Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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 t	he 2023 calen	dar year, or tax	year begir	nning		, 202	23, and	d endin	g		,	20		
В	Check	if applicable:	С								D Employ	yer identi	fication numb	er	
	Ad	ddress change	Great Old	Broads	for W	ildernes	S				87-	04798	328		
		ame change	555 River		-		-				E Teleph				
		itial return	Durango, ((07	U) 30	35-9577					
	-		,								(97	0) 30	55-9511		
		nal return/terminated									_	,	, ,		
	ıA	mended return									G Gross				<u> 196.</u>
	Αţ	pplication pending	F Name and addre	ess of principa	al officer: Ca	arol Fos	ter			H(a) Is this a				Yes	X _{No}
			Same As C	Above						H(b) Are all If "No,"	subordinates attach a list	s included L. See inst	ructions.	Yes	No
I	Tax-	exempt status:	X 501(c)(3)	501(c) ()	(insert no.)	4947(a)(1)	or	527	,	attaon a no	0000	. 40401101		
J	We	bsite: ww	w.greatold	broads	.ora				•	H(c) Group	exemption n	umber			
K	Form	n of organization:	X Corporation	Trust	Association	Other		L Year	of formati				gal domicile:	CO	
	ırt I	Summar					L			-··· <u>1</u>	J	- 10-10-0	9		
1 6	1		be the organizat	ion's miss	ion or mos	st significant	activities:C:	rost	. 014	Broade	e for	Wilda	arnace	ie	
	-														
Governance			grassrooterve and pr							ilgages	aiiu .	TIISDI	ites ac	CT V J	-2111
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∘ত	4		dependent votin									4			$\frac{11}{11}$
es	5		of individuals e									5			$\frac{11}{11}$
Activities &	6		of volunteers (6			250
Ę	7a		ed business reve									7a			0.
ď			d business taxab									7b			0.
		THE UTILITIES	Dusiness taxab	ic income	110111110111	1 330 1,1 011	. 1, 11110 11				rior Year	75	Currer	+ Vos	
	8	Contributions	and grants (Pa	rt \/III line	1h)							222			
P	9		rice revenue (Pa								799,3				<u>726.</u>
Revenue	_		ncome (Part VIII)								12,3				758.
ě	10											991.			<u>491.</u>
	11		e (Part VIII, colu								35,1				550.
	12		e – add lines 8 f								852,8	35/.	8	82,	525.
	13		imilar amounts p	•			•								
	14		I to or for member	-											
Ø	15	Salaries, oth	er compensation	ı, employe	e benefits	(Part IX, col	umn (A), lin	es 5-1	10)		669,1	L52.	5	43,	719.
Expenses	16a	Professional	fundraising fees	(Part IX,	column (A), line 11e)									
e.	b	Total fundrais	sing expenses (F	Part IX co	lumn (D)	line 25)	-	122	167.						
X	17		ses (Part IX, colu								242 /	200	2	2.6	020
	17										243,6				039.
	18	•	es. Add lines 13	-	•						912,8		8		758.
	19	Revenue less	expenses. Sub	tract line 1	8 from lin	e 12				_	-59,9			2,	767.
9 or										Beginnin	g of Curre		End o		
eets alan	20		(Part X, line 16).							. 1	,227,3				924.
Net Assets Fund Balanc	21	Total liabilitie	es (Part X, line 2	.6)							293,3	351.	2	18,	039.
ΞΞ	22	Net assets or	fund balances.	Subtract I	ine 21 fror	n line 20					934,0	009.	9	55,	885.
	rt II	Signatui	e Block								<u> </u>	<u> </u>			
		Ities of periury. I de	eclare that I have exa	mined this ret	urn. includina	accompanying s	chedules and sta	atement	s, and to t	the best of m	v knowledge	and belie	ef. it is true. co	rrect. a	and
com	plete. D	eclaration of preparent	eclare that I have examerer (other than officer) is based on	all informatio	n of which prepa	rer has any knov	wledge.	,		,		., ., ., ., .,	,	
Siç	n	Signature of	officer							Date					
He	re III	Carol	Fostor						т	rosqur	or				
			Foster t name and title							reasur	CI				—
-		, · ·	oreparer's name		Preparer's	signature		Da	ate	ı	Cha-li	;, [PTIN		
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Pa			lle Sainio			helle ?	Sainio		5/29/2	2024	self-employ	red]	P012471	82	
Pre	epare	er Firm's nam				sociates	PC								
Us	e On	ily Firm's addr	ess <u>954 E</u>	Second	Ave St	te 201					Firm's EIN	84-	107317	9	
_				ro, CO							Phone no.	(970		0506	<u>-</u>
May	y the	IRS discuss th	nis return with th	e preparer	shown at	ove? See in	structions						X Yes		No

rai	Check if Schedule O contains			Part III				Х
1			o to drif into in this i	art III				
	Great Old Broads for Wi		a national σ	rassroots o	rganization.	led b	ov wome	en.
	that engages and inspir							
2	Did the organization undertake any signi							
	Form 990 or 990-EZ?					∐ `	Yes X	No
	If "Yes," describe these new services on							
3	Did the organization cease conducting		ant changes in now	it conducts, any pr	ogram services?		Yes X	No
4	If "Yes," describe these changes on Sch			thus a lawarat mus.			مريم مريط ا	
4	Describe the organization's program s Section 501(c)(3) and 501(c)(4) organ	nizations are requi	red to report the amo	ount of grants and	allocations to othe	ers, the to	i by exper ital expen	ses,
	and revenue, if any, for each program	service reported						
	- A			A		<u> </u>		
4a	(Code:) (Expenses \$		including grants of				17,7	<u>58.</u>)
	See Schedule 0							
4b	(Code:) (Expenses \$		including grants of	\$) (Revenue	\$)
4 c	(Code:) (Expenses \$		including grants of	\$) (Revenue	\$)
		- – – – – – –						
4d	Other program services (Describe on							
	(Expenses \$	including gran) (Rev	venue \$)	
4e	Total program service expenses	630	,370.					

			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? If "Yes," complete Schedule C, Part I.	3		Х
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? If "Yes," complete Schedule C, Part II.	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? If "Yes," complete Schedule D, Part II	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? If "Yes," complete Schedule D, Part IV.	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		Х
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.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
b	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		Х
14a	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		X
	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	21
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	21	Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	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 (2023) 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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	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
35a	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? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par	t 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.	X	
ВΛΛ	(gambling) winnings to prize winners?	1c	Λ 000 ((0000

Form 990 (2023) Great Old Broads for Wilderness

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

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		X
	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?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			37
_	organization have excess business holdings at any time during the year?	8		X
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter:	90		
	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			
	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14a		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
,,	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, 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.			
AΑ	TEEA0105L 08/23/23	l Form	990 (2023)

Form 990 (2023) Great Old Broads for Wilderness 87-0479828 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 1a Enter the number of voting members of the governing body at the end of the tax year..... 11 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..... 11 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 5 Χ Did the organization have members or stockholders?..... 6 7a 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?..... 7a 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 7h 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?..... 8b 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 O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a 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 11a 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...... 15a **b** Other officers or key employees of the organization..... 15b 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?..... 16a 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 UT NV MT OR 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 X 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 81303 (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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, box 6 of 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.

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

(A)

(B)

(B)

(C)

Position
(do not check more than one box, unless person is both an element of the control of the c

(A) Name and title	(B) Average hours per week	box,	unles	heck ss pe d a d	ition more rson i lirecto	than one is both an or/trustee) Reportable compensation from the organization			(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from
	(list any hours for related organiza-	dividual directo	stitution	Officer	Key employee	ighest co nployee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the organization and related organizations
	tions below dotted line)	Individual trustee or director	al trustee		уее	Highest compensated employee				
(1) Sara Husby	50									
Executive Dir.	0			Χ				82,509.	0.	0.
(2) Michelle Ryan	3									
Co-Chair	0	Х		Χ				0.	0.	0.
(3) Linda Delano	3									
Co-Chair	0	Х		Χ				0.	0.	0.
(4) Philipa Coe	1.5									
Secretary	0	Х		Χ				0.	0.	0.
(5) Mary O'Brien	1.5									
Member	0	Х						0.	0.	0.
(6) Anna Lee Vargas	1.5									
Member	0	Χ						0.	0.	0.
(7) Laura Hodge	1.5									
Member	0	Χ						0.	0.	0.
(8) Corina Lopez	1.5									
Member	0	Χ						0.	0.	0.
(9) Carol Foster	3									
Treasurer	0	Χ		Χ				0.	0.	0.
(10) Joe Breddan	1.5									
Board - Advisor	0	Χ						0.	0.	0.
(11) Kristy Weber	4									
Vice-Chair	0	Χ		Χ				0.	0.	0.
(12) Lynn Aldrich	1.5									
Member	0	Χ						0.	0.	0.
(13)										
<u>(14)</u>		-								

Part VII Section A. Officers, Directors, Tru	istees, i	\ey	Em		oye C)	es, a	and	a Hignest Con	ipensated Emp	loyees	(conti	nued)
(A) Name and title	Average hours per week (list any hours for	box, offic	unles er and	Posi neck i	ition more rson i irecto	than o s both r/truste emplo	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	compe the o an	(F) ated amon of other nsation rganizat d related	from ion
	related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	अ	Key employee	Highest compensated employee	er			orga	anizatior	ıs
(15)												
<u>(16)</u>												
(17)												
(18)		-										
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal								82,509.	0.			0.
c Total from continuation sheets to Part VII, Secti	on A							0.	0.			0.
d Total (add lines 1b and 1c)								82,509.	0.			0.
2 Total number of individuals (including but not limited from the organization 0	to those I	istea	abov	ve) \	wno	recei	vea	more than \$100,00	of reportable comp	ensatio	1	
3 5:11											Yes	No
3 Did the organization list any former officer, direct on line 1a? If "Yes," complete Schedule J for suc	h individu	al		• • • •						. 3		Χ
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportab er than \$1	le co 50,00	mpe 30?	ensa If "	ition Yes,	and " con	oth nple	er compensation ete Schedule J for	from 	. 4		X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yes	e compen s," comple	satio	n fro	om dule	any J fo	unre or suc	late ch p	ed organization or person	individual	. 5		X
Section B. Independent Contractors			اسمام	٠			م مالا	4 va a a i va al ma a va 41	¢100 000 of			
1 Complete this table for your five highest compen compensation from the organization. Report compen	sation for	the c	alen	dar <u>j</u>	year	endir	ng v	vith or within the or	ganization's tax year			
Name and business add	ress							Description (of services	Compe	c) nsatio	n
Total number of independent contractors (including the \$100,000 of compensation from the organization).	out not limi O	ited to	o tho	se I	isted	d abov	ve)	who received more	than			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue ts, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b 145,937 c Fundraising events..... 1с Gifts, d Related organizations 1d e Government grants (contributions) 1e Contributions, All other contributions, gifts, grants, and similar amounts not included above . . . 1f 678,789. Noncash contributions included in 1g lines 1a-1f. h Total. Add lines 1a-1f 824,726 **Business Code** Program Service Revenue 2a Registration fees 900099 17,758 17,758 All other program service revenue. . . g Total. Add lines 2a-2f 17,758 Investment income (including dividends, interest, and 16,491 16,491 Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). 7с **d** Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a 28,183 **b** Less: direct expenses..... 8b c Net income or (loss) from fundraising events 27,405 27,405. 9a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. l Oa 4,038 10b 7,893 **b** Less: cost of goods sold.... c Net income or (loss) from sales of inventory..... -3,855-3,855**Business Code** Miscellaneous Revenue All other revenue... Total. Add lines 11a-11d.

882

30,394

0

,405

Total revenue. See instructions.....

12

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 re				
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	82,509.	53,631.	19,802.	9,076.
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	379,274.	288,248.	30,342.	60,684.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	073,2711	20072101	30,012.	00,001.
9	Other employee benefits	43,358.	32,085.	4,769.	6,504.
10	Payroll taxes	38,578.	28,561.	4,189.	5,828.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	11,748.		11,748.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees	1,496.		1,496.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	17,299.	14,836.	2,463.	
12	Advertising and promotion	7,507.	5,555.	826.	1,126.
13	Office expenses	3,592.	3,592.		,
14	Information technology	-,	, , , , ,		
15	Royalties				
16	Occupancy				
17	Travel	77,685.	41,963.	35,722.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,445.	6,989.	1,039.	1,417.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,419.	10,670.	1,586.	2,163.
23	Insurance	12,256.	9,069.	1,348.	1,839.
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.)				
а	Printing and Publications	37,753.	27,937.	4,153.	5,663.
b		29,554.	11,951.	726.	16,877.
C		22,844.	19,050.		3,794.
d	Diodapana bole create	18,570.	18,570.		
	All other expenses	71,871.	57,663.	6,012.	8,196.
25	Total functional expenses. Add lines 1 through 24e	879,758.	630,370.	126,221.	123,167.
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 lin	e in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			278,321.	1	129,180.	
	2	Savings and temporary cash investments			441,595.	2	533,083.	
	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, substantial controlled entity or family member of any of these pe	ier office I contribu	r, director, utor, or 35%		5		
	_					J		
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6		
	_			· · · · ·				
<i>γ</i>	7	Notes and loans receivable, net		<u></u>	0.060	7	11 506	
et	8	Inventories for sale or use			3,368.	8	11,506.	
Assets	9	Prepaid expenses and deferred charges	 I I			9	10,498.	
1		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		574,923.				
	b	Less: accumulated depreciation		85,266.	504,076.	10c	489,657.	
	11	Investments — publicly traded securities				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			15			
	16	Total assets. Add lines 1 through 15 (must equal line		1,227,360.	16	1,173,924.		
	17	Accounts payable and accrued expenses			3,551.	17	4,558.	
	18	Grants payable		<u></u>		18	0.1.056	
	19	Deferred revenue		<u> </u>		19	34,856.	
	20	Tax-exempt bond liabilities		<u> </u>		20		
es	21	Escrow or custodial account liability. Complete Part		L		21		
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 3	35%		22		
	23	Secured mortgages and notes payable to unrelated the		<u> </u>	289,800.	23	178,625.	
	24	Unsecured notes and loans payable to unrelated third	•	<u> </u>		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			293,351.	26	218,039.	
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	•	X				
ā	27				610,156.	27	690,678.	
Ba	28	Net assets with donor restrictions			323,853.	28	265,207.	
힏		Organizations that do not follow FASB ASC 958, che	ck here		3=3,3333			
Net Assets or Fund Balance		and complete lines 29 through 33.						
ō	29	Capital stock or trust principal, or current funds				29		
ets	30	Paid-in or capital surplus, or land, building, or equipm	in or capital surplus, or land, building, or equipment fund					
SS	31	Retained earnings, endowment, accumulated income	, or othe	r funds		31		
it A	32	Total net assets or fund balances			934,009.	32	955,885.	
ž	33	Total liabilities and net assets/fund balances			1,227,360.	33	1,173,924.	
RΔ	Λ		TEEA0111	L 08/23/23	•		Form 990 (2023)	

Par	t XI Reconciliation of Net Assets	31,3020			<u>J.</u>
I al	Check if Schedule O contains a response or note to any line in this Part XI.				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1			525.
2	Total expenses (must equal Part IX, column (A), line 25)	2			758.
3	Revenue less expenses. Subtract line 2 from line 1	3			767.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9		009.
5	Net unrealized gains (losses) on investments.	5			109.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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,	10	•	/	
Day	column (B))	10	9	55,8	<u> 385.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
_				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ate			
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
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	Uniform · · · · · · · ·	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 08/23/23		Form	990	(2023)

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

2023

Open to Public Inspection

Name o	ame of the organization Employer identification number										
Gre	Great Old Broads for Wilderness 87-0479828 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
								ctions.			
The o	rga	nization is not a private found	,	•		•	•				
1		A church, convention of church				b)(1)(A)((i).				
2		A school described in section		·							
3		A hospital or a cooperative h					• • •				
4		A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in sec	ction 1 70(b)(1)(A)(iii) . E	nter the hospital's			
	_	name, city, and state:									
5	L	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or opera	ated by	a governmental unit de	escribed in			
6		A federal, state, or local gov	ernment or governme	ntal unit described in s	ection 1	70(b)(1))(A)(v).				
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)						
9	Г	An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege			
		or university or a non-land-granuniversity:	0 0	(see instructions). Enter			and state of the college of	or			
10		An organization that normally					outions, membership fe	es, and gross receipts			
		from activities related to its a investment income and unre June 30, 1975. See section!	exempt functions, sub lated business taxable	ject to certain exception in the community in the communi	ns: and	(2) no r	more than 33-1/3% of it	ts support from gross			
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	n 509(a)(4).				
12		An organization organized and or more publicly supported of lines 12a through 12d that de	rganizations describe	d in section 509(a)(1)	r sectio	n 509(a)(2). See section 509(a	ut the purposes of one)(3). Check the box on			
а		Type I. A supporting organization organization (s) the power to re complete Part IV, Sections A	on operated, supervised gularly appoint or elect					the supported on. You must			
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You			
С		Type III functionally integrated organization(s) (see instructi	. A supporting organizat ons). You must comp	ion operated in connection olete Part IV, Sections	n with, ar A, D, an	nd function d E.	onally integrated with, its	supported			
d		Type III non-functionally integ functionally integrated. The c instructions). You must com	rated. A supporting org organization generally plete Part IV, Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nection tion requ	with its s uiremen	supported organization(s) it and an attentiveness) that is not requirement (see			
е		Check this box if the organiz integrated, or Type III non-fu	nctionally integrated :	supporting organizatior	١.						
f		nter the number of supported	•								
g	Pr	ovide the following informatio	n about the supported	d organization(s).	T		(v) Amount of monetary	<u>+</u>			
(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)	4)										
(B)											
(C)											
(D)											
(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								
begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	331,788.	729,468.	878,799.	799,323.	824,726.	3,564,104.		
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.		
4	Total. Add lines 1 through 3	331,788.	729,468.	878,799.	799,323.	824,726.	3,564,104.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						219,613.		
6	Public support. Subtract line 5 from line 4						3,344,491.		
Sec	tion B. Total Support						,		
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	331,788.	729,468.	878,799.	799,323.	824,726.	3,564,104.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from							
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,	-,	, , , ,	., .	28,148.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.		
11	Total support. Add lines 7 through 10						3,592,252.		
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	80,908.		
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	ifth tax year as a	section 501(c)(3)			
	tion C. Computation of Pul	blic Support P	ercentage						
	Public support percentage for 20						93.10 %		
15	Public support percentage from	2022 Schedule A,	Part II, line 14			15	87.21 %		
16a	6a 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
b	b 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how		
	b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	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.)

Sac	tion A. Public Support		produce comprete i	,			
		(a) 2010	(b) 2020	(c) 2021	(4) 2022	(a) 2022	(A Total
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2019	(b) 2020	(C) 2021	(d) 2022	(e) 2023	(f) Total
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.)						
Sec	tion B. Total Support		T		1	,	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	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		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20	•	•	• • •	•		%
	Public support percentage from 2						%
Sec	tion D. Computation of Inv					, .	
17		•		-			%
	Investment income percentage for						8
	33-1/3% support tests—2023. 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—2022. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box a	and stop here. Th	e organization qu	ialifies as a public	ly supported organ	ization

Great Old Broads for Wilderness

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
За	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		
b	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		
4a	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		
b	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		
b	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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		
l0a	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 08/14/23 Schedule A (Form 990) 2023

Page 5

Schedule A (Form 990) 2023

Part IV Supporting Organizations (continued)

5 Income tax imposed in prior year

Sche	edule A (Form 990) 2023 Great Old Broads for Wilderness		87-04	79828	Page
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions		
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	on No	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Curren (option	
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) Curren (option	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
ŀ	Average monthly cash balances	1b			
(Fair market value of other non-exempt-use assets	1c			
	d 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 1	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			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

BAA Schedule A (Form 990) 2023

5

6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont.	inued)	
Sec	tion D - Distributions		Current Year
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 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

(i)	(ii)	411h
Excess Distributions	Underdistributions Pre-2023	(iii) Distributable Amount for 2023
		_
	Excess	Excess Underdistributions

BAA Schedule A (Form 990) 2023

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.)

BAA TEEA0408L 08/14/23 Schedule A (Form 990) 2023

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Great Old Broads for Wilderness 87-0479828 Organization type (check one):

Filers of	:	Section:
Form 99	0 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	,	red by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	<u> </u>	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining ontributions.
Special	Rules	
X	regulations under section 16b, and that receive	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or d from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	contributor, during the literary, or educations	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	contributor, during the contributions totaled during the year for ar General Rule applies	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received nexclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions are during the year

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

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:

• 9	Section 501(c)(4), (5), or (6) o	organizations: Complete Part III.			
	of organization	·		Employer identific	ation number
Gre	eat Old Broads for	Wilderness		87-047982	8
Pai	rt I-A Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1	Provide a description of the See instructions for definition	organization's direct and indirect political on of "political campaign activities."	ampaign activities in	Part IV.	
		xpenditures. See instructionscampaign activities. See instructions			
		rganization is exempt under section			
1		ise tax incurred by the organization under		ś	0.
2		sise tax incurred by organization managers			
3		a section 4955 tax, did it file Form 4720 for			
Δa	-	·	-		
	If "Yes," describe in Part IV.				[163 [Ino
Pai	rt I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	ī
1		pended by the filing organization for section	• •	, , , ,	
2	Enter the amount of the filing 527 exempt function activities	g organization's funds contributed to other	organizations for sec	tion \$	
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses organization made payments amount of political contribution segregated fund or a political	, and employer identification number (EIN) s. For each organization listed, enter the all is received that were promptly and directly delal action committee (PAC). If additional spa	of all section 527 po mount paid from the f ivered to a separate po ace is needed, provide	litical organizations to villing organization's fun olitical organization, such 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) 2023

Pa	rt II-A Complete if	the organization	is exempt under see		filed Form 5768 (e	lection under
	section 501(• • • • • • • • • • • • • • • • • • • •		=		
Α	<u> </u>		s to an affiliated group (and		ated group member's nam	ie,
R		•	I share of excess lobbying ed box A and "limited control			
	Officer I if the filling			provisions apply.	T	
	•	"expenditures" mea	ing Expenditures ns amounts paid or incur	•	(a) Filing organization's totals	(b) Affiliated group totals
		•	olic opinion (grassroots lob		8,142.	
			egislative body (direct lobb		290.	
		•	nd 1b)		8,432.	0.
d		•	es 1c and 1d)		871,326.	
		,	•		879,758.	0.
f			ount from the following tab		156,964.	
Γ	If the amount on line 1e, col	T	The lobbying nontaxable		130, 304.	
f	not over \$500,000,	. (., . (., .	20% of the amount on line 1e.			
f	over \$500,000 but not over \$1,	000,000,	\$100,000 plus 15% of the excess	over \$500,000.		
Ī	over \$1,000,000 but not over \$	1,500,000,	\$175,000 plus 10% of the excess	over \$1,000,000.		
	over \$1,500,000 but not over \$	17,000,000,	\$225,000 plus 5% of the excess o	over \$1,500,000.		
L	over \$17,000,000,		\$1,000,000.			
g		•	of line 1f)		39,241.	0.
h			, enter -0		0.	0.
ı			enter -0		0.	0.
j	If there is an amount othe section 4911 tax for this	er than zero on either syear?	line 1h or line 1i, did the org	panization file Form 4720	reporting	Yes No
	(Som		4-Year Averaging Period L t made a section 501(h) el		complete all of the five	
		columns be	ow. See the separate inst	ructions for lines 2a th	rough 2f.)	
		Lobb	ying Expenditures During	4-Year Averaging Peri	od	
Cale	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount	29,13	3. 99,331.	110,954.	156,964.	396,387.
b	Lobbying ceiling amount (150% of line 2a, column (e))					594,581.
С	Total lobbying expenditures	3,03	3.		8,432.	11,465.
d	Grassroots nontaxable amount	7,28	5. 24,833.	27,739.	39,241.	99,098.
		7,20				
е	Grassroots ceiling amount (150% of line 2d, column (e))	7,20				148,647.

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)).					
_		(a)		(b)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amount	
1 a	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: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
d	Mailings to members, legislators, or the public?					
g	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?					
h i i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	c)(5)	, or			
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				Yes 1 2	No
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p	rior ye	ear?		3	
Pa	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) Fanswered "Yes."	c)(5) Part I	, or so II-A, I	ection ine 3,	1 501(c) is)
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).					
	Current year. Carryover from last year.		2a 2b			
с 3	Total		2c 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 expenditures 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)

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
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Gre	eat Old Broads for Wilderness	87-0479828
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	,,,	b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisore the organization's property, subject to the organization's exclusive legal control?	sed funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose impermissible private benefit?	e used only conferring Yes No
Pai	Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		nistorically important land area
		ertified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the
	last day of the tax year.	
		Held at the End of the Tax Year
-	a Total number of conservation easements	
	b Total acreage restricted by conservation easements	
•	c Number of conservation easements on a certified historic structure included on line 2a	
(d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organic	zation during the
3	tax year	zation daming the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	violations,
	and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(land section 170(h)(4)(B)(ii)?	n)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expens include, if applicable, the text of the footnote to the organization's financial statements that describes	e statement and balance sheet, and the organization's accounting for
Pai	conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Similar Assets
1.	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement	and halance cheet works of ort
10	historical treasures, or other similar assets held for public exhibition, education, or research in further Part XIII the text of the footnote to its financial statements that describes these items.	ance of public service, provide in
t	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of following amounts relating to these items.	public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X.	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, amounts required to be reported under FASB ASC 958 relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1.	\$
ŀ	Assets included in Form 990. Part X	\$

Part III Organizations Mail	italling Colle	CHOIS OF ATT, TIS	dorical freasures,	or Other Similar As	ssets (COITHI	lueu)
3 Using the organization's acquisitio items (check all that apply).	n, accession, and	other records, check a	ny of the following that m	ake significant use of its	collection	
a Public exhibition		d Loan	or exchange program			
b Scholarly research		e Other				
c Preservation for future gene	erations					
4 Provide a description of the organ Part XIII.	ization's collectior	s and explain how they	further the organization's	s exempt purpose in		
5 During the year, did the organiz to be sold to raise funds rather	ation solicit or re than to be maint	eceive donations of ar ained as part of the o	t, historical treasures, o rganization's collection	r other similar assets	Yes	No
Part IV Escrow and Custo	dial Arrangen	nents	form 000 Dort IV li	ina O ar rapartad a	n omount o	
Complete if the org Form 990, Part X, I	ine 21.			•	n amount o	[]
1a Is the organization an agent, tru on Form 990, Part X?	ıstee, custodian.	or other intermediary	for contributions or oth	er assets not included	Yes	No
b If "Yes," explain the arrangement						_
					Amount	
c Beginning balance				1с		
d Additions during the year				1d		
e Distributions during the year						
f Ending balance						
2a Did the organization include an						No
b If "Yes," explain the arrangeme	nt in Part XIII. C	neck here if the expla	nation has been provide	ed in Part XIII	· · · · · · L	
Part V Endowment Funds						
Complete if the org		wered "Yes" on F	orm 990 Part IV I	ine 10		
	1	+				
1. Designing of year belones	(a) Current ye	ar (b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s back
1a Beginning of year balance					+	
b Contributions					_	
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses	-				+	
q End of year balance					-	
2 Provide the estimated percentage		year end balance (lin	e 1g, column (a)) held	as:		
a Board designated or quasi-endo		8	<i>" " " "</i>			
b Permanent endowment	%					
c Term endowment	%					
The percentages on lines 2a, 2b, a	and 2c should equ	al 100%.				
3a Are there endowment funds not in	the nossession of	f the organization that a	are held and administered	I for the		
organization by:	tric possession o	the organization that c	are nela ana aamiinsterea	TIOI LIC	Yes	No
(i) Unrelated organizations?					3a(i)	
(ii) Related organizations?					. 3a(ii)	
b If "Yes" on line 3a(ii), are the re					. 3b	
4 Describe in Part XIII the intende			ent funds.			
Part VI Land, Buildings, ar						
Complete if the organiza	tion answered "Y	es" on Form 990, Part	IV, line 11a. See Form 9	90, Part X, line 10.		
Description of property	(a	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1a Land	<u> </u>					
b Buildings	<u> </u>		562,353.	72,696.	489	<u>,657.</u>
c Leasehold improvements						
d Equipment	<u> </u>		12,570.	12,570.		0.
e Other						
Total. Add lines 1a through 1e. (Colum	mn (d) must equ	al Form 990, Part X, I	line 10c, column (B))			<u>, 657.</u>
BAA				Sched	ule D (Form 990	J) 2023

BAA

	olete if the organization answered ' security or category (including name of sec	urity) (b) Book value	(c) Method of valuation: Cost or end-of-year market value
	atives		(C) method of valuation. Cost of end-of-year market value
	quity interests		
Otto			
<u>'</u>			
<u>)</u>			
	ust equal Form 990, Part X, line 12, column	(B))	
art VIII Inve	stments - Program Relate	ed	N/A
Comp	olete if the organization answered '		N/A e 11c. See Form 990, Part X, line 13.
(a) De	escription of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market
1)			
2)			
3)			
1)			
5)			
6)			
7)			
(9)			
(9) 0)	et equal Form 000 Part V line 12 column	(D))	
	ust equal Form 990, Part X, line 13, column (Δ
(9) 0) tal. (Column (b) mu art IX Oth	er Assets	N/	
o) tal. (Column (b) mu art IX Oth Comp	er Assets	N/	A e 11d. See Form 990, Part X, line 15. (b) Book va
(9) (0) tal. (Column (b) mu art IX Oth Comp	er Assets	N/ "Yes" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
9) 0) tal. (Column (b) mu art IX Oth Comp 1) 2)	er Assets	N/ "Yes" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
9) 0) tal. (Column (b) mu art IX Oth Comp 1) 2) 3)	er Assets	N/ "Yes" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
9) 0) tal. (Column (b) mu art IX Oth Comp 1) 2) 3) 4)	er Assets	N/ "Yes" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
9) 0) tal. (Column (b) mu art IX Oth Comp 1) 2) 3) 4) 5)	er Assets	N/ "Yes" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
9) 0) tal. (Column (b) mu art IX Oth Comp 1) 2) 3) 4) 5) 6)	er Assets	N/ "Yes" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
9) 0) tal. (Column (b) mu art IX Oth Comp 1) 2) 3) 4) 5) 6)	er Assets	N/ "Yes" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
9) 0) tal. (Column (b) mu art IX Oth Comp 1) 2) 3) 4) 5) 6) 77) 8)	er Assets	N/ "Yes" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
9) 0) tal. (Column (b) mu art IX Oth Comp 1) 2) 3) 4) 5) 6) 7) 8) 9)	er Assets	N/ "Yes" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
9) 0) tal. (Column (b) mu art IX Oth Comp 1) 2) 3) 4) 5) 6) 7) 8) 9)	er Assets plete if the organization answered '	N/"Yes" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
9) 0) tal. (Column (b) mu art IX Oth Comp 1) 2) 3) 4) 5) 6) 77 8) 9) 0) tal. (Column (b) art X Oth	er Assets plete if the organization answered ') must equal Form 990, Part X, liner Liabilities	"Yes" on Form 990, Part IV, lin (a) Description ne 15, column (B))	e 11d. See Form 990, Part X, line 15. (b) Book va
9) 0) tal. (Column (b) mu art IX Oth Comp 1) 2) 3) 4) 5) 6) 77 8) 9) 0) tal. (Column (b) art X Oth	er Assets Dete if the organization answered ' Discrete if the organization answered ' Discrete if the organization answered ' Discrete if the organization answered '	"Yes" on Form 990, Part IV, Iin (a) Description The 15, column (B))	e 11d. See Form 990, Part X, line 15. (b) Book va
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20) 20) 21. (Column (b) mu art IX Oth Comp 22) 33) 44) 55) 65) 77) 38) 29) 20) 2al. (Column (b) art X Oth Comp	er Assets blete if the organization answered ' must equal Form 990, Part X, liner Liabilities blete if the organization answered ' (a	"Yes" on Form 990, Part IV, Iin (a) Description The 15, column (B))	e 11d. See Form 990, Part X, line 15. (b) Book va
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9) 10) 1al. (Column (b) mu art IX Oth Comp 1) 2) 3) 4) 5) 6) 7) 8) 9) 10 11 12 13 14 15 15 16 17 17 18 19 10 11 11 11 11 11 11 11 11 11 11 11 11	er Assets blete if the organization answered ' must equal Form 990, Part X, liner Liabilities blete if the organization answered ' (a	"Yes" on Form 990, Part IV, Iin (a) Description The 15, column (B))	e 11d. See Form 990, Part X, line 15. (b) Book va
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Par	t XI	Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Ro	eturn N/A
		Complete if the organization answered "Yes" on Form 990, P	Part IV, line 12a.	
1	Total	revenue, gains, and other support per audited financial statements		1
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net u	nrealized gains (losses) on investments	2a	
b	Donat	ted services and use of facilities	2b	
С	Recov	veries of prior year grants	2c	
d	Other	(Describe in Part XIII.)	2d	
е	Add li	ines 2a through 2d		2e
3	Subtra	act line 2e from line 1		3
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
С	Add li	ines 4a and 4b		4c
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Par	t XII	Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, P		Return N/A
1				
	Total	expenses and losses per audited financial statements		1
2				1
	Amou	expenses and losses per audited financial statements		1
а	Amou Donat	expenses and losses per audited financial statements	2a	
a b	Amou Donat Prior	expenses and losses per audited financial statements	2a 2b	1
a b c	Amou Donat Prior Other	expenses and losses per audited financial statements	2a 2b 2c	1
a b c d	Amou Donat Prior Other Other	expenses and losses per audited financial statements Ints included on line 1 but not on Form 990, Part IX, line 25: Ited services and use of facilities Year adjustments Iosses	2a	1 2e
a b c d	Amou Donat Prior Other Other Add li	expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.)	2a 2b 2c 2d	
a b c d e	Amou Donat Prior Other Other Add li Subtra	expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d.	2a 2b 2c 2d	
a b c d e 3	Amou Donat Prior Other Other Add li Subtra Amou	expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1.	2a 2b 2c 2d	
a b c d e 3 4 a	Amou Donat Prior Other Other Add li Subtra Amou Invest	expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1. ints included on Form 990, Part IX, line 25, but not on line 1:	2a	
a b c d e 3 4 a b	Amou Donat Prior Other Other Add li Subtra Amou Invest Other Add li	expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1. ints included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b. (Describe in Part XIII.) ines 4a and 4b.	2a 2b 2c 2d 4a 4b	2e 3
a b c d e 3 4 a b c 5	Amou Donat Prior Other Other Add li Subtra Amou Invest Other Add li Total	expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1. ints included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b. (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	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, 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) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

2022

Open to Public Inspection

Name of the organization Employer identification number								
Great Old Broads for Wilderness						87-0479828		
Part I Fundraising Activities. Comple Form 990-EZ filers are not re	quired to comp	lete this p	art.					
1 Indicate whether the organization	raised funds th	rough any	of the foll	lowing activities. Check	all that	apply.		
a Mail solicitations e Solicitation of non-government grants								
b Internet and email solicitations	b Internet and email solicitations f Solicitation of government					grants		
c Phone solicitations			g	Special fundraising	events			
d In-person solicitations								
2a Did the organization have a written o	r oral agreemen	t with any i	ndividual (including officers, directo	rs, truste	ees, or key		
employees listed in Form 990, Par	t VII) or entity	in connect	tion with p	professional fundraising	service	s?		
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	iduals or entities ne organization	s (fundraise	ers) pursua	ant to agreements under v	vhich the	e fundraiser is to	be	
Ch Name and address of individual	Name and address of individual (12) Askirity (iii) Did fundraiser (iv) Gross receipts					Amount paid to (vi) Amount paid to		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custody or control of contributions?		(iv) Gross receipts from activity	(or retained by) fundraiser listed in column (i)		(or retained by)	
, , , , , , , , , , , , , , , , , , , ,							organization	
		Yes	No					
1								
2								
2								
3								
4								
~								
5								
6								
·								
7								
8								
· ·								
9								
10								
10								
	<u> </u>	1	<u> </u>					
Total							0.	
List all states in which the organization or licensing.	on is registered	or licensed	to solicit o	contributions or has been	notified	it is exempt from	registration	
or noonong.								

Schedule G (Form 990) 2023 Great Old Broads for Wilderness 87-0479828 Page 2 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 **(b)** Event #2 (c) Other events (a) Event #1 (add column (a) Annual Auction None through column (c) (event type) (event type) (total number) Revenue **1** Gross receipts..... 28,183. 28,183. 2 Less: Contributions..... **3** Gross income (line 1 minus line 2)..... 28,183. 28,183. Direct Expenses Rent/facility costs..... 7 Food and beverages **9** Other direct expenses..... 778. 778. 10 Direct expense summary. Add lines 4 through 9 in column (d) 778. Net income summary. Subtract line 10 from line 3, column (d)..... 27,405. **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. Part III (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..... 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:

Sch	edule G (Form 990) 2023 Great Old Broads for Wilderness 8	7-0479828	Page 3
11	Does the organization conduct gaming activities with nonmembers?	····· Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility.		%
	b An outside facility		૪
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	i:	
	Name		
	Address		
I	a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If "Yes," enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party to If "Yes," enter name and address of the third party:	ue? Yes ne amount	No
	Name		
	Address		i l
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		No
_	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$	the	
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.		v);

 BAA
 TEEA3703L
 06/08/23
 Schedule G (Form 990) 2023

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Great Old Broads for Wilderness

Employer identification number

87-0479828

Form 990, Part III, Line 4a - Program Service Accomplishments

Great Old Broads for Wilderness' advocacy and leadership activities in 2023 involved more than 74-million acres of public lands. Nearly 40,000 volunteer hours were recorded by Broadband chapters and more than 5,400 of those hours were related to monitoring and stewardship activities. They reported more than 1,400 advocacy actions including calls, letters, and submitting substantive comments on rulemaking and agency proposals.

Seven new Broadbands launched in 2023 including four in California: Redwoods, Eastern Sierra, San Diego Wild Spaces, and Wild L.A. Other chapters include the GRITS Broadband in north Georgia, Northern Arizona Broadband, and Northern Front Range Broadband (CO).

Broads hosted three educational webinars about the proposed Bureau of Land Management Public Lands Rule, two of which drew more than 317 participants. The third webinar, co-hosted with Third Act, examined how the rule would impact activities contributing to climate change. Several hundred people registered for the event.

The success of these and other webinars in 2023 significantly increased participation in advocacy efforts. Email Action Alerts sent to our mailing list asking members to submit commits on the BLM Public Lands Rule and a U.S. Forest Service proposal related to mature and old-growth forests resulted in more than 837 comments by individuals—as well as substantive comments submitted by Broadbands.

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

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

Schedule O (Form 990) 2023 Page **2**

Name of the organization	Employer identification number
Great Old Broads for Wilderness	87-0479828

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