation	า fron <i>hedul</i>	n any	unrel or suci	ate h n	d organization or	individual	5		Х
Section B. Independent Contractors				-							- 11
1 Complete this table for your five highes compensation from the organization. Repo	t compensated ind	epend	lent c	ontra	ctors	tha	t received more the	nan \$100,000 of			
	· ·	the ca	nenua	ir yea	enair	ıg v	i e	 		~\	
(A) Name and business address (B) Description of services							Compe	C) nsatio	n		
2 Total number of independent contractors (-	ited to	those	e liste	d abov	/e) \	who received more	than			
\$100,000 of compensation from the org	janization ► 0										

	m 990 (2021) Great Old Broad	s for Wildernes	SS		87-0479828	Page \$
Par	rt VIII Statement of Revenue					
	Check if Schedule O contains a	response or note to an				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
ŧ, ŧ	1 a Federated campaigns	1a				
į	b Membership dues	1b 149,003.				
Gifts, Grants, ilar Amounts	c Fundraising events	1 c				
흕	d Related organizations	1d 1e 105.441.				
SIC.	f All other contributions, gifts, grants, and	1e 105,441.				
Ę Ę	similar amounts not included above	1f 624,335.				
Contributions, Gifts, Grants, and Other Similar Amounts	g Noncash contributions included in lines 1a-1f.	1g 101,916.				
Ö	h Total. Add lines 1a-1f		878,779.			
e e		Business Code				
Program Service Revenue	2a Registration fees	900099	24,124.	24,124.		
e E	b					
Ş.	c					
တို	u					
Jran	f All other program service revenue.					
Ę.	g Total. Add lines 2a-2f		24,124.			
	3 Investment income (including divider	nds, interest, and				
	other similar amounts)		3,562.	3,562.		
	4 Income from investment of tax-exc					
	5 Royalties					
	6a Gross rents 6a	(1) 1 01001141				
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
	7 a Gross amount from (i) Securit	ties (ii) Other				
	sales of assets other than inventory 7a					
	b Less: cost or other basis and sales expenses 7b					
	c Gain or (loss) 7c					
	d Net gain or (loss)					
ø	8 a Gross income from fundraising events					
Š	(not including \$	_				
ě	of contributions reported on line 1c).					
Other Revenue	See Part IV, line 18	8a 45,071.				
럁	b Less: direct expensesc Net income or (loss) from fundrais	8b 1,883.	42.100			42 100
Q		Sing events	43,188.			43,188.
	9 a Gross income from gaming activities. See Part IV, line 19	9 a				
	b Less: direct expenses	9 b				
	c Net income or (loss) from gaming	activities▶				
	10 a Gross sales of inventory, less returns and allowances	10-				
	b Less: cost of goods sold	10a 5,069. 10b 5.615.				
	c Net income or (loss) from sales of	0/0201	-546.	-546.		
<u></u>	2	Business Code	540.	-540.		
Š Š	11a					
a a	b					
Miscellaneous Revenue	c					
Ais.	•					
	e Total. Add lines 11a-11d		1			

949,107

27,140

0.

12 Total revenue. See instructions.....

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).

	Check if Schedule O contains a response or note to any line in this Part IX.									
Do i 6b,	not include amounts reported on lines 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 domestic organizations and domestic governments. See Part IV, line 21		·		·					
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	81,775.	58,060.	6,542.	17,173.					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.					
7	Other salaries and wages	432,274.	260,651.	101,408.	70,215.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	132/2/11	2007031.	1017100.	70,213.					
9	Other employee benefits	56,776.	35,201.	11,923.	9,652.					
10	Payroll taxes	41,037.	25,443.	8,618.	6,976.					
11	Fees for services (nonemployees):				•					
a	Management	2,171.		2,171.						
ŀ) Legal									
(Accounting	15,090.		15,090.						
C	Lobbying									
6	Professional fundraising services. See Part IV, line 17	1,303.			1,303.					
	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	6,983.	5,211.	1,772.						
12	Advertising and promotion	4,319.	2,591.	1,080.	648.					
13	Office expenses	8,020.	4,797.	2,024.	1,199.					
14	Information technology	,	,	,	,					
15	Royalties									
16	Occupancy									
17	Travel	35,315.	33,384.	1,931.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	11,081.	6,649.	2,770.	1,662.					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	14,419.	8,651.	3,605.	2,163.					
23	Insurance	8,310.	4,476.	2,715.	1,119.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).									
á	Printing and Publications	19,005.	11,403.	4,751.	2,851.					
ŀ	All other expenses	14,709.	2,095.	4,165.	8,449.					
	Dues and Subscriptions	11,926.		913.	11,013.					
	Utilities	11,596.	6,958.	2,899.	1,739.					
6	All other expenses	35,531.	25,822.	6,069.	3,640.					
25	Total functional expenses. Add lines 1 through 24e	811,640.	491,392.	180,446.	139,802.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).									

		Check if Schedule O contains a response or note to	any line	in this Part X	<u></u>	<u></u>	· · · · · · · · · · · · · · · · · · ·
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			245,853.	1	335,203.
	2	Savings and temporary cash investments			29,551.	2	440,961.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe		5			
	6	Loans and other receivables from other disqualified p		-			
	0	section 4958(f)(1)), and persons described in section		6			
	7	Notes and loans receivable, net		· · · ·		7	
G	8	Inventories for sale or use			2 751	8	2 005
šet	9	Prepaid expenses and deferred charges		-	3,751.	9	3,995.
Assets						9	
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		574,923.			
		Less: accumulated depreciation		56,428.	545,484.	10 c	518,495.
	11	Investments — publicly traded securities		-	314,794.	11	
	12	Investments – other securities. See Part IV, line 11.		-		12	
	13	Investments – program-related. See Part IV, line 11.		13			
	14	Intangible assets.		14			
	15	Other assets. See Part IV, line 11		F	1.	15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		1,139,434.	16	1,298,654.
	17	Accounts payable and accrued expenses			3,461.	17	3,056.
	18 19	Grants payable		<u></u>		18 19	
	20	Tax-exempt bond liabilities	<u> </u>		20		
Ø	21	Escrow or custodial account liability. Complete Part		<u></u>		21	
Ţ.	22	Loans and other payables to any current or former of		L.		21	
Liabilities	22	key employee, creator or founder, substantial contribution	utor, or 35	5%		22	
Ĕ	22	controlled entity or family member of any of these pe		<u> </u>	210 751	22	200 656
	23	Secured mortgages and notes payable to unrelated the	•	<u> </u>	310,751.	23	300,656.
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25			314,212.	26	303,712.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	• •	X]			
퍨	27	Net assets without donor restrictions			716,906.	27	883,707.
m	28	Net assets with donor restrictions		<u></u>	108,316.	28	111,235.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
9	29	Capital stock or trust principal, or current funds			29		
5	30	Paid-in or capital surplus, or land, building, or equipn	<u> </u>		30		
Š	31	Retained earnings, endowment, accumulated income	<u></u>		31		
tΑ	32	Total net assets or fund balances		825,222.	32	994,942.	
ž	33	Total liabilities and net assets/fund balances			1,139,434.	33	1,298,654.
RΔ	٨		TEEA0111L	09/22/21	,,		Form 990 (2021)

Dr	VI Decemblishing of Net Accele	0 1 . 0 0 0			
Par					
	Check if Schedule O contains a response or note to any line in this Part XI.	1			
1	Total revenue (must equal Part VIII, column (A), line 12)			49,1	
2	Total expenses (must equal Part IX, column (A), line 25).	2		11,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		37,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	25,2	<u> 222.</u>
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		32,2	<u> 253.</u>
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9	94,9)42.
Par	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other See Sch. O				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		_		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	ed on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
_	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa	ite			
	basis, consolidated basis, or both:	ito			
	Separate basis Consolidated basis Both consolidated and separate basis				
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?		. 2c		Х
			- 20		Λ
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	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?		. 3a		Х
ŀ	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	it			
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
BAA	TEEA0112L 09/22/21		Form	990	(2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name o	Name of the organization Employer identification number									
	at Old Broads for Wil					87-047982				
	I Reason for Public Cha					<u>'</u>	ctions.			
The o	organization is not a private found		`		•	•				
1	A church, convention of church	,		,	b)(1)(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	A hospital or a cooperative h					• • •				
4	A medical research organizat	tion operated in conj	unction with a hospital	describe	d in sec	tion 1 70(b)(1)(A)(iii) . E	Inter 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 gove	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).				
7	An organization that normally re in section 170(b)(1)(A)(vi).	eceives a substantial (Complete Part II.)	part of its support from a	governm	ental uni	t or from the general pu	blic described			
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part I	1.)						
9	An agricultural research organiz				oniunctio	on with a land-grant colle	ene.			
J	or university or a non-land-grar university:									
10	An organization that normally from activities related to its e investment income and unrel June 30, 1975. See section 5	ated business taxab	le income (less section	oort from ns; and 511 tax)	contrib (2) no r from b	utions, membership fe more than 33-1/3% of usinesses acquired by	es, and gross receipts ts support from gross the organization after			
11	An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).				
12	An organization organized ar or more publicly supported or lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) d	r sectio	n 509(a`)(2). See section 509(a	ut the purposes of one a)(3). Check the box on			
а		on operated, supervise	ed, or controlled by its sur	ported o	rganizati	ion(s), typically by giving	g the supported ion. You must			
b	Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organiza	having control or tion(s). You			
С		A supporting organiza	ation operated in connection	n with, a	nd functio	onally integrated with, its	supported			
d	Type III non-functionally integrated. The o	rated. A supporting organization generall	ganization operated in cor v must satisfy a distribu	nection	with its s	supported organization(s t and an attentiveness) that is not requirement (see			
е	Oncor this box in the organiza	ation received a writ	ten determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally			
f	integrated, or Type III non-ful Enter the number of supported of									
	Provide the following information	-								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed loverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
、,										
<u>(B)</u>										
(C)										
(D)										
(E)	(E)									
Total										

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.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	715,304.	946,995.	331,788.	617,358.	878,799.	3,490,244.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	715,304.	946,995.	331,788.	617,358.	878,799.	3,490,244.
6	Public support. Subtract line 5 from line 4						3,490,244.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	715,304.	946,995.	331,788.	617,358.	878,799.	3,490,244.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,752.			1,208.	3,562.	8,522.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-, -			,	-,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	1,860.					1,860.
	Total support. Add lines 7 through 10						3,500,626.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20						99.70 %
	Public support percentage from 2	·	•			<u> </u>	99.81 %
	33-1/3% support test—2021. If the and stop here. The organization	qualifies as a pub	olicly supported or	ganization			► X
b	33-1/3% support test—2020. If th and stop here. The organization	e organization did qualifies as a pul	I not check a box olicly supported or	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-ar	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a l-circumstances te	nd-circumstances est. The organizati	test, check this begin in the test of the	oox and stop here publicly supporte	LExplain in Part dorganization.	VI how the ►
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions ►

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

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

Sec	tion A. Public Support	isted below,	product compresses.	<u> </u>			
	lar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2017	(8) 2010	(4) = 1.10	(4) 2525	(0) 2021	() 10(0)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				1	T	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶
	tion C. Computation of Pul						
	Public support percentage for 20	•			•		<u> </u>
	Public support percentage from 2					16	%
	tion D. Computation of Inv				(0)	1 1	
17		•	• • •	-			%
	Investment income percentage for					<u> </u>	%
	33-1/3% support tests—2021. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests—2020. If the line 18 is not more than 33-1/3% Private foundation. If the organization of the organiz	, check this box	and stop here. Th	e organization qu	ialifies as a public	cly supported organ	ization ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
k	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

BAA TEEA0404L 08/31/21 Schedule A (Form 990) 2021

		(Form 990) 202		Grea	t Old	Broad	ds f	or Wil	Ldernes	S		87-0479	828	Р	Page 5
Pa	rt IV	Supporting	Organiza	tions (d	continue	ed)								1	i
11	Hac t	he organization a	accented a	gift or co	ntribution	n from a	ny of t	the follow	vina nersor	nc?				Yes	No
		son who directly o		•			-		0 1		and 11c h	nelow.			
	the go	overning body of	a supporte	d organiz	zation?	o o. togo	,	po.oo.		a 0.1 m. 00 1 1 2	u	, 0.0,	11a		
	b A fan	nily member of a	person des	scribed o	n line 11a	a above?	?						11b		
	c A 35%	controlled entity of a	a person descr	ibed on line	11a or 11b	above? If	' 'Yes' to	o line 11a, 1	1b, or 11c, pro	ovide detail in Pa	art VI.		11c		
Se	ction I	B. Type I Sup	porting C)rganiz	ations										
_	5:11			6.11										Yes	No
1	or mo office organ than were	ne governing bod pre supported orgonication(s) effection one supported orgonication allocated among g the tax year.	ganizations trustees at ively operat rganization,	have the all times ed, super describe	power to during th rvised, or how the	regular le tax ye controli powers	rly app ear? If led the s to ap	point or e f 'No,' des e organiz opoint and	lect at leas scribe in Pa ation's act d/or remov	st a majority of art VI how the civities. If the officers, dire	of the org e supporte organizat rectors, or	janization's ed ion had mor r trustees	re		
2	that o	ne organization opperated, supervi fit carried out the orting organization	sed, or con purposes	trolled th	e suppor	ting orga	anizati	tion? If 'Y	'es,' explai	in in Part VI h	now provid	ding such	2		
Se	ction (C. Type II Sup	porting (Organiz	ations										<u> </u>
			<u> г</u>	9										Yes	No
1	Were	a majority of the	organization'	s director	s or truste	es durin	g the t	tax year a	lso a major	rity of the direc	tors or tru	stees			
		of the organization's supported organization(s)? If 'No,' describe in Part VI how control or manage ting organization was vested in the same persons that controlled or managed the supported organi						1							
Se	ction I	D. All Type III	Supporti	ng Org	anizatio	ons									ı
														Yes	No
1	organ	ne organization p nization's tax yea (ii) a copy of the	ır, (i) a writt	ten notice	e describi	ing the t	ype ar	nd amour	nt of suppo	ort provided d	luring the	prior tax			
	organ	rganization's governing documents in effect on the date of notification, to the extent not previously provide					ded?	1							
2	organ	any of the orgar nization(s) or (ii) rganization main	serving on	the gove	rnina bod	lv of a s	upport	ted organ	nization? <i>It</i>	f 'No.' explain	in Part V	/I how	2		
	li ie Oi	rgariization main	itairieu a cit	ose and c	.orminuou.	S WUIKIII	iy reia	αιιοπειπρ	Willi lile St	арропе с и огда	ii iiZatiOi i(5).			
3	voice all tin	ason of the relatio in the organizati nes during the ta	ion's invest	ment pol	icies and	in direc	ting th	ne use of	the organi	ization's incor	me or ass	sets at	3		
C ~		s regard. E. Type III Fui	antionally	, Intony	otod C.	ınnaıd:	ina O)vaoni-	otions				3		
эe	Cuon	E. Type III Ful	icuonany	/ integr	ateu St	ipporti	ing O	organiza	ations						
1	Check	k the box next to t	he method t	hat the or	ganization	used to	satisfy	fy the Integ	gral Part Te	est during the y	year (see i	instructions)	L		
	a 🔲 T	he organization s	satisfied the	e Activitie	es Test. C	Complete	e line 2	2 below.							
	b ⊤	he organization i	is the parer	nt of each	of its su	pported	organ	nizations.	Complete	line 3 below.					
	c T	he organization :	supported a	governn	nental en	tity. Des	scribe	in Part V	1 how you	supported a g	governme	ental entity (see instr	uctions	s).
2	Activi	ties Test. <i>Answe</i>	er lines 2a a	and 2b be	elow.									Yes	No
	suppo orga i	ubstantially all or orted organization(nizations and exp onsive to those si	(s) to which to plain how to	the organ hese acti	ization wa <i>vities dire</i>	is respon ectly furt	nsive? <i>thered</i>	If 'Yes,' th I their exe	nen in Part empt purpo	VI identify thoses, how the	se suppor organiza	ted ntion was			
		antially all of its		-			-						2a		
	more reaso	ne activities desc of the organizations for the organ	ion's suppo <i>ization's po</i>	rted orga sition tha	inization(s) would	d have	been en	gaged in?	If 'Yes,' explai	in in Part	VI the			
	but fo	or the organization	on's involve	ment.	. ,					-			2b		
		nt of Supported (Ü												
	a Did the each	ne organization h of the supported	nave the poveror organization	wer to recons? <i>If 'Y</i>	gularly ap 'es' or 'No	opoint or o,' provi	r elect <i>de det</i>	t a majori tails in Pa	ty of the o	fficers, directo	ors, or tru	ustees of	3a		

3b

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in Part VI the role played by the organization in this regard.*

Pa	Type in Non-Functionally integrated 503(a)(5) Supporting Orga	IIIIZai	10115	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
I	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	inued)					
Sec	ection D — Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8					
9	Distributable amount for 2021 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					

10 Line 8 amount divided by line 9 amount	10		
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

87-0479828

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source		2021		2020		2019		2018	 2017
Tot	al ¢		৬		<u> </u>		<u>\$</u>	0	\$ 1,860. 1,860.

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

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

If the organization answered 'Yes,' on 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,' on 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,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations: Complete Part III.			
	of organization			Employer identific	ation number
Gre	eat Old Broads fo	or Wilderness		87-047982	
		e organization is exempt under sec			zation.
1	Provide a description of See instructions for defin	the organization's direct and indirect politica intion of 'political campaign activities.'	I campaign activities in	Part IV.	
2		y expenditures. See instructions		▶ ġ	3
		cal campaign activities. See instructions		· · · · · · · · · · · · · · · · · · ·	
Par	rt I-B Complete if the	e organization is exempt under sec	tion 501(c)(3).		
1	Enter the amount of any	excise tax incurred by the organization under	er section 4955	► ¢	0.
2		excise tax incurred by organization manage			
3	If the organization incurr	ed a section 4955 tax, did it file Form 4720 t	or this year?		Yes No
4 a	Was a correction made?.				Yes No
	f 'Yes,' describe in Part				
		e organization is exempt under sec			
1	Enter the amount directly	expended by the filing organization for sec	tion 527 exempt function	on activities 🟲 🕏	
2		filing organization's funds contributed to oth vities			<u> </u>
3		penditures. Add lines 1 and 2. Enter here ar			5
4	Did the filing organization	n file Form 1120-POL for this year?			Yes No
5	Enter the names, addres organization made paym amount of political contribusegregated fund or a pol	ses and employer identification number (EIN ents. For each organization listed, enter the utions received that were promptly and directly ditical action committee (PAC). If additional s	of all section 527 po amount paid from the delivered to a separate p pace is needed, provid	itical organizations to v filing organization's fun olitical organization, such e information in Part IV	which the filing ds. Also enter the as a separate
	(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
(1)			_		
(2)			_		
(3)			_		
(4)			_		
(5)			_		
(6)			_		

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

Schedule C (Form 990) 2021

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$_{0}$	·	' + '	20	

	Great Old Br	dads for wilder	1622	07 047	9020				
Part II-A Complete if section 501	the organization	is exempt under see	ction 501(c)(3) and	filed Form 5768 (e	lection under				
	• • •	to an affiliated group (and	list in Part IV each affilia	ated group member's nam	e.				
		share of excess lobbying		g p	-,				
	•	ked box A and 'limited co							
(The term	Limits on Lobbyin 'expenditures' mean	ng Expenditures s amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals				
1 a Total lobbying expendit	ures to influence pub	lic opinion (grassroots lot	obying)	2,215.					
b Total lobbying expendit	ures to influence a le	gislative body (direct lobb	ying)	3,046.					
c Total lobbying expendit	•	•		5,261.					
d Other exempt purpose	•			491,392.					
e Total exempt purpose e	expenditures (add line	es 1c and 1d)		496,653.	0.				
f Lobbying nontaxable ar		unt from the following tab		99,331.					
If the amount on line 1e, col		he lobbying nontaxable		99,331.					
Not over \$500,000		0% 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 \$	over \$1,000,000.							
Over \$1,500,000 but not over \$	\$17,000,000 \$	225,000 plus 5% of the excess of	over \$1,500,000.						
Over \$17,000,000	\$								
g Grassroots nontaxable	amount (enter 25% o	f line 1f)		24,833.	0.				
h Subtract line 1g from lin	ne 1a. If zero or less,	enter -0		0.	0.				
i Subtract line 1f from lin	e 1c. If zero or less,	enter -0		0.	0.				
j If there is an amount othe section 4911 tax for this	er than zero on either li	ne 1h or line 1i, did the org	ganization file Form 4720	reporting	Yes No				
(Som	ne organizations that	Year Averaging Period Umade a section 501(h) el	ection do not have to o						
		ow. See the separate instruction in the second in the seco							
	Lobby	Expellultures burning	4-Teal Averaging Fen	ou					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total				
2a Lobbying nontaxable amount	119,613	. 36,808.	29,138.	99,331.	284,890.				
b Lobbying ceiling amount (150% of line 2a, column (e))					427,335.				
c Total lobbying expenditures	4,490	. 1,643.	3,033.	5,261.	14,427.				
d Grassroots nontaxable amount	29,903	9,202.	7,285.	24,833.	71,223.				
e Grassroots ceiling amount (150% of line 2d, column (e))					106,835.				
f Grassroots lobbying expenditures	1,877	. 485.	1,775.	2,215.	6,352.				
DAA				Calaadi	U.A.C. (EARMA DOM) 2021				

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)).

(election under section 501(n)).	(á	a)	(b)			
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No		Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?						
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?						
j Total. Add lines 1c through 1i						
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b If 'Yes,' enter the amount of any tax incurred under section 4912						
${f c}$ If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or				
					Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior y	ear?		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part	, or s III-A,	ectic line :	on 50 3, is	1(c)	
1 Dues, assessments and similar amounts from members		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
a Current year		2a				
b Carryover from last year.		2b				
c Total		2 c				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
5 Taxable amount of lobbying and political expenditures. See instructions		5				

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Great Old Broads for Wilderness 87-0479828 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ 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)?..... In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB 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) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

b Assets included in Form 990, Part X.....

Part III Organizations Maintaining Coll	ections of Art, HISTO	ricai i reasures, or	Other Similar Ass	eis (continu	iea)
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check ar	ny of the following that ma	ke significant use of its	collection	
a Public exhibition	d Loan o	or exchange program			
b Scholarly research	e Other	-			
c Preservation for future generations					
4 Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization's	exempt purpose in		
5 During the year, did the organization solicit of to be sold to raise funds rather than to be mi	aintained as part of the o	rganization's collection?		Yes	No
Part IV Escrow and Custodial Arrange line 9, or reported an amount or	ments. Complete if the Form 990, Part X,	he organization ans line 21.	wered 'Yes' on Fo	rm 990, Par	t IV,
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or othe	r assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII	and complete the following	ng table:			
				Amount	
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					
2 a Did the organization include an amount on F				Yes	No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	ation has been provided	I on Part XIII		
B IV E I O II I		107 1 5	000 D 1 1 / 1:	10	
Part V Endowment Funds. Complete in					
(a) Currer	nt year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s back
1 a Beginning of year balance				1	
b Contributions				1	
c Net investment earnings, gains,					
and losses d Grants or scholarships				1	
' ·					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the curr	ent year end balance (lin	e 1g, column (a)) held a	s:		
a Board designated or quasi-endowment ►	%				
	00				
c Term endowment ► %					
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possessic organization by:	n of the organization that a	re held and administered	for the	Yes	No
(i) Unrelated organizations				3a(i)	1.10
(ii) Related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related organize				3b	
4 Describe in Part XIII the intended uses of the	•				l
Part VI Land, Buildings, and Equipmen	-				
Complete if the organization and		n 990, Part IV, line	11a. See Form 99	0, Part X, li	ne 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	
1 a Land					
b Buildings		562,353.	43,858.	518	,495.
c Leasehold improvements		,	,		
d Equipment		12,570.	12,570.		0.
e Other					
Total. Add lines 1a through 1e. (Column (d) must of	equal Form 990, Part X, c	column (B), line 10c.)	>	518	,495.
ΒΔΔ			Schod	ule D (Form 990	1) 2021

Schedule D (Form 990) 2021

Complete if the organization answere	:O TES ON FORM 99		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
(1) Financial derivatives		, ,	
(2) Closely held equity interests			
(3) Other			
(A)			
 (B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)	_		
(l) ====================================			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	>	27.72	
Part VIII Investments — Program Related. Complete if the organization answere	ed 'Yes' on Form 99	N/A 0 Part IV line 11c See Form 9	990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
(1)	,,,	,,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(0)			
(8)			
(8)			
(9) (10)			
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A	A 0. Part IV. line 11d. See Form	990. Part X. line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere	N/A	A 0, Part IV, line 11d. See Form	990, Part X, line 15
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere	N/ <i>I</i> d 'Yes' on Form 99:	A 0, Part IV, line 11d. See Form 9	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2)	N/ <i>I</i> d 'Yes' on Form 99:	A 0, Part IV, line 11d. See Form 9	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3)	N/ <i>I</i> d 'Yes' on Form 99:	A 0, Part IV, line 11d. See Form 9	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4)	N/ <i>I</i> d 'Yes' on Form 99:	A 0, Part IV, line 11d. See Form 9	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5)	N/ <i>I</i> d 'Yes' on Form 99:	A 0, Part IV, line 11d. See Form 9	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6)	N/ <i>I</i> d 'Yes' on Form 99:	A 0, Part IV, line 11d. See Form	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7)	N/ <i>I</i> d 'Yes' on Form 99:	A 0, Part IV, line 11d. See Form	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/ <i>I</i> d 'Yes' on Form 99:	A O, Part IV, line 11d. See Form 9	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8)	N/ <i>I</i> d 'Yes' on Form 99:	A O, Part IV, line 11d. See Form 9	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column	N/Fed 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities.	ed 'Yes' on Form 99 rescription	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on	M/A ed 'Yes' on Form 99 rescription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Description 1.	ed 'Yes' on Form 99 rescription	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Description (a) (b) (b) (c) (c) (c) (c) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	M/A ed 'Yes' on Form 99 rescription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Desc. (1) Federal income taxes (2)	M/A ed 'Yes' on Form 99 rescription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Desc. (1) Federal income taxes (2) (3) (4)	M/A ed 'Yes' on Form 99 rescription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Descention (Column (a) Descention	M/A ed 'Yes' on Form 99 rescription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Descending (a) Descending (a) (a) (b) (a) (b) (c) (b) (c) (c) (c) (d) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	M/A ed 'Yes' on Form 99 rescription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Description (Column (a) Descripti	M/A ed 'Yes' on Form 99 rescription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Descential income taxes (2) (3) (4) (5) (6) (7) (8)	M/A ed 'Yes' on Form 99 rescription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Description (Column (a) Descripti	M/A ed 'Yes' on Form 99 rescription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Descending (Column (b) Martin (column (co	M/A ed 'Yes' on Form 99 rescription (B) line 15.)	0, Part IV, line 11d. See Form 9	(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' on 1. (a) Description (Column (a) Descripti	M/A ed 'Yes' on Form 99 rescription (B) line 15.)	0, Part IV, line 11d. See Form 990. 11e or 11f. See Form 990, Part X, line 29	(b) Book value (b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	turn. N/A
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1		3
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	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b.		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Statemen		Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered 'Yes' on Form 990, Part XII		Return. N/A
	art IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Pa 1 Total expenses and losses per audited financial statements	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Part 1 Total expenses and losses per audited financial statements	art IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Part 1 Total expenses and losses per audited financial statements	2a 2b	
Complete if the organization answered 'Yes' on Form 990, Part 1 Total expenses and losses per audited financial statements	2a 2b 2c	
Complete if the organization answered 'Yes' on Form 990, Part 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses.	2a 2b 2c 2d	
Complete if the organization answered 'Yes' on Form 990, Part 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.)	2a	1
Complete if the organization answered 'Yes' on Form 990, Part 17 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	2a	1 2e
Complete if the organization answered 'Yes' on Form 990, Part 17 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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.	2a	1 2e
Complete if the organization answered 'Yes' on Form 990, Part 17 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. b Other (Describe in Part XIII.)	2a	2e 3
Complete if the organization answered 'Yes' on Form 990, Part 17 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2a	1 2e 3 4c
Complete if the organization answered 'Yes' on Form 990, Part I Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. b Other (Describe in Part XIII.)	2a	2e 3

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

BAA Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

87-0479828 Great Old Broads for Wilderness **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. 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.

Schedule G (Form 990) 2021 Great Old Broads for Wilderness 87-0479828 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) None Annual Auction through column (c) (event type) (event type) (total number) Revenue **1** Gross receipts..... 45,071 45,071. 2 Less: Contributions..... **3** Gross income (line 1 minus line 2)..... 45,071 45,071. Direct Expenses Rent/facility costs..... 7 Food and beverages **9** Other direct expenses..... 1,883. 1,883. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 1,883. Net income summary. Subtract line 10 from line 3, column (d)..... 43,188. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming Revenue (add column (a) through column (c)) (a) Bingo bingo/progressive bingo (c) Other gaming Gross revenue..... Direct Expenses **2** Cash prizes..... 4 Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)..... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If 'No,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

b If 'Yes,' explain:

Schedule	G (Form 990) 2021	Great Old Bro	oads for Wilderness	87-0	479828	Page 3
11 Doe	s the organization conduct		onmembers?		· · · · Yes	No
			st, or a member of a partnership or other ent		Yes	No
	cate the percentage of gaming			1	. 1	
	-				-	%
			e organization's gaming/special events book		Bb	%
			<u> </u>			
Nan	ne >					
Add	ress ►					
b If 'Y of g c If 'Y	es,' enter the amount of ga aming revenue retained by es,' enter name and addres	ming revenue received the third party \(\bar{\sigma} \) \$s of the third party:	y from whom the organization receives gaby the organization► \$	and the ar	mount	No
INGII						- – – – -
Add	ress •	. – – – – – – – –				
16 Gan	ning manager information:					
Nan	ne ▶					
Gan	ning manager compensation					
Des	cription of services provided	d ► 			. – – – – – –	
	Director/officer	Employee	Independent contractor			
17 Mar	ndatory distributions:					
			able distributions from the gaming proceeds t			
			be distributed to other exempt organization		····· Yes	No
	anization's own exempt acti	•		s or spent in the		
Part IV	Supplemental Inform	mation. Provide the	explanations required by Part I, I 16, and 17b, as applicable. Also			v);
	information. See ins		10, and 17b, as applicable. Also p	order arry at	aditional	

BAA TEEA3703L 07/12/21 Schedule G (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Great Old Broads for Wilderness

Employer identification number 87-0479828

<u> </u>	cac	0 ± 0	DIOGGD TOT WITGOTHEDD			107	017302			
Pai	rt I	Typ	es of Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d od of c contrib	determir	ning mounts
1	Art	– Wo	rks of art							
2	Art	– His	torical treasures							
3	Art	– Fra	actional interests							
4	Воо	ks ar	d publications							
5	Clot	hing	and household goods							
6	Cars	s and	other vehicles							
7	Boa	ts an	d planes							
8	Inte	llectu	al property							
9	Sec	uritie	s - Publicly traded	X	4	101,916.	FMV			
10	Sec	uritie	s - Closely held stock			,				
11	Sec	uritie	s - Partnership, LLC, or trust interests .							
12	Sec	uritie	s - Miscellaneous							
13			conservation contribution – tructures							
14	Qua	lified	conservation contribution — Other							
15	Rea	l esta	ite – Residential							
16	Rea	l esta	ite – Commercial							
17			ite – Other							
18			es							
19	Foo	d inv	entory							
20			d medical supplies							
21			у							
22			artifacts							
23			specimens							
24			gical artifacts							
25	Oth		()							
26	Oth		()							
27	Oth		()							
28	Oth		`'							
29			f Forms 8283 received by the organization of	during the tax	vear for contributions for	r which the				
			ion completed Form 8283, Part V, Done				29			
			·		-		<u> </u>		Yes	No
20	D	41-		0						
302			e year, did the organization receive by controld for at least three years from the date							
			pt purposes for the entire holding period					30 a		Х
Ł			lescribe the arrangement in Part II.							
			organization have a gift acceptance poli	icy that requi	res the review of any r	nonstandard contributio	ns?	31		Х
	Doe	s the	organization hire or use third parties or ons?	related organ	nizations to solicit, prod	cess, or sell noncash		32 a		Х
Ł			lescribe in Part II.							23

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

describe in Part II.

Schedule M (Form 990) 2021

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 11/4/21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047 2021

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Great Old Broads for Wilderness

Employer identification number

87-0479828

Form 990, Part VI, Line 11b - Form 990 Review Process

The Board reviews and approves the Form 990 prior to being finalized.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Form 990, Part XII, Line 1 - Other Accounting Method

Modified Cash