# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

A	For the	2021 calend	lar year, or tax year beginning	Apr 1 , <b>2021</b> ,	and ending	Maı	r 31	<b>, 20</b> 22			
В	Check if	applicable:	C Name of organization Greater F	arallones Associat	tion	1	D Empl	oyer identification number			
	Address	change	Doing business as				94-3	227237			
$\overline{\Box}$	Name ch		Number and street (or P.O. box if mail	is not delivered to street address)	Roc	m/suite	<b>E</b> Telepl	none number			
$\overline{\Box}$	Initial retu	•	P.O. Box 29386	·			(415)561-6625				
$\overline{\Box}$		rn/terminated	City or town, state or province, country	, and ZIP or foreign postal code				•			
Ħ	Amended		San Francisco, CA 94		<b>G</b> Gross	receipts \$2,215,401.					
$\exists$		on pending	F Name and address of principal officer:					n for subordinates? Yes X No			
ш	пррпоат		Deb Self, P.O. Box 29386,	San Francisco CA 9	4129-038	1					
$\overline{}$	Tax-exen	npt status:					tach a list. See instructions.				
J		·	lones.org	,		<del>- </del>	exemption number				
_	•	rganization: X		Other ▶ L Y	ear of formation	<del>                                     </del>		of legal domicile: CA			
	art I	Summa									
_			cribe the organization's mission of	or most significant activities	S' Greater Fa	rallones Associ	ation i	s a nonprofit organization			
ģ			ners with National Oceanic ar								
Activities & Governance			rve the wildlife and hak								
Ĩ	1		box ► ☐ if the organization disc								
Š			voting members of the governing	· · · · · · · · · · · · · · · · · · ·			3	12			
න න	1		independent voting members of				4	12			
es			er of individuals employed in cal				5	29			
ξ			per of volunteers (estimate if nece				6	163			
<b>∖</b> cti			ated business revenue from Part				7a				
1	1		ed business taxable income from	• • •			7b	0.			
		- uniterat	ed business taxable income non	<u>'                                    </u>	Prior Year	10	Current Year				
	8	Contributio	ns and grants (Part VIII, line 1h) .	633,	E 0 7	1,226,565.					
Revenue			ervice revenue (Part VIII, line 2g)	945,		979,651.					
		-	income (Part VIII, column (A), lin		148.						
æ			nue (Part VIII, column (A), lines 5,	⊥,.	140.	385. 8,800.					
	1		ue—add lines 8 through 11 (must	1 570 (							
			1,579,8	850.	2,215,401.						
			similar amounts paid (Part IX, co id to or for members (Part IX, co								
	1	-				1 560 1	T O 4	1 400 204			
ses			ner compensation, employee bene		· · ·	1,562,	524.	1,498,384.			
Expenses	1		al fundraising fees (Part IX, colum	, ,							
Ä			aising expenses (Part IX, column		,200.	101	0.4.0	250 427			
	1		nses (Part IX, column (A), lines 1			191,9		358,427.			
	1	•	nses. Add lines 13–17 (must equa		· —	1,754,4		1,856,811.			
_ (		Revenue le	ss expenses. Subtract line 18 fro	om line 12		-174,6		358,590.			
Net Assets or Fund Balances	00	T-4-14	- (Dart V. line 4.0)		В	eginning of Curre		End of Year			
\sse	20		s (Part X, line 16) :ies (Part X, line 26)		⊢	926,		1,113,722.			
tet/	21 22		or fund balances. Subtract line 2		⊢	342,4		171,541.			
	art II		re Block	i irom iine zo		584,	140.	942,181.			
_			I declare that I have examined this return	including accompanying schodu	ulos and statom	onts and to the	host of	my knowledge and belief it is			
			e. Declaration of preparer (other than office					iny knowledge and belief, it is			
		<b>\</b>									
Sig	an	Signatu	ire of officer			l Date					
	ere	'	Loomans, President								
•••			r print name and title								
		1 7	·	oarer's signature	Date	a	01- 1	if PTIN			
Pa		Puhian	· ·	oian Moss		1.	Check   self-emp	if PTIN Dloyed P00576237			
	epare	Firm's non		OTAII IIOBB	101			94-3359608			
Us	se Only	v	ress ► 1901 Olympic Boulevar	d Cuite 200 Walnut O	rook Ca						
Ma	v the IR		his return with the preparer show			71370 FIIONE	110. (9	. X Yes No			

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Greater Farallones Association is a nonprofit organization that partners with the Greater
	Farallones National Marine Sanctuary to conserve the wildlife and habitats of the Sanctuary
	through ecosystem monitoring, environmental education and community-based conservation.
	See Part III, Ln 1 statement
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 454,260. including grants of \$0.) (Revenue \$333,314.)
	Habitat Conservation: Working with the GFNMS, GFA restores coastal and marine habitats,
	conserves vulnerable wildlife and ecosystems and assists coastal communities in preparing for
	climate change. For example, GFA is coordinating efforts in California to map and restore bull
	kelp populations along 200 miles of coastline. GFA also significantly reduces boat and aircraft
	disturbances to endangered whales and key seabird colonies. Promoting nature-based solutions,
	GFA rehabilitates ecologically important wetlands and reduces climate change impacts on
	wildlife and people, while helping to sustain a vibrant and diverse ecosystem.
	MARKALAG GIM POOPAG, MARKO MORPHIS OU DEBOURN G VARRANG GIM GAVERDO GOOD/ROCKI.
4b	(Code:) (Expenses \$ 401,260. including grants of \$0.) (Revenue \$260,047.)
	Ecosystem Monitoring: GFA monitors the health of wildlife ecosystems in the coastal and
	marine habitats of the Sanctuary. Working with the GFNMS, GFA coordinates skilled volunteers
	in monitoring more than 200 miles of beaches monthly for changes in wildlife populations. GFA
	has included in its financial statements the enormous value of volunteer labor that supports the
	25-year-old Beach Watch program, demonstrating the great leveraging power of donations to
	GFA. In addition, through the Program Long-term Monitoring Program and Experiential Training
	for Students, GFA engages high school students in scientific fieldwork in intertidal areas. GFA
	also assists the GFNMS in monitoring marine wildlife distribution and abundance, zooplankton
	prey availability and oceanographic conditions. Data gathered and analyzed by GFA staff help
	federal and state resource managers make the best science-based decisions to protect the
	Sanctuary.
4c	(Code:) (Expenses \$ 240,292. including grants of \$0.) (Revenue \$169,202.)
	Education and Outreach: GFA engages over 14,000 adults and youth a year from the nine
	counties of the San Francisco Bay Area and connects them to their local ocean environment.
	Working with the GFNMS, GFA conducts coastal field trips and school and community-based
	programs. The inquiry-based lessons inspire curiosity and wonder, help students discover the
	ocean and spark an interest in science, nature and a stewardship ethic. GFA began providing
	virtual marine science classes to many students learning remotely due to COVID-19. The online
	communications reach the broader public as well, serving more than 40,000 people a year with
	inspiring information about the Sanctuary's wildlife and ecosystems.
4 -1	
4d	Other program services (Describe on Schedule O.)

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orm 99	00 (2021)		F	Page
Part	V Checklist of Required Schedules			
	In the executation described in section $EO1(a)/2$ or $40.47(a)/1$ (ather then a private foundation)? If "Vec."		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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	×	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		×
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	×	
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		×
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? If "Yes," complete Schedule D, Part VIII	11c		×
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		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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>	11e		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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			
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	14b		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		×
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	16		×
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	17		×
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	18		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	19 20a		×

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 . . . . .

**20**b

Part I	Checklist of Required Schedules (continued)			
r are	Chooking of Hodginga Contractory		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		×
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? If "Yes," complete Schedule J	23		
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		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		×
	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		×
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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
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		×
28	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		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
	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		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 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	×	×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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		×
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	36		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	×
Part	V Statements Regarding Other IRS Filings and Tax Compliance	1 00	_ ^_	
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in box 2 of Form 1006. Enter 0, if not applicable 11		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	10	×	

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	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 29							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
	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		×				
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		×				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		,,,				
	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		×				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	6b						
	Organizations that may receive deductible contributions under section 170(c).							
а	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	×					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×					
	required to file Form 8282?	7c		×				
	If "Yes," indicate the number of Forms 8282 filed during the year	70		<u> </u>				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×				
f								
g								
	, , ,							
	sponsoring organization have excess business holdings at any time during the year?							
	Sponsoring organizations maintaining donor advised funds.	0-						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b						
	Section 501(c)(7) organizations. Enter:	35						
	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	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						
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×				
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b						
	excess parachute payment(s) during the year?	15		×				
	If "Yes," see the instructions and file Form 4720, Schedule N.	13						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent .    1b 12  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	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		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	×	
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5 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		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		×
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No ×
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12b	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  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		×
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	IVa		^
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► CA  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sec	tion 5	501(c)
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re Deb Self, P.O. Box 29386, San Francisco, CA 94129-0386 (415)561-6625	cords	<b>&gt;</b>	

Form 990 (2021)

# 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, 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 organizat	ion nor any relate	u org	alliZ			ompe	1158	tied any current	lincer, director,	or trustee.	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or directivity  (do not check more than one box, unless person is both an officer and a director/trustee)  Or Mey employ						(D)  Reportable compensation from the organization (W-2/1099-MISC/	(E)  Reportable compensation from related organizations (W-2/ 1099-MISC/	(F) Estimated amount of other compensation from the organization and	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	7	Key employee	Highest compensated employee	er 	1099-NEC)	1099-NEC)	related organizations	
(1) Jeff Loomans	3.00	V		J					_		
President		×		×				0.	0.	0.	
(2) Erica Mattson Vice President	1.00	×		×				0.	0.	0.	
(3) George Brewster Treasurer	1.00	×		×				0.	0.	0.	
(4) Thom Maslow Secretary	1.00	×		×				0.	0.	0.	
(5) Manon Baze Director	1.00	×						0.	0.	0.	
(6) Victor Belfor Director	1.00	×						0.	0.	0.	
(7) Dustin Ellis Director	1.00	×						0.	0.	0.	
(8) Terry Gosliner Director	1.00	×						0.	0.	0.	
(9) Susan Kawala Director	1.00	×						0.	0.	0.	
(10) Francesca Koe Director	1.00	×						0.	0.	0.	
(11)Brian Stansbury Director	1.00	×						0.	0.	0.	
(12) Ed Ueber Director	1.00	×						0.	0.	0.	
(13) Debra Fournier Director	1.00	×						0.	0.	0.	
(14) Deb Self Executive Director	40.00			×				122,320.	0.	14,513.	

Part	Section A. Officers, Directors, 1	rustees,	Key I	Eml	plo	yee	s, an	d F	lighest Compe	nsated Empl	<b>oyees</b> (continued		
	<b>(A)</b> Name and title	(B) Average hours per week	(C) Position (do not check more than of box, unless person is both officer and a director/trust						(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2 1099-MISC/ 1099-NEC)	2/ from the organization and related organizations		
	atthew Bandiera nance and Administration Manager	40.00	-		×				67,772.	0	. 7,233		
(16) M	onika Krach	40.00	-				×			0			
/17\	eputy Director						<u> </u>		104,070.	0	6,432		
(18)			-										
(19)			-										
(20)			-										
(21)			-										
(22)													
(23)													
(24)			-										
(25)			-										
1b	Subtotal							<b>&gt;</b>	294,162.	0	. 28,178		
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-						<b>&gt;</b>	294,162.	0	. 28,178		
2	Total number of individuals (including but reportable compensation from the organi	not limited				ed		e) w		e than \$100,00			
3	Did the organization list any former of	officer, dire	ector,	tru	ıste	e, k	cey e	mpl	loyee, or highes	st compensate	Yes No		
4	employee on line 1a? If "Yes," complete so For any individual listed on line 1a, is the										3 ×		
•	organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or individu			
Secti	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add	ress							(B) Description of serv	vices	(C) Compensation		
2	Total number of independent contractor	rs (includir	na hi	ıt n	ot I	limit	ted to	) th	nose listed abov	e) who			
-	received more than \$100,000 of compens							- 11		·,			

# Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ai	ny line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Ś Ś	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
S E	С	Fundraising events			1c		1			
Ţ,	d	Related organization			1d		1			
	e	Government grants			1e	204,703.	-			
is,	f	All other contribution				201,703.	-			
ior	-	and similar amounts no			1f	1,021,862.				
the St	q	Noncash contribution			<del>- ''</del>	1,021,002.	-			
<u>=</u> 0	9	lines 1a–1f			1g	¢ 107 052				
an c	h						1,226,565.			
<del>0 "</del>	<u>h</u>	Total. Add lines 1a-	-11 .			Business Code	1,220,303.			
ø	0-	Danagam marran				611710	0.00 6.51	000 651	0	^
<u>Sic</u>	2a	Program reven	ues			011/10	979,651.	979,651.	0.	0.
ue	b									
n S	C									
gram Ser Revenue	d									
Program Service Revenue	е									
₫	f	All other program se								
	<u>g</u>	Total. Add lines 2a-					979,651.			
	3	Investment income	•	•						
		other similar amoun	-				385.	0.	0.	385.
	4	Income from investr			•	•				
	5	Royalties								
				(i) Rea		(ii) Personal	_			
	6a	Gross rents	6a	8,8	300.		_			
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с	8,8	300.					
	d	Net rental income o	r (los	s)		<u>, , , , , , , , , , , , , , , , , , , </u>	8,800.	8,800.	0.	0.
	7a	Gross amount from		(i) Securit	ties	(ii) Other				
		sales of assets								
		other than inventory	7a							
<u>e</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě	С	Gain or (loss)	7с							
-	d	Net gain or (loss)				<u>, •</u>				
Other	8a	Gross income from	m fu	ndraising						
Ö		events (not including	\$	_						
		of contributions rep	porte	d on line						
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expens	es .		8b					
	С	Net income or (loss)	) from	n fundraisin	g eve	ents 🕨				
	9a	Gross income f	from	gaming						
		activities. See Part I	IV, lin	e 19 .	9a					
	b	Less: direct expens	es .		9b					
		Net income or (loss)			ctivitie	es <b>&gt;</b>				
		Gross sales of in	•							
		returns and allowan			10a					
	b	Less: cost of goods	sold		10b					
	c	Net income or (loss)								
S			,			Business Code				
o a	11a									
Miscellaneous Revenue	b									
ella Ve	C						1			
Sc	d	All other revenue								
Ξ		Total. Add lines 11a	 a_11c			•				
	12	Total revenue. See				<u> </u>	2,215,401.	988,451.	0.	385.
							, , ,	,	· .	505.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. 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 . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . 174,012. 130,262. 24,933. 18,817. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 1,102,737. 830,349. 152,332. 120,056. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . 9 126,158. 96,843. 19,519. 9,796. 10 Payroll taxes . . . . . . . . . . . . . . . . 95,477. 72,416. 13,145. 9,916. Fees for services (nonemployees): 11 Management . . . . . . . 0. Legal . . . . . . . . . . . . . . . . 3,867. 0. 3,867. Accounting . . . . . . . . . . . . 56,375. 0. 56,375. 0. Lobbying . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 116,820. 101,276. 13,452. 2,092. 12 Advertising and promotion . . . . . 13 30,841. 19,188. 4,582. 7,071. Office expenses . . . . . . . 14 Information technology . . . . . . 15 Occupancy . . . . . . . . . . . . 109,915. 75,019. 14,574. 20,322. 16 25,084. 25,047. 28. 9. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 4,158. 3,977. 0. 181. 20 . . . . . . . . . . . . . 21 Payments to affiliates . . . . . . . 2,660. 2,660. 0. 22 Depreciation, depletion, and amortization . 23 8,707. 0. 8,707. 0. Other expenses. Itemize expenses not covered 24 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 C d All other expenses 25 **Total functional expenses.** Add lines 1 through 24e 1,856,811. 1,354,377. 314,174. 188,260. 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) . . .

Р	art X	Balance Sheet			. ago 1
		Check if Schedule O contains a response or note to any line in this Par	tX		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	321,933.	1	393,288.
	2	Savings and temporary cash investments	379,987.	2	279,916.
	3	Pledges and grants receivable, net	44,953.	3	0.
	4	Accounts receivable, net	151,642.	4	414,180.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,346.	8	2,346.
As	9	Prepaid expenses and deferred charges	14,159.	9	15,127.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 36,953.			
	b	Less: accumulated depreciation <b>10b</b> 28,088.	11,525.	10c	8,865.
	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 33)	926,545.	16	1,113,722.
	17	Accounts payable and accrued expenses	342,405.	17	168,306.
	18	Grants payable		18	
	19	Deferred revenue		19	3,235.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other 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			
jak	00			22	
_	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		24	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	342,405.	26	171,541.
Seou	20	Organizations that follow FASB ASC 958, check here ► ⋈ and complete lines 27, 28, 32, and 33.	312,103.	20	171,341.
alar	27	Net assets without donor restrictions	272,239.	27	459,738.
ñ	28	Net assets with donor restrictions	311,901.	28	482,443.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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 equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et,	32	Total net assets or fund balances	584,140.	32	942,181.
<u>z</u>	33	Total liabilities and net assets/fund balances	926,545.	33	1,113,722.
					Form <b>990</b> (2021

Form 990 (2021) Page **12** 

Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	2	, 21	5,4	01.			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1		35	8,5	90.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		58	4,1	40.			
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities							
7	Investment expenses							
8	Prior period adjustments							
9	Other changes in net assets or fund balances (explain on Schedule O)			-5	49.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))		94	2,1	81.			
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		٠,					
		_		Yes	No			
1	Accounting method used to prepare the Form 990:  Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	on						
2a			2a		×			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or						
	reviewed on a separate basis, consolidated basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	×				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or separate basis, consolidated basis, or both:	na						
_	Separate basis Consolidated basis Both consolidated and separate basis	t of						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?		.					
	If the organization changed either its oversight process or selection process during the tax year, explain		2c	×				
	Schedule O.	OII						
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	the						
Ja	Single Audit Act and OMB Circular A-133?		3a		×			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		od					
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
	The second secon		,,,	000	(0004)			

REV 07/25/22 PRO Form **990** (2021)

# Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 1 (continued)

**Continuation Statement** 

### Description

Through high-impact programs rooted in science, GFA engages thousands of adults and youth each year in ocean conservation, critical data collection on globally significant wildlife in the Sanctuary, restoring vital habitats and helping communities adapt to the impacts of climate change through nature-based solutions.

### SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

**Employer identification number** Name of the organization Greater Farallones Association 94-3227237 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (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.)

Secti	on A. Public Support			, , ,		,	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54,595.	923,927.	868,724.	574,397.	922,265.	3,343,908.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	53,000.	53,000.	59,086.	59,200.	99,597.	
4	Total. Add lines 1 through 3	107,595.	976,927.	927,810.	633,597.	1,021,862.	3,667,791.
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)						234,396.
6	Public support. Subtract line 5 from line 4						3,433,395.
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	107,595.	976,927.	927,810.	633,597.	1,021,862.	3,667,791.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,288.	2,504.	7,101.	1,148.	385.	12,426.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's	s first, second		or fifth tax ye	ear as a section	
Secti	on C. Computation of Public Suppor	t Percentag	е				<del>-</del>
14	Public support percentage for 2021 (line 6	6, column (f), d	ivided by line	11, column (f))		14	93.29%
15	Public support percentage from 2020 Sch	nedule A, Part	II, line 14 .			15	95.97%
16a	331/3% support test-2021. If the organi						
	box and <b>stop here.</b> The organization qua						
b	<b>33</b> <sup>1</sup> /3% <b>support test—2020.</b> If the organithis box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts facts-and-circ	-and-circumsta umstances tes	ances test, che st. The organiz	eck this box a ation qualifies	nd <b>stop here</b> as a publicly	. Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	icts-and-circur cumstances te	nstances test, est. The organi	check this bo zation qualifies	x and <b>stop he</b> s as a publicly	re. Explain supported
18	<b>Private foundation.</b> If the organization of instructions	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	ox and see

### 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.)

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
6	<b>Total.</b> Add lines 1 through 5						
7a	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.)						
	on B. Total Support				1	I	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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						
12	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	⊥ s first, second	L. third, fourth	or fifth tax ve	L ear as a sectio	n 501(c)(3)
	organization, check this box and <b>stop he</b>	•			•		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2020 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In-	come Perce	ntage		-		
17	Investment income percentage for 2021 (			-			%
18	Investment income percentage from 2020						%
19a	331/3% support tests—2021. If the organ						
	17 is not more than 331/3%, check this box		_	-		_	_
b	331/3% support tests—2020. If the organiz						
00	line 18 is not more than 331/3%, check this l	_	_	=	· · · · · · · · · · · · · · · · · · ·		
20	<b>Private foundation.</b> If the organization di	a not check a	pox on line 14	. 19a. or 19b. a	check this box	and see instru	Ctions 🕨 🗀

### Part IV **Supporting Organizations**

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

### Se

	on 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	100	110
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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		
5а	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 <b>Part VI</b> , 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	<b>Type I or Type II only.</b> 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?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>			
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).	6		
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 <b>Part VI.</b>	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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated 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.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
_	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c 2	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.</li> </ul>	(see ir	struct <b>Yes</b>	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

				•		
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). See					
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
_ 5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
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				
Sect	ion C-Distributable Amount	•		Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** 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 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Section E—Distribution Allocations (see instructions) **Distributable Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 **a** From 2016 . . . . . From 2017 **c** From 2018 **d** From 2019 . . . . . **e** From 2020 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: Excess from 2017 . . . Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . .

Excess from 2021 . . .

Schedule A (Form 990) 2021 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 A, 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.)

### **SCHEDULE C** (Form 990)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► 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

• Se	ction 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
Name o	of organization			Employer iden	tification number
Grea	ter Farallones As	sociation		94-32272	37
Part	I-A Complete if the	e organization is exempt unde	er section 501(d	c) or is a section 527 c	organization.
1	Provide a description of definition of "political can	the organization's direct and incompaign activities."	direct political ca	mpaign activities in Part	IV. See instructions fo
2	Political campaign activit	y expenditures. See instructions .		\$	
3		cal campaign activities. See instruc			
Part		e organization is exempt unde			
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a					Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt unde	er section 501(d	c), except section 501	(c)(3).
1		y expended by the filing organiz			
2	Enter the amount of the	filing organization's funds contributies	uted to other org	anizations for section	
3		expenditures. Add lines 1 and 2.			
4		file Form 1120-POL for this year?		_	Yes No
5	Enter the names, address organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, on entributions received that were pro- fund or a political action committed	mber (EIN) of all se enter the amount p mptly and directly	ection 527 political organiz paid from the filing organiz delivered to a separate p	zations to which the filing zation's funds. Also ente olitical organization, such
	(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)					

Schedule C (Form 990) 2021

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Part II-A

Complete if the exampleation is exampt under section 501(a)(3) and filed Form 5769 (election under

Par	t II-A	Complete if the organizati section 501(h)).	on is exempt	under section 5	01(c)(3) and filed	d Form 5768 (ele	ection under
<b>A</b> (	Check >	if the filing organization beloaddress, EIN, expenses, an				liated group memb	er's name,
В (	Check ►	if the filing organization che	cked box A and	"limited control" p	rovisions apply.		
		Limits on Lol	obying Expendi	tures		(a) Filing	(b) Affiliated
		(The term "expenditures" i	means amounts	s paid or incurred.	.)	organization's totals	group totals
18	Total lo	obbying expenditures to influence	e public opinior	n (grassroots lobby	ing)		
k	Total lo	obbying expenditures to influence	ce a legislative b	ody (direct lobbyin	g)		
(	c Total lobbying expenditures (add lines 1a and 1b)						
(	d Other 6	exempt purpose expenditures .					
•	Total e	xempt purpose expenditures (a	dd lines 1c and	1d)			
f	Lobbyi columr	ng nontaxable amount. Enterns.	the amount	from the following	g table in both		
	If the ar	mount on line 1e, column (a) or (b)	is: The lobbying	g nontaxable amoun	nt is:		
	Not ove	r \$500,000	20% of the a	mount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	over \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.				
Ç	Grassr	oots nontaxable amount (enter 2	25% of line 1f)				
ŀ	n Subtra	ct line 1g from line 1a. If zero or	less, enter -0-				
i	Subtra	ct line 1f from line 1c. If zero or	less, enter -0-				
j	If there	e is an amount other than zer	o on either line	1h or line 1i, did	d the organization	file Form 4720	
	reporti	ng section 4911 tax for this yea	r?				Yes No
	(Som	e organizations that made a s See th	ection 501(h) e ne separate ins	tructions for lines	re to complete all 2a through 2f.)	of the five colum	ns below.
		Lobbyii	ng Expenditure:	s During 4-Year A	veraging Period	T	
	Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) Total
28	<b>L</b> obbyi	ng nontaxable amount					
k	•	ng ceiling amount of line 2a, column (e))					
(	Total lo	obbying expenditures					
C	d Grassr	oots nontaxable amount					
•		oots ceiling amount of line 2d, column (e))					
f	Grassr	oots lobbying expenditures					

BAA REV 07/25/22 PRO Schedule C (Form 990) 2021

(election under section 501(h)).		Tilea	Form	rm 5/68			
For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed		a)	(b)			
	iption of the lobbying activity.	Yes	No	A	moun	t	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		×				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	×					
С	Media advertisements?		×				
d	Mailings to members, legislators, or the public?		×				
е	Publications, or published or broadcast statements?		×				
f	Grants to other organizations for lobbying purposes?	L.,	×				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	×	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			709.	
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		×				
i ;	Other activities?		<u> </u>			700	
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					709.	
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part		(5),	or se	ction			
	501(c)(6).						
					Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	<u> </u>	
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3			
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."				line 3	3, is	
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of					
а	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb						
-	and political expenditure next year?	•	4				
5 Por	Taxable amount of lobbying and political expenditures. See instructions	•	5				
	Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grown instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	st); Pa	rt II-A, I	ines 1	and	
	I-B Line 1: GFA met with Congressional representatives to advocate	for	fun	dina			
	1 D Line 1 Oil wee with congressional representatives to advocate						
of t	he federal Office of National Marine Sanctuaries and to support app	prop	riat	ions			
for	kelp restoration in Greater Farallones National Marine Sanctuary.						

Part IV	Supplemental Information (continued)

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Schedule C (Form 990) 2021

### 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspect

Greater Farallones Association 94-3227237 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 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 . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990. Part X . . . . . .

<ul> <li>3 Using the organization's acquisition, accession, and other records, check any of the following that make significal collection items (check all that apply):</li> <li>a Public exhibition</li> <li>b Scholarly research</li> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt pur XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li> <li>Part IV Escrow and Custodial Arrangements.</li> </ul>	pose in Part
b ☐ Scholarly research e ☐ Other  c ☐ Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt pur XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Years of the organization's collection?	pose in Part  /es
b ☐ Scholarly research e ☐ Other  c ☐ Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt pur XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Years of the organization's collection?	pose in Part  /es
<ul> <li>Preservation for future generations</li> <li>Provide a description of the organization's collections and explain how they further the organization's exempt pur XIII.</li> <li>During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li></ul>	pose in Part  /es
<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt pur XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li></ul>	∕es ☐ No on Form
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	on Form
Part IV Escrow and Custodial Arrangements.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of 990, Part X, line 21.	′es □ No
<del>-</del>	
<b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following table:	
Amount	
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? $\Box$	
<b>b</b> If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	<u>. Ll</u>
Part V Endowment Funds.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
	ur years back
1a Beginning of year balance	
<b>b</b> Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities and	
programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment ▶%	
b Permanent endowment ► %	
c Term endowment ► %	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
organization by:	Yes No
(i) Unrelated organizations	)
(ii) Related organizations	
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X	, line 10.
Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  (d) B	ook value
<b>1a</b> Land 0.	0.
b Buildings	
c Leasehold improvements	
<b>d</b> Equipment	8,865.
e Other	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶	8,865.

Part VII	Investments-	Other Securities.			
	Complete if the	ne organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
		ption of security or category uding name of security)	(b) Book value		od of valuation: of-year market value
(1) Financial	derivatives .				
	eld equity interes				
(3) Other			-		
(A)					
(B)					
(C)					
(D) (E)					
(F)			-		
(G)			-		
(H)					
		al Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII		-Program Related.			
	Complete if the	ne organization answered "Yes" on Fo	orm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	<b>(a)</b> De	escription of investment	(b) Book value		od of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
	mn (b) must equa	al Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets	) <u>.</u>	•		
	Complete if the	ne organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4) (5)					
(6)					
(7)					
(8)					
(9)					
		al Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilit Complete if the	<b>les.</b> ne organization answered "Yes" on Fo	orm 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
	line 25.				
1.		(a) Description of liability			(b) Book value
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
<u>(6)</u> (7)					
(8)					
(9)					
	mn (b) must equa	al Form 990, Part X, col. (B) line 25.)			
2. Liability for	uncertain tax pos	itions. In Part XIII, provide the text of the footi			
organization's	s liability for uncer	tain tax positions under FASB ASC 740. Chec	k here if the text of the	e footnote has been p	rovided in Part XIII .

Part	Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	2,429,982.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	214,581.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	214,581.
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,215,401.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2,215,401.
Part				er Ret	urn.
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	The state of the s			1	2,071,940.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		I		
а	Donated services and use of facilities	2a	214,580.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	549.		
	Add lines 2a through 2d			2e	215,129.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,856,811.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b		4.	
с 5	Add lines <b>4a</b> and <b>4b</b>			4c	1 056 011
Part		e 10.)		5	1,856,811.
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4 1. D	art IV lines 1h and 2h	· Part \	V line 1: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
_,	,		,		
Pt X	II, Line 2d: Bad debt expense.				
Pt X	II, Line 2d: Bad debt expense.				
Pt X	II, Line 2d: Bad debt expense.				
Pt X	II, Line 2d: Bad debt expense.				
Pt X 	II, Line 2d: Bad debt expense.				
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Pt X	II, Line 2d: Bad debt expense.				
Pt X	II, Line 2d: Bad debt expense.				
Pt X	II, Line 2d: Bad debt expense.				

orm 990) 2021	Page \$
Supplemental Information (continued)	•

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

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

► Attach to Form 990.

Types of Property

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

Name of the organization Employer identification number
Greater Farallones Association 94-3227237

		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			_
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Office space )	×	1	99,597.				
26	Other ► (Travel )	×	1	8,256.				
27	Other ► (Database )	×	1	20,000.	F'MV			
28 29	Other ► ( ) Number of Forms 8283 received	by the or	anization during the tax v	year for contributions for				
23	which the organization completed				29			
	e. u.e e.gaa.e. eep.e.ea	0200	,, , , , , , , , , , , , , , , , , , , ,	.90	29		Yes	No
30a	During the year, did the organizat	ion receive	hy contribution any prope	arty reported in Part I lines	1 through		103	110
ooa	28, that it must hold for at least the							
	to be used for exempt purposes t					30a		×
b	If "Yes," describe the arrangemen		3 14 4 4			Joa		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard							
	contributions?					31		×
32a						<u> </u>		
	contributions?	•	•			32a		×
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a)	s checked,			
	describe in Part II.							

Schedule M (Form 990) 2021 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### 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.

20**21** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number Name of the organization 94-3227237 Greater Farallones Association Pt VI, Line 4: Bylaws were amended on March 3, 2022. Pt VI, Line 11b: The Audit and Risk Committee reviews the audited financial statements. The Executive Director, Audit and Risk, and Governance Committees review Form 990, and then provide a copy for all board members to review. Pt VI, Line 12c: Annually, every board member is required to submit in writing an acknowledgement of the conflict of interest policy and provide requested information. Pt VI, Line 15a: The executive committee reviews published non-profit salary information of the San Francisco Bay area, the performance of the executive director and the organization budget to set the compensation for the executive director. Pt VI, Line 19: GFA provides its governing documents, conflicts of interest policies and financial statements upon request. Pt III, Line 4d: Expenses: \$258,565 including grants of: \$0 Revenue: \$217,089 Description: Justice Equity Diversity and Inclusion and Sanctuary Support Services.