### Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form000 for instructions and the latest information

Open to Public Inspection

OMB No. 1545-0047 2021

Depa Inter	artment of t nal Revenu	he Treasury e Service		<ul> <li>Do not er</li> <li>Go to www</li> </ul>	iter social secu .irs.gov/Form!	urity numbers 990 for instru	on this form as it actions and th	t may be mad ie latest inf	e public. ormation.			Inspection
A	For the	2021 calen	dar year, or ta		-			and ending			,	20
	Check if ap		C	, ,			, ,			Employe	identif	ication number
	X Addre	ss change	Golden S	tate Lan	d Conse	rvancy.	Inc.			68-0	4448	305
		change	1151 Gra						E	Telephon	-	
	Initial	return	Sebastop	ol, CA 9	5472	-				707-	695-	-7460
	Final re	turn/terminated										
	Amended return								G	Gross rec	eipts \$	2,420,647.
	Applic	ation pending	F Name and a	ddress of principa	l officer: Cas	sey Edmo	ndson	ŀ	I(a) Is this a grou	up return	for subc	
			Same As	C Above	ca	JCY LUIIO	1103011	ŀ	H(b) Are all subor If "No," attac	dinates i	ncluded	? Yes No
Ι	Tax-exe	mpt status:	X 501(c)(3)	501(c) (	)◄ (i	nsert no.)	4947(a)(1) or	527	II INO, allac	.ii d iist. s	bee insu	ructions.
J	Websi	te:► qs	lc.us						H(c) Group exem	ption num	ber 🕨	
Κ	Form of	organization:	X Corporation	Trust	Association	Other ►	LY	ear of formatio	n: 2000	M Sta	ate of le	gal domicile: CA
Pa	art I	Summar	у				•					
	<b>1</b> Br	iefly descri	be the organia									nents and
ė	r										<u>ands</u>	, wildlife
anc	<u>h</u>	<u>abitat,</u>	<u>open</u> spa	<u>ace, and</u>	<u>other</u> r	<u>atural</u>	resources	s <u>, in p</u>	<u>erpetuit</u>	<u>y.</u>		
Governance		- <del></del> -								<del></del>		·
- Se	2 Ch 3 Nu	neck this bo					ations or dispo ations or dispo				et ass 3	sets. 7
	-		•	0			(Part VI, line				4	7
lies			•	-	-		art V, line 2a)				5	2
Activities &				•							6	10
Ac							ne 12				7a	0.
	b Ne	et unrelated	l business tax	able income	from Form 9	990-T, Part	I, line 11		1		7b	0.
	•				11.				Prior			Current Year
er					•					$\frac{40,33}{27,27}$		1,725,570.
Revenue		-			<b>.</b>					27,37		<u>178,825</u> . 354,396.
Rev			-				nd 11e)			45,56 82,94		161,856.
							column (A), lir		-	96,21		2,420,647.
				-			3)		/ -			
	<b>14</b> Be	enefits paid	to or for mer	nbers (Part I)	K, column (/	A), line 4)	· · · · · · · · · · · · · · · · ·					
	<b>15</b> Sa	alaries, othe	er compensat	ion, employe	e benefits (F	Part IX, colu	mn (A), lines	5-10)		92,95	55.	110,599.
Expenses	<b>16a</b> Pr	ofessional	fundraising fe	es (Part IX, d	column (A),	line 11e)						
ben	<b>b</b> To	tal fundrais	sing expenses	(Part IX, col	umn (D). lir	ne 25) ►		5,366.				
Щ	17 Ot		÷ .	-		·				87,52	Л	107,342.
		•	-			-	A), line 25)			30,47		217,941.
				-	•	-				15,73		2,202,706.
2 8			•						Beginning of			End of Year
iets Ianc	<b>20</b> To	tal assets	(Part X, line 1	6)						46,37		7,152,127.
Net Assets or Fund Balances	<b>21</b> To	otal liabilitie	es (Part X, line	e 26)						7,30		10,347.
Func	<b>22</b> Ne	et assets or	fund balance	s. Subtract li	ne 21 from	line 20			4,9	39,07	4.	7,141,780.
Pa	art II	Signatur	e Block							1		, , ,
Unde	er penalties	of perjury, I de	eclare that I have e	examined this retu	irn, including ac	companying sch	edules and statem	nents, and to th	ne best of my kno	wledge a	nd belie	f, it is true, correct, and
com	piete. Decia	iration of prepa	arer (other than on	icer) is based on	an mormation o	or which prepare	er nas any knowled	ige.				
		Signatu	re of officer						Date			
Sig	yn Fo											
He	re		ey Edmond						Treasur	er		
		51	print name and the print name		Preparer's sig	nature		Date	0	, v	:4	PTIN
-					י יכרמיבו א אני	nature		Date	Cheo			
Pa			Amoruso	n 1me	<u>ر در ک</u>				self-	employed	11	200040340
rr(	eparer e Only	Firm's name		n Amorus							60	0271021
03	Comy	Firm's addre		Box 1043								<u>0371921</u>
Ma	the IDS	discuss th		stville,			tructions					591-9450 X Yes No
			Reduction Act						A0101L 09/22/21			Form <b>990</b> (2021)
24					Joparale				STOLE USIZZIZI			

	990 (2021) Golden State La		68-0	0444805 Page 2
Par				
		a response or note to any line in this P	art III	
1	Briefly describe the organization's mis			
		sements and resource mana		
	resources, in perpetuity	stlands, wildlife habita ,	t, open space, and othe	er natural
	Tesources, in perpetuit	¥		
2	Did the organization undertake any signif	icant program services during the year w	hich were not listed on the prior	
	Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on			
3	Did the organization cease conducting		t conducts, any program services?.	Yes X No
_	If "Yes," describe these changes on Sche			
4	Describe the organization's program s Section 501(c)(3) and 501(c)(4) organ	ervice accomplishments for each of its izations are required to report the amo	s three largest program services, as	measured by expenses.
	and revenue, if any, for each program	service reported.		
4 a		196,047. including grants of		
		tion of natural resource		reported and
	enforced conservation ea	asements; and managed con	nserved lands.	
4 t	(Code: ) (Expenses \$	including grants of	\$ ) (Revenue	\$)
40	(Code: ) (Expenses \$	including grants of	\$ ) (Revenue	\$)
			, , , , , , , , , , , , , , , , , , , ,	'/
4,	Other program services (Describe on	Schedule Q.)		
40	(Expenses \$	including grants of \$	) (Revenue \$	)
4 e	Total program service expenses	196,047.	, (toronao	/
		100,011.		Form 990 (2021)

Par	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	No
	Schedule A	1	Х	<b> </b>
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	2	Х	<b> </b>
3	for public office? If 'Yes,' complete Schedule C, Part L	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
ā	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
ł	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i> .	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
	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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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				11		
Form 990 (2021)	Golden	State	Land	Conservancy,	Inc	

Form 990 (2021)Golden State Land Conservancy, Inc.Part IVChecklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		X
	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):			
ä	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
I	• A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
(	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part L</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
	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	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1 a 6		103	110
	<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
(	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
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Form	990 (2021) Golden State Land Conservancy, Inc. 68-04448	)5	F	age 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return <b>2a</b>	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
, U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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?			х
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
h	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 a 7 b		Л
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.0		
	Form 8282?	7 c		Х
	Ilf 'Yes,' indicate the number of Forms 8282 filed during the year	_		V
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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:	-		
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х
16	If 'Yes,' see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If 'Yes,' complete Form 4720, Schedule O.			
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		

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

Check if Schedule O contains a response or note to any line in this Part VI
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Se	ction A. Governing Body and Management									
			Yes	No						
1	a Enter the number of voting members of the governing body at the end of the tax year <b>1 a</b> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-								
	<b>b</b> Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>									
	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
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		Х						
4	Did the organization make any significant changes to its governing documents									
	since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х						
	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	a The governing body?	8 a	Х							
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	Х							
9	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		Х						
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni		ode.)						
			Yes	No						
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х						
	<b>b</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								
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х							
	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O									
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х							
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was doneSee.Schedule.Q	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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 See . Schedule0	15a	Х							
	<b>b</b> Other officers or key employees of the organizationSee .Schedule.0	15 b	Х							
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.									
16	<b>a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х						
	<b>b</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 organization's exempt status with respect to such arrangements?	16 b								
Se	ction C. Disclosure	100								
17										
18		01(c)(	3)s or	<u> </u>						
.0	available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O)		,5 01	.,						
19		able to								
	······································									

20 State the name, address, and telephone number of the person who possesses the organization's books and records >

Helen Kochenderfer 100 E Street, Suite 212 Santa Rosa CA 95404 (707) 578-5904

68-0444805

Х

Form 990 (2021) Golden State Land Conservancy, Inc.	68-0444805	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employe	es, and
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 Compensation	ated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	g with or within the	

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.

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

				(C)	)					
(A) Name and title	(B) Average hours per	thar	n one s both dire	box, an c ector/	unles	·	on	<b>(D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-21099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Marc Deprey Exec Director/Conservation Spe	$-\frac{40}{0}$				Х			75,416.	0.	0.
(2) Rose Zoia	4				Л			75,410.	0.	0.
Secretary	0	Х		Х				0.	0.	0.
_(3)_Jean_Kapolchok Trustee	<u>1_</u>	х						0.	0.	0.
_(4)_Matt_Richmond Vice Chair	<u>4_</u>	х		Х				0.	0.	0.
	<u>1</u>	х						0.	0.	0.
(6) Michael Zander Trustee	$-\frac{1}{0}$	х						0.	0.	0.
(7) Greg Carr Chair	$-\frac{4}{0}$	х		Х				0.	0.	0.
(8) Casey Edmondson Treasurer	<u>4</u> 0	х		Х				0.	0.	0.
(9) Dominique Gaitan Trustee	$-\frac{1}{0}$	х						0.	0.	0.
(10)										
(11)										
(12)		-								
(13)										
(14)										
ВАА	TEEA0	107L	09/22	2/21						Form <b>990</b> (2021)

Form 990 (2021) Golden State Land Conse Part VII Section A. Officers, Directors, Tru	rvancy	', I	inc Fr			0.0	<u></u>	d Highart Com	68-0444805	5	Page 8
Fart Vil Section A. Onicers, Directors, Th	(B)	Ney		<u>іріс</u> ((		C3, (	and			Oyees	(conunueu)
(A) Name and title	Average hours per	box offic	, unle cer ar	Pos check ess pe nd a d	sition more erson direct	e than is both or/trust	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	Estima 0	(F) ted amount f other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	thé organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	the or and	isation from ganization i related nizations
(15)											
(16)		•									
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)		-									
(25)		-									
1 b Subtotal								75,416.	0.		0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							▶	0.	0.		0.
2 Total number of individuals (including but not limited							ved	75,416. more than \$100,00		ensatior	0.
from the organization ► 0											Yes No
<b>3</b> Did the organization list any <b>former</b> officer, direct on line 1a? <i>If 'Yes,' complete Schedule J for such</i>										3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	r than \$1	50,00	00?	<i>lf</i> '}	ſes,	' com	ple	te Schedule J for		4	X
5 Did any person listed on line 1a receive or accruation for services rendered to the organization? If 'Yes	e comper ,' <i>comple</i>	isatio te So	on fr chec	om Iule	any <i>J fo</i>	unre r suc	late h p	ed organization or	individual	5	X
Section B. Independent Contractors									<b>\$100.000</b>		
<ol> <li>Complete this table for your five highest compensation from the organization. Report compen-</li> </ol>	sated ind sation for	epen the c	den alen	t coi dar j	ntra year	ctors endir	tha ng v	it received more to with or within the or	nan \$100,000 of ganization's tax year.		
(A) Name and business address						(B) Description		<b>(C</b> Compe	<b>;)</b> nsation		
2 Total number of independent contractors (including b	ut not lim	itod t	o the		listor	1 abo		who received more	than		
\$100,000 of compensation from the organization				,36 I	iisie(		ve)		undit		

### Form 990 (2021) Golden State Land Conservancy, Inc.

Page 9

Check if Schedule O contains a response or note to a	-			
	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from ta: under sections 512-514
1 a Federated campaigns 1 a				
b Membership dues 1b				
c Fundraising events				
d Related organizations 1 d	_			
E e Government grants (contributions) 1 e f All other contributions, gifts, grants, and	_			
similar amounts not included above 1f 1,725,570				
<b>B</b> g Noncash contributions included in	<u>·</u>			
1 a Federated campaigns       1 a         b Membership dues       1 b         c Fundraising events       1 c         d Related organizations       1 d         e Government grants (contributions)       1 e         f All other contributions, gifts, grants, and similar amounts not included above       1 f         Noncash contributions included in lines 1a-1f       1 g	► 1 705 570			
	► <u>1,725,570</u> .			
Business Code         2a Acquisitions Income         b Project Development         c         d         e         f All other program service revenue         g Total. Add lines 2a-2f	93,110.	93,110.		
<pre>b Project Development</pre>	85,715.	85,715.		
	00,110.			
d				
e				
f All other program service revenue				
g Total. Add lines 2a-2f	▶ 178,825.			
<b>3</b> Investment income (including dividends, interest, and				
other similar amounts)	297,005.			297,005
4 Income from investment of tax-exempt bond proceeds				
5 Royalties	-			
6a Gross rents	-			
b Less: rental expenses 6b	-			
c Rental income or (loss) 6c				
d Net rental income or (loss)	•			
7 a Gross amount from (i) Securities (ii) Other				
sales of assets	-			
b Less: cost or other basis	-			
and sales expenses 7b				
c Gain or (loss) 7c 57,391.				
d Net gain or (loss)	▶ 57,391.	57,391.		
8 a Gross income from fundraising events (not including \$				
See Part IV, line 18				
b Less: direct expenses 8b	-			
c Net income or (loss) from fundraising events	•			
9 a Gross income from gaming activities. See Part IV, line 19				
b Less: direct expenses 9b	-			
c Net income or (loss) from gaming activities	•			
10 a Gross sales of inventory, less				
b Less: cost of goods sold 10b				
c Net income or (loss) from sales of inventory	►			
Business Code				
Unrealized_loss_on_invest	161,856.	161,856.		
ğ b				
Unrealized loss on invest           b           c           d All other revenue				-
e Total. Add lines 11a-11d	► <u>161,856</u> .	2002 072	-	0.05
12 Total revenue. See instructions	► 2,420,647.	398,072.	0	. 297,005 Form <b>990</b> (202

					Conservancy,	Inc.
Part IX	State	ement of I	Functio	nal Exp	penses	

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

	Check if Schedule O contains a re lude amounts reported on lines 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
organ	s and other assistance to domestic izations and domestic governments. Part IV, line 21			5	
<ul><li>Grant</li></ul>	s and other assistance to domestic duals. See Part IV, line 22				
3 Grant	s and other assistance to foreign izations, foreign governments, and for- ndividuals. See Part IV, lines 15 and 16				
	fits paid to or for members				
5 Comp	ensation of current officers, directors,	75,416.	60,333.	11,312.	3,771
6 Comp disqu sectio	ensation not included above to alified persons (as defined under in 4958(f)(1)) and persons described tion 4958(c)(3)(B)	0.		0.	
	salaries and wages	24,572.	0. 24,572.	0.	(
8 Pensi (inclu	on plan accruals and contributions de section 401(k) and 403(b) over contributions)	24,372.	24,372.		
9 Other	employee benefits	2,500.	2,000.	375.	125
10 Payro	II taxes	8,111.	6,913.	899.	299
	for services (nonemployees):				
	gement				
		18,301.	18,301.		
	unting	4,094.	2,047.	2,047.	
-	/ing				
	sional fundraising services. See Part IV, line 17				
	tment management fees				
(A), an	ìount, list line 11g expenses on Schedule Ó.)				
	tising and promotion	1,144.			1,14
	expenses				
	ties				
	I	1,780.	1,780.		
8 Paym exper	ents of travel or entertainment isses for any federal, state, or local officials	1,780.	1,780.		
19 Confe	rences, conventions, and meetings				
20 Intere	st				
,	ents to affiliates				
•	eciation, depletion, and amortization	5,033.	5,033.		
	expenses. Itemize expenses not	9,693.	8,239.	1,454.	
covere on line of line	ed above. (List miscellaneous expenses e 24e. If line 24e amount exceeds 10% 25, column (A), amount, list line 24e nses on Schedule O.)				
	rations expense	32,591.	32,591.		
<u>b Bio</u>	logical services	11,495.	11,495.		
с <u>Мар</u>		10,675.	10,675.		
_	uisition costs	5,832.	5,832.	A A 1	
	her expenses	6,704.	6,236.	441.	<u> </u>
	unctional expenses. Add lines 1 through 24e	217,941.	196,047.	16,528.	5,36
the or joint o camp Checl	costs. Complete this line only if ganization reported in column (B) costs from a combined educational aign and fundraising solicitation. < here ► ☐ if following				
SOP '	98-2 (ASC 958-720)				Form <b>990</b> (202

# Form 990 (2021) Golden State Land Conservancy, Inc. Part X Balance Sheet

Part X						г
	Check if Schedule O contains a response or note to	o any line	IN THIS Part X	(A) Beginning of year	· · · · · · · ·	( <b>B)</b> End of year
1	Cash – non-interest-bearing			13,963.	1	51,134
2	Savings and temporary cash investments		-	788,399.	2	147,039
3	Pledges and grants receivable, net.		-	100,000.	3	147,000
4	Accounts receivable, net		-		4	
5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe		5			
6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section	defined under		6		
7	Notes and loans receivable, net.		. ,		7	
	Inventories for sale or use				8	
8	Prepaid expenses and deferred charges				8 9	
8 9		1 1	-		9	
10:	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D					
1	b Less: accumulated depreciation		18,055.	37,304.	10 c	32,271
11	Investments – publicly traded securities			2,338,785.	11	4,556,388
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			1,767,923.	15	2,365,29
16	Total assets. Add lines 1 through 15 (must equal line			4,946,374.	16	7,152,12
17	Accounts payable and accrued expenses			7,300.	17	10,34
18	Grants payable			· · · · ·	18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part	IV of Sche	dule D		21	
21 22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu controlled entity or family member of any of these pe	ficer, direc utor, or 35	tor, trustee, %		22	
					22	
23		•	-		23	
24	Unsecured notes and loans payable to unrelated third	•			24	
25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	10.04
26				7,300.	26	10,34
2	Organizations that follow FASB ASC 958, check here	e► X				
07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		-	0 007 401	27	
27	Net assets with donor restrictions			2,827,431.	27	4,776,542
28	Organizations that do not follow FASB ASC 958, che			2,111,643.	28	2,365,238
-	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equipn				30	
31	Retained earnings, endowment, accumulated income				31	
32	Total net assets or fund balances			4,939,074.	32	7,141,780
27 28 29 30 31 32 33	Total liabilities and net assets/fund balances		-	4,946,374.	33	7,152,127
BAA		TEEA0111L		1,510,0,1		Form <b>990</b> (2

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Forr	1990 (2021) Golden State Land Conservancy, Inc. 68	-044480	5	Pa	age <b>12</b>
	t 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)	. 1	2,4	20,6	647.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			941.
3	Revenue less expenses. Subtract line 2 from line 1	. 3			706.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4			)74.
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	<b>7</b> 1	A 1 -	
De	column (B))	. 10	/,1	41,	780.
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				· LL
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Other		_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revier separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	wed on a			
	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis				
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a		Х
I	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
BAA	TEEA0112L 09/22/21		Form	99 <b>0</b>	(2021)

SCHEDULE	Α
(Form 990)	

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 000 or Form 000 F7

2021	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service <ul> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> <li>Internal Revenue Service</li> <li>Control of the test information.</li> <li>Control of test information.<!--</th--><th>Open to Public Inspection</th></li></ul>				Open to Public Inspection							
Name o	f the	organization	-			ation number					
Gol				rvancy, Inc.	ancy, Inc. 68-04448						
Part		Reason fo	r Public Cha	arity Status. (All o	organizations must	compl	ete thi	s part.) See instru	ctions.		
The o	rgar	nization is not	a private found	dation because it is:	(For lines 1 through 12,	check o	only one	box.)			
1		A church, conv	vention of church	nes, or association of c	churches described in sec	tion 1 <b>70</b> (	(b)(1)(A)	(i).			
2		A school dese	cribed in sectio	n 170(b)(1)(A)(ii). (At	tach Schedule E (Form	990).)					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)									
6 7				0	ental unit described in <b>s</b>						
,	Χ	An organizatio in section 17	on that normally r 0(b)(1)(A)(vi).(	receives a substantial Complete Part II.)	part of its support from a	governm	iental un	it or from the general pu	blic described		
8		A community	trust described	l in section 170(b)(1)	(A)(vi). (Complete Part	II.)					
9					ction 170(b)(1)(A)(ix) oper e (see instructions). Ente						
10		An organizati from activities investment in	s related to its e come and unre	exempt functions, su	than 33-1/3% of its supplied to certain exception le income (less section	ons; and	(2) no i	more than 33-1/3% of	its support from gross		
11		-			ely to test for public saf	etv. See	sectio	n 509(a)(4).			
12	_	5	5	1	ely for the benefit of, to	2			ut the nurnoses of one		
а		or more publi lines 12a thro <b>Type I.</b> A supp	cly supported o ough 12d that de orting organizati	organizations describe escribes the type of s on operated, supervise	ed in <b>section 509(a)(1)</b> of supporting organization ed, or controlled by its sur	or <b>sectic</b> and con	o <b>n 509(a</b> nplete li organizat	<b>)(2).</b> See <b>section 509(</b> a nes 12e, 12f, and 12g. ion(s). typically by givin	a <b>)(3).</b> Check the box or		
h	_	complete Par	t IV, Sections A	A and B.	t a majority of the directo						
b	L	management	oporting organized of the supporting te Part IV, Sect	organization vested ir	controlled in connection the same persons that c	ontrol or	suppor manage	ted organization(s), by the supported organiza	having control or tion(s). You		
С		Type III function organization(s	onally integrated s) (see instructi	. A supporting organizations). You must com	ition operated in connectio	n with, a <b>A, D, an</b>	nd functi d E.	onally integrated with, its	supported		
d		functionally in	ntegrated. The c	proanization generall	ganization operated in con y must satisfy a distribu <b>ns A and D, and Part V.</b>	ition rea	with its uiremer	supported organization(s it and an attentiveness	s) that is not requirement (see		
e		integrated, or	Type III non-fu	inctionally integrated	ten determination from supporting organization	the IRS า.	that it is	s а Туре I, Туре II, Тур	e III functionally		
			er of supported								
		me of supported of	-	n about the supporte	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your o	Is the tion listed governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	ment?	-			
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

Golden State Land Conservancy, Inc.

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					1	
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do PC VI include any 'unusual grants.). PC VI	379.	116,838.	11,382.	759,731.	1,725,570.	2,613,900.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	379.	116,838.	11,382.	759,731.	1,725,570.	2,613,900.
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)						1,250,300.
	Public support. Subtract line 5 from line 4						1,363,600.
Sec	tion B. Total Support					•	
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
7	Amounts from line 4	379.	116,838.	11,382.	759,731.	1,725,570.	2,613,900.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	90,266.	76,712.	115,975.	128,879.	219,503.	631,335.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						3,245,235.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	415,216.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	►
	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20	-					42.02%
15	Public support percentage from 2	2020 Schedule A,	Part II, line 14				39.89%
16a	<b>33-1/3% support test–2021.</b> If the and <b>stop here.</b> The organization	ne organization di qualifies as a put	d not check the b blicly supported of	ox on line 13, and rganization	d line 14 is 33-1/3	3% or more, check	κ this box ·····► Χ
b	<b>33-1/3% support test–2020.</b> If th and <b>stop here.</b> The organization	e organization dic qualifies as a pul	l not check a box blicly supported o	on line 13 or 16a rganization	a, and line 15 is 3	3-1/3% or more, o	check this box ►
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this t	box and stop here	e. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a l-circumstances te	nd-circumstances est. The organizat	test, check this to ion qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Part ed organization	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calenc	lar year (or fiscal year beginning in) Þ	<b>(a)</b> 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						
3	that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1,						
	2, and 3 received from disgualified persons.						
h	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						
500	7c from line 6.)						
		() 0017	4 \ 0010	( ) 0010	( )) 0000	( ) 0001	(0 T
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
-	Amounts from line 6						
TUa	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
D	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
	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 (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 organizati	on's first second	third fourth or t	fifth tax vear as a	section 501(c)(3)	
· · ·	organization, check this box and				·····		▶
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 20		•••••••		•		010
16	Public support percentage from 2	2020 Schedule A	Part III, line 15.			16	olo
Sec	tion D. Computation of Inv	estment Inco	ne Percentage	e			
17	Investment income percentage f	or 2021 (line 10c,	column (f), divid	ed by line 13, col	umn (f))	17	0/0
18	Investment income percentage f	rom <b>2020</b> Schedu	lle A, Part III, line	17			00
	33-1/3% support tests-2021. If t	the organization of	lid not check the I	box on line 14, a	nd line 15 is more	than 33-1/3%, an	d line 17 🚬
	is not more than 33-1/3%, check	this box and <b>sto</b>	p here. The orgar	nization qualifies	as a publicly supp	orted organization	▶
b	<b>33-1/3% support tests</b> -2020. If t						
20	line 18 is not more than 33-1/3%		•				
20	Private foundation. If the organiz		tur a DUX UN INNE	14, 19d, UL 19D, (	LITECK LITE DOX AND	a see instructions.	······ <sup>r</sup> L

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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whether the organization had excess business holdings.)

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,					
	the g	overning body of a supported organization?	11a		
Ł	<b>)</b> A fan	nily member of a person described on line 11a above?	11b		
c	<b>A</b> 35%	6 controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

Golden State Land Conservancy, Inc.

#### Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

- 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 **Part VI** 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.
- 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

#### Section 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 **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

#### Section 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).			
	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		
-				

#### Section 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 instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a 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 **Part VI identify those supported** organizations and explain 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.
- 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If 'Yes' or 'No,' provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

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Page 5

Yes

1

2

No

Schedule A (Form 990) 2021Golden State Land Conservancy, Inc.Part VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page 6

ection 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		
ection 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):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection 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		

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

BAA

Schedule A (Form 990) 2021

Par		upporting Organiza	ations (continue	a)	
Sec	n D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	1			
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported organizatior	IS,		
	in excess of income from activity	2			
-	Administrative expenses paid to accomplish exempt purposes of su		3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required – provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	ion in konnensiva (nevavida	dataila	7	
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	ion is responsive (provide	e details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
	From 2018				
	From 2019				
e	Prom 2020				
1	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

BAA

Schedule A (Form 990) 2021

Schedule A (Form 990) 20	21 Gold	len State La	and Conservancy	, Inc.	68-0444805	Page 8
B, lines 3a, and	1 and 2; Part IV, Secti 3b; Part V, line 1; Part 5, and 6. Also complet	on C, line 1; Part I' V, Section B, line	explanations required by 4b, 4c, 5a, 6, 9a, 9b, 9c, V, Section D, lines 2 an 1e; Part V, Section D, li additional information.	d 3; Part IV, Section ines 5, 6, and 8; and		
2017	2018	2019	2020	2021	Total	

\$ 1,085,200. \$ 0. \$ 0. \$ 0. \$ 1,085,200.

SCI	CHEDULE D Supplemental Financial Statements					0047				
(Form 990) ► 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.					20	21				
Depar Intern	artment of the Treasury rnal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection		
	of the organization		Employer identification number						r	
Go]	Golden State Land Conservancy, Inc. 68-04									
Par	t I Organizat	tions Maintaining Dong	or Advised Funds or Other wered 'Yes' on Form 990, F	Similar Funds	s or Ac	counts.				
	Complete		(a) Donor advised fur			Funds and	other accou	ints		
1	Total number at e	end of year		105	(5)			into		
2	Aggregate value of cor	ntributions to (during year)								
3		ants from (during year)								
4	Aggregate value	at end of year								
5	are the organizati	ion's property, subject to the	nor advisors in writing that the as organization's exclusive legal co	ntrol?		· · · · · · · · ·	Yes		No	
6	Did the organizati	ion inform all grantees, donc poses and not for the benefit	ors, and donor advisors in writing t of the donor or donor advisor, o	that grant funds or for any other pu	can be u	sed only				
	impermissible pri	vate benefit?	· · · · · · · · · · · · · · · · · · ·				Yes		No	
Par		tion Easements.	wared Weel on Form 000	Dort IV Line 7						
1			wered 'Yes' on Form 990, I y the organization (check all that							
•		of land for public use (for exam		X Preservation	of a hist	orically imp	ortant land	area	а	
	X Protection of			X Preservation						
	X Preservation	of open space								
2	Complete lines 2a last day of the tax		held a qualified conservation contrib	oution in the form o						
	Total number of c	conservation easements			<b>2a</b> 6	Held at the	End of the	Tax	Tear	
			ments.			5,166				
	-	-	fied historic structure included in		2c 1					
(	Number of conse structure listed in	rvation easements included i the National Register	n (c) acquired after 7/25/06, and	not on a historic	2 d					
3	Number of conserv tax year ►	vation easements modified, tran	nsferred, released, extinguished, or	terminated by the o	organizat	ion during th	e			
4		where property subject to conse		1						
5			egarding the periodic monitoring,				Yes		No	
6						10				
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and e	nforcing conservati	on easen	nents during	the year			
8					No					
9	9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, ar include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. See Part XIII					et, and g for				
Par	t III Organizat	tions Maintaining Colle	ctions of Art, Historical Tr wered 'Yes' on Form 990, I	easures, or O Part IV, line 8.	ther Si	milar Ass	ets.			
1 a	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in Id for public exhibition, education al statements that describes these	n, or research in fi	ment an urtheran	d balance s ce of public	heet works service, pr	of a ovid	art, le in	
ł	historical treasures following amounts	s, or other similar assets held for s relating to these items:	r FASB ASC 958, to report in its or public exhibition, education, or re	esearch in furtherar	nce of pul	blic service,	t works of a provide the	art,		
	~ / /		line 1							
n	.,		nistariaal traccurac, or other similar			-	louine			
2			nistorical treasures, or other similar ASC 958 relating to these items:				iowing			
	a Revenue included	d on Form 990, Part VIII, line	. 1			►\$				
	Assets included in	n Form 990, Part X			<u></u>				0) 0007	
RAA	For Paperwork R	reduction Act Notice, see the	e Instructions for Form 990.	TEEA3301L 08	/30/21	Sched	lule D (Forr	n 99	0) 2021	

Schedule D (Form 990) 2021 Golde							68-044			Page 2
Part III Organizations Mainta	ining Colle	ctions of	<sup>-</sup> Art, Histo	orical	Treasures, or	r Other	Similar Ass	ets (C	ontinu	ed)
<b>3</b> Using the organization's acquisition items (check all that apply):	, accession, a	nd other reco	ords, check a	ny of t	he following that m	nake signif	icant use of its	collectio	n	
$\mathbf{a} \square$ Public exhibition			d 🗌 Loan	or exc	hange program					
<b>b</b> Scholarly research			e Other		3 1 3					
c Preservation for future gener	ations									
4 Provide a description of the organiz Part XIII.	ation's collecti	ons and exp	plain how they	/ furthe	er the organization'	s exempt	ourpose in			
5 During the year, did the organiza to be sold to raise funds rather the sold to rather t	tion solicit or han to be mai	receive dor ntained as	nations of ar	t, hist roaniz	orical treasures, c zation's collection	or other si	milar assets	Yes	Γ	No
Part IV Escrow and Custodia								rm 990	), Par	
line 9, or reported an	amount on	Form 99	0, Part X,	line	21.					
1 a Is the organization an agent, trus	stee, custodia	n or other i	ntermediary	for co	ontributions or oth	er assets	not included		Г	
on Form 990, Part X? <b>b</b> If 'Yes,' explain the arrangement								Yes		No
<b>b</b> in res, explain the analigement	. III Parl Aili a	ina complet		ng lai	Jie.			Amoun		
c Beginning balance						1c		Amoun		
<b>d</b> Additions during the year										
e Distributions during the year										
f Ending balance										
<b>2a</b> Did the organization include an a							liability?	Vac		No
<b>b</b> If 'Yes,' explain the arrangement							-		_	
				alion	has been provide				· · · · · L	
Part V Endowment Funds. C	omploto if	the order	vization ar		rod 'Voc' on Fr	orm 000	Dart IV/ lir	10		
rait V Endowment Funds. C	(a) Current	Ť	(b) Prior yea		(c) Two years back		, <u>Fartiv, m</u> Fhree years back		our years	s hack
<b>1 a</b> Beginning of year balance		yeai	<b>(D)</b> FITOL yea	1		(u)	The years back	(6)	our year	S Dack
<b>b</b> Contributions										
c Net investment earnings, gains, and losses										
<b>d</b> Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
<b>g</b> End of year balance										
2 Provide the estimated percentag	e of the curre	nt year end	l balance (lir	ne 1g,	column (a)) held	as:				
a Board designated or quasi-endowm	ient 🕨		010							
<b>b</b> Permanent endowment	0/0									
c Term endowment ►	olo									
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.								
3 a Are there endowment funds not in t	he necession	of the organ	aization that a	oro bol	d and administered	tor the				
organization by:	the possession	or the organ						ſ	Yes	No
(i) Unrelated organizations								3a(i)		[
(ii) Related organizations								3a(ii)		[
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ated organizat	ions listed	as required	on Scl	hedule R?			3b		
4 Describe in Part XIII the intended	d uses of the	organizatio	n's endowme	ent fur	nds.			L1		
Part VI Land, Buildings, and	Equipment									
Complete if the organ			es' on Fori	n 99	0. Part IV. line	e 11a. S	ee Form 99	0. Par	t X. lii	ne 10.
Description of property			other basis		Cost or other		cumulated		Book va	
Description of property		(inves	tment)	(U)	basis (other)	depi	reciation	(u) I	JUUK VC	liue
<b>1 a</b> Land										
<b>b</b> Buildings										
c Leasehold improvements							İ			
d Equipment										
<b>e</b> Other					50,326.		18,055.		32	,271.
Total. Add lines 1a through 1e. (Colum		qual Form 9	990, Part X.	colum	n (B), line 10c.)		<u> </u>			,271.
ВАА								ule D (F		

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Schedule D (Form 990) 2021 Golden State Land	Conservancy, I	nc. 68-	-0444805 Page <b>3</b>
Part VII Investments – Other Securities.		N/A	
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	1, Part IV, line IIb. See For (c) Method of valuation: Cost or	
(1) Financial derivatives			enu-or-year market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
<u>(G)</u>			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		NT / 7	
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	N/A ), Part IV, line 11c. See For	m 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u> (10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)►			
Part IX Other Assets.			
Complete if the organization answered	l 'Yes' on Form 990 scription	, Part IV, line 11d. See For	m 990, Part X, line 15 (b) Book value
(1) Conservtion easement	scription		<b>(b)</b> BOOK Value 57.
(2) Funds at Marin Community Foundation	on		970,122.
(3) Funds at San Diego Foundation			1,395,116.
(4)			
(5)			
(6)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	B) line 15.)		► 2,365,295.
Part X Other Liabilities.	anna 000 Dant IV line 11	a an 116 Cas Farme 000 Dart V Lin	о ОГ
Complete if the organization answered 'Yes' on F 1. (a) Descr	orm 990, Part IV, line II	le of 11f. See Form 990, Part X, IIn	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			►
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's fir	nancial statements that reports the organization	tion's liability for uncertain

Schedule D (Form 990) 2021 Golden State Land Conservancy, Inc.	,	68-0444805	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statement	•	Return. N/A	
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d.	· · · · · · · · · · · · · · · · · · ·	2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)	4 b		
c Add lines <b>4a</b> and <b>4b</b>		<b>4</b> c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	
Part XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses pe	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments	2 b		
<b>c</b> Other losses.	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d.		2e	
3 Subtract line 2e from line 1.		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	
Part XIII Supplemental Information.			

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

### Part II, Line 9 - Organization Reporting Of Conservation Easements

Part II, Line 9: The organization does not record conservation easements as income

and therefore easements are not reported in its revenue and expense statement or

balance sheet.

The organization has held 65 conservation easements since 1999, of which

35 were donated as charitable contributions and 30 were not charitable contributions.

BAA

Schedule D (Form 990) 2021

### Part V, Line 4 - Intended Uses Of Endowment Fund

Conservation management.

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

#### Golden State Land Conservancy, Inc.

### 68-0444805

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

The 990 is reviewed and approved by the responsible officers before filing.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization monitors compliance with the policy at its annual meetings.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Board of Directors presents a yearly employment contract to the Executive

Director after a review of the organization's budget. The salary of the ED is

consistent with similar sized non-profits.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

No officer receives compensation.

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

The organization makes its governing documents, Conflict of Interest Policy and financial statements available to the public upon request. Information is also available on the Guidestar website.