

**TORKELSON & ASSOCIATES CPAS, LLP  
3835 CYPRESS DR. STE 110  
PETALUMA, CA 94954  
707-795-2691**

May 8, 2023

BOLINAS COMMUNITY LAND TRUST  
PO BOX 805  
BOLINAS, CA 94924

Dear Client:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2021 Federal Exempt Organization Business Income Tax Return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2021 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EQ. No tax is payable with the filing of this return.

Enclosed is your 2021 California Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. Mail the California return on or before May 16, 2022 to:

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0700

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$200 payable by November 15, 2022. Make the check or money order payable to "Department of Justice" and mail your California report on or before November 15, 2022 to:

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Jenny C. Mahrt, E.A.

**TORKELSON & ASSOCIATES CPAS, LLP**  
3835 CYPRESS DR. STE 110  
PETALUMA, CA 94954  
707-795-2691

Client **BOLINAS**  
May 8, 2023

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**BOLINAS COMMUNITY LAND TRUST**  
PO BOX 805  
BOLINAS, CA 94924  
415-868-8880

**FEDERAL FORMS**

Form 990	2021 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule D	Schedule D
Schedule O	Supplemental Information
Form 990-T	2021 Exempt Organization Bus. Income Tax Return
Schedule A (990-T)	Schedule A (990-T)
	Depreciation Schedules
Form 8879-TE	IRS e-file Signature Authorization

**CALIFORNIA FORMS**

Form 199	2021 California Exempt Organization Return
Schedule B	Schedule of Contributors
Form 3885F (199)	Depreciation and Amortization - Trusts
Form 8453-EO	California e-file Return Authorization for Exempt
Form 109	2021 California Exempt Org. Bus. Inc. Tax Return
Form 3805V	NOL Deduction - Trusts
Form RRF-1	2022 Registration/Renewal Fee Report
	California Depreciation Schedules

**FEE SUMMARY**

Preparation Fee

You can now pay your invoice online by Credit Card or eCheck  
Please visit our website at [tnacpas.com](http://tnacpas.com) & click Pay Invoice

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**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_

**2021**

Department of the Treasury  
Internal Revenue Service

► **Do not send to the IRS. Keep for your records.**  
► **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**BOLINAS COMMUNITY LAND TRUST**

EIN or SSN

**68-0007197**

Name and title of officer or person subject to tax

**ARIANNE Z DAR EXECUTIVE DIR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a Form 990</b> check here . . . . . <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b>	<u>1,189,326.</u>
<b>2a Form 990-EZ</b> check here . . . . . <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b>	_____
<b>3a Form 1120-POL</b> check here . . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b>	_____
<b>4a Form 990-PF</b> check here . . . . . <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) . . . . .	<b>4b</b>	_____
<b>5a Form 8868</b> check here . . . . . <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) . . . . .	<b>5b</b>	_____
<b>6a Form 990-T</b> check here . . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .	<b>6b</b>	_____
<b>7a Form 4720</b> check here . . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) . . . . .	<b>7b</b>	_____
<b>8a Form 5227</b> check here . . . . . <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) . . . . .	<b>8b</b>	_____
<b>9a Form 5330</b> check here . . . . . <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) . . . . .	<b>9b</b>	_____
<b>10a Form 8038-CP</b> check here . . . . . <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b>	_____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_ (EIN) \_\_\_\_\_

and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize TORKELSON & ASSOCIATES CPAS, LLP to enter my PIN 25294 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ► \_\_\_\_\_

Date ► \_\_\_\_\_

**Part III Certification and Authentication**

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

**68137494954**

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► \_\_\_\_\_

Date ► 11/11/2022

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

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_

**2021**

Department of the Treasury  
Internal Revenue Service

► **Do not send to the IRS. Keep for your records.**  
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Name of filer

EIN or SSN

**BOLINAS COMMUNITY LAND TRUST**

**68-0007197**

Name and title of officer or person subject to tax

**ARIANNE Z DAR EXECUTIVE DIR**

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<b>1a Form 990</b> check here . . . . .	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> _____
<b>2a Form 990-EZ</b> check here . . . . .	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a Form 1120-POL</b> check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
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<b>5a Form 8868</b> check here . . . . .	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) . . . . .	<b>5b</b> _____
<b>6a Form 990-T</b> check here . . . . .	<input checked="" type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .	<b>6b</b> <u>0</u> .
<b>7a Form 4720</b> check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) . . . . .	<b>7b</b> _____
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<b>10a Form 8038-CP</b> check here . . . . .	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_ (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

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Signature of officer or person subject to tax ► \_\_\_\_\_

Date ► \_\_\_\_\_

**Part III Certification and Authentication**

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

**68137494954**

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► \_\_\_\_\_

Date ► 11/11/2022

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

## Return of Organization Exempt From Income Tax

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

2021

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2021** calendar year, or tax year beginning **2021**, and ending **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> BOLINAS COMMUNITY LAND TRUST PO BOX 805 BOLINAS, CA 94924  <b>F</b> Name and address of principal officer: SAME AS C ABOVE	<b>D</b> Employer identification number 68-0007197  <b>E</b> Telephone number 415-868-8880  <b>G</b> Gross receipts \$ <b>1,510,874.</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ <b>BOLINASLANDTRUST.ORG</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1982</b> <b>M</b> State of legal domicile: <b>CA</b>	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO PRESERVE AND MAINTAIN OPEN SPACE AND TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS THROUGH SHARED LIVING.</u>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	9
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	10
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5</b>	12
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	52
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	115,781.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	2,331,571.	709,950.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	398,408.	360,197.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	731.	3,051.
<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	112,417.	116,128.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	2,843,127.	1,189,326.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	309,824.	
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	236,919.	296,762.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....		
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>32,064.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	904,265.	580,334.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	1,451,008.	877,096.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	1,392,119.	312,230.
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	9,862,488.	11,277,836.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	2,908,623.	4,011,741.
		6,953,865.	7,266,095.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>ARIANNE Z DAR</b> Type or print name and title	Date EXECUTIVE DIR	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JENNY C. MAHRT, E.A.</b>	Preparer's signature _____	Date _____
	Firm's name ▶ <b>TORKELSON &amp; ASSOCIATES CPAS, LLP</b>	Firm's EIN ▶ <b>26-3701192</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00625008</b>
	Firm's address ▶ <b>3835 CYPRESS DR. STE 110 PETALUMA, CA 94954</b>	Phone no. <b>707-795-2691</b>	

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

Part III 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:

TO PRESERVE AND MAINTAIN OPEN SPACE AND TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS THROUGH SHARED LIVING.

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

Yes No

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

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

Yes No

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 \$ 695,171. including grants of \$ ) (Revenue \$ 357,234.)

SHARED LIVING UNITS WITH AFFORDABLE RENTS BEING PROVIDED TO LOW INCOME INDIVIDUALS.

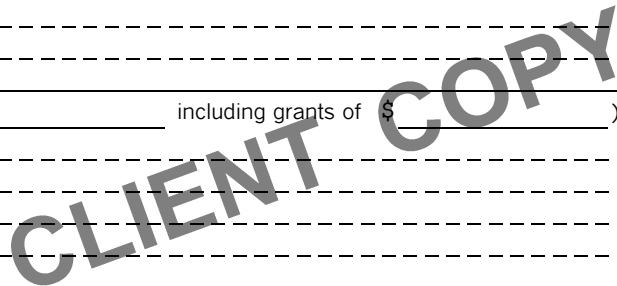
4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 695,171.



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> .....		X
<b>4 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> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> .....		X
<b>6</b> 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> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....		X
<b>9</b> 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> .....		X
<b>10</b> 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> .....		X
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> .....	X	
<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i> .....		X
<b>c</b> Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i> .....		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> .....		X
<b>15</b> 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> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i> See instructions .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....		X

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

	Yes	No
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....		X
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>26</b> 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> .....		X
<b>27</b> 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> .....		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>28b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>35b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. ....	X	

**Part 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
<b>1 a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. ....		
<b>1 b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. ....		
<b>1 c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	



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

		Yes	No
<b>2a</b>	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. . . . . <b>2a</b> 12		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>	X	
<b>b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . . . <b>3b</b>	X	
<b>4a</b>	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)? . . . . . <b>4a</b>		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>		X
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>		
<b>6a</b>	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? . . . . . <b>6a</b>		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . . <b>7a</b>		X
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>		
<b>8</b>	<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? . . . . . <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders. . . . . <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>		
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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. . . . . <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>		X
<b>b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . . <b>14b</b>		
<b>15</b>	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? . . . . . <b>15</b>		X
If 'Yes,' see the instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>16</b>		X
If 'Yes,' complete Form 4720, Schedule O.			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? . . . . . <b>17</b>		
If 'Yes,' complete Form 6069.			

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . .	<b>1 a</b> 9		
If there are material differences in voting rights among members SEE SCH. O 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>1 b</b> 10		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		X
<b>3</b> 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? . . . . .	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	X	
<b>7 a</b> 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? . . . . .	<b>7 a</b>	X	
<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? . . . . .	<b>7 b</b>	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8 a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8 b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. . . . .	<b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10 a</b>	X
<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? . . . . .	<b>10 b</b>	
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11 a</b>	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	<b>12 a</b>	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12 b</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. . . . .	<b>12 c</b>	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official. . . . .	<b>15 a</b>	X
<b>b</b> Other officers or key employees of the organization. . . . .	<b>15 b</b>	X
If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16 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? . . . . .	<b>16 a</b>	X
<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? . . . . .	<b>16 b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O) SEE SCH. O
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
 ARIANNE DAR PO BOX 805 BOLINAS CA 94924 415-868-9468

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

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

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

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN DIBBLEE PRESIDENT	1 0	X		X				0.	0.	
(2) ANDREW ALEXANDER GREEN SECRETARY	1 0	X		X				0.	0.	
(3) PATRICIA BRADFORD DIRECTOR	1 0	X						0.	0.	
(4) SARAH BUTLER DIRECTOR	1 0	X						0.	0.	
(5) HOWARD DILLON DIRECTOR	1 0	X						0.	0.	
(6) JEFF CLAPP TREASURER	1 0	X		X				0.	0.	
(7) EMMELINE CRAIG DIRECTOR	1 0	X						0.	0.	
(8) ALANA LOWE DIRECTOR	1 0	X						0.	0.	
(9) LIZA MOLINA DIRECTOR	1 0	X						0.	0.	
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

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1 b Subtotal .....	0.	0.	0.
c Total from continuation sheets to Part VII, Section A .....	0.	0.	0.
d Total (add lines 1b and 1c) .....	0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PETER SMITH CONSTRUCTION PO BOX 376 BOLINAS, CA 94924	CONSTRUCTION	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>				
	<b>b</b> Membership dues .....	<b>1 b</b>				
	<b>c</b> Fundraising events .....	<b>1 c</b>				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b> 224,916.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 485,034.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1 g</b>				
	<b>h Total.</b> Add lines 1a-1f .....	<b>▶</b> 709,950.				
	<b>Program Service Revenue</b>	<b>Business Code</b>				
<b>2 a</b> <u>LOW INCOME HOUSING RENT</u> .....		531110	355,734.	355,734.		
<b>b</b> <u>MEMBERSHIP DUES &amp; ASSESSMENTS</u> .....			2,963.	2,963.		
<b>c</b> <u>MANAGEMENT FEES</u> .....		561000	1,500.	1,500.		
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....	<b>▶</b> 360,197.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	<b>▶</b> 3,051.	3,051.			
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	<b>▶</b>				
	<b>5</b> Royalties .....	<b>▶</b>				
	<b>6 a</b> Gross rents .....	(i) Real (ii) Personal				
		<b>6 a</b>				
		<b>b</b> Less: rental expenses .....	<b>6 b</b>			
	<b>c</b> Rental income or (loss) .....	<b>6 c</b>				
	<b>d</b> Net rental income or (loss) .....	<b>▶</b>				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other				
		<b>7 a</b>				
		<b>b</b> Less: cost or other basis and sales expenses .....	<b>7 b</b>			
	<b>c</b> Gain or (loss) .....	<b>7 c</b>				
	<b>d</b> Net gain or (loss) .....	<b>▶</b>				
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8 a</b>	464.			
<b>b</b> Less: direct expenses .....		<b>8 b</b>	117.			
<b>c</b> Net income or (loss) from fundraising events .....		<b>▶</b> 347.			347.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9 a</b>					
	<b>b</b> Less: direct expenses .....	<b>9 b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	<b>▶</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10 a</b>	437,212.				
	<b>b</b> Less: cost of goods sold. ....	<b>10 b</b>	321,431.			
	<b>c</b> Net income or (loss) from sales of inventory .....	<b>▶</b> 115,781.		115,781.		
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
	<b>11 a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
<b>e Total.</b> Add lines 11a-11d .....	<b>▶</b>					
<b>12 Total revenue.</b> See instructions .....	<b>▶</b> 1,189,326.	363,248.	115,781.	347.		

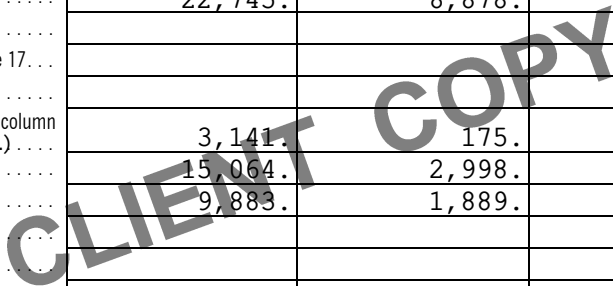
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**Part IX Statement of Functional Expenses**

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.

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	273,629.	154,020.	103,996.	15,613.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	23,133.	13,067.	8,552.	1,514.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,062.		1,062.	
c Accounting	22,745.	8,878.	13,867.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	3,141.	175.	2,966.	
12 Advertising and promotion	15,064.	2,998.		12,066.
13 Office expenses	9,883.	1,889.	5,994.	2,000.
14 Information technology				
15 Royalties				
16 Occupancy	231,185.	220,596.	10,589.	
17 Travel	1,271.	1,229.		42.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	109,141.	108,239.	902.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	179,555.	179,555.		
23 Insurance	6,749.	4,340.	1,580.	829.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>POSTAGE AND SHIPPING</u>	538.	185.	353.	
b _____				
c _____				
d _____				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e.	<b>877,096.</b>	<b>695,171.</b>	<b>149,861.</b>	<b>32,064.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	662,175.	<b>2</b>	538,089.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	16,895.	<b>8</b>	20,587.
	<b>9</b> Prepaid expenses and deferred charges .....	51,000.	<b>9</b>	57,100.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 12,385,328.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,725,584.	9,128,775.	<b>10c</b> 10,659,744.
	<b>11</b> Investments – publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments – other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,643.	<b>15</b>	2,316.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	9,862,488.	<b>16</b>	11,277,836.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	70,172.	<b>17</b>	29,573.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,774,968.	<b>23</b>	3,952,222.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	63,483.	<b>25</b>	29,946.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,908,623.	<b>26</b>	4,011,741.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	6,039,530.	<b>27</b>	6,351,760.
	<b>28</b> Net assets with donor restrictions .....	914,335.	<b>28</b>	914,335.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	6,953,865.	<b>32</b>	7,266,095.
<b>33</b> Total liabilities and net assets/fund balances .....	9,862,488.	<b>33</b>	11,277,836.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,189,326.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	877,096.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	312,230.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	6,953,865.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	7,266,095.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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 **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An 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: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  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 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.**
  - 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.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	398,871.	2,202,004.	2,433,291.	2,331,571.	709,950.	8,075,687.
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 <b>Total.</b> Add lines 1 through 3.	398,871.	2,202,004.	2,433,291.	2,331,571.	709,950.	8,075,687.
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).						1,220,755.
6 <b>Public support.</b> Subtract line 5 from line 4.						6,854,932.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	398,871.	2,202,004.	2,433,291.	2,331,571.	709,950.	8,075,687.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	132.	24.	327.	731.	3,051.	4,265.
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 <b>Total support.</b> Add lines 7 through 10.						8,079,952.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	84.84 %
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	89.21 %

16a **33-1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 - %

19a 33-1/3% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests-2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>7</b> 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? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>b</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? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>c</b> 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? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If 'Yes,' answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.	<b>1</b>	
<b>2</b> 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.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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).	<b>2</b>	
<b>3</b> 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.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>			
<b>a</b> 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</b> 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>2a</b>		
<b>b</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.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
<b>a</b> 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 <b>Part VI</b> .	<b>3a</b>		
<b>b</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.	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(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	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

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

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**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.)

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Schedule B (Form 990)

PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

BOLINAS COMMUNITY LAND TRUST

Employer identification number

68-0007197

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. > \$

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

Name of organization <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 30,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 63,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 408,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

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Name of organization

Employer identification number

BOLINAS COMMUNITY LAND TRUST

68-0007197

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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Name of organization  
BOLINAS COMMUNITY LAND TRUST

Employer identification number  
68-0007197

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... ▶\$ \_\_\_\_\_ N/A  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

Name of the organization

BOLINAS COMMUNITY LAND TRUST

Employer identification number

68-0007197

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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 . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2 a
b Total acreage restricted by conservation easements . . . . .	2 b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 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.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Yes  No

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
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%.

- 3 a 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  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		5,385,813.		5,385,813.
b Buildings		2,531,078.	1,057,596.	1,473,482.
c Leasehold improvements		4,199,691.	576,854.	3,622,837.
d Equipment		238,137.	78,197.	159,940.
e Other		30,609.	12,937.	17,672.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 10,659,744.



**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RENT DEPOSITS	29,944.
(3) ROUNDING	2.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	29,946.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments .....	<b>2 a</b>		
	<b>b</b> Donated services and use of facilities .....	<b>2 b</b>		
	<b>c</b> Recoveries of prior year grants .....	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.) .....	<b>2 d</b>		
	<b>e</b> Add lines <b>2 a</b> through <b>2 d</b> .....		<b>2 e</b>	
<b>3</b>	Subtract line <b>2 e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.) .....	<b>4 b</b>		
	<b>c</b> Add lines <b>4 a</b> and <b>4 b</b> .....		<b>4 c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>	

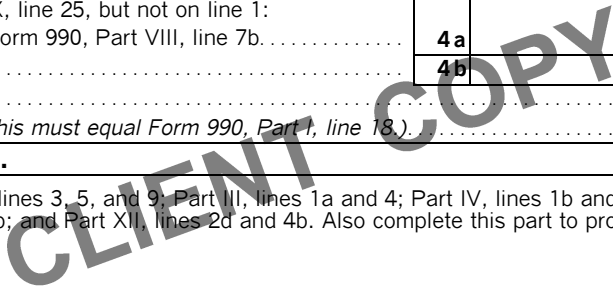
**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities .....	<b>2 a</b>		
	<b>b</b> Prior year adjustments .....	<b>2 b</b>		
	<b>c</b> Other losses .....	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.) .....	<b>2 d</b>		
	<b>e</b> Add lines <b>2 a</b> through <b>2 d</b> .....		<b>2 e</b>	
<b>3</b>	Subtract line <b>2 e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.) .....	<b>4 b</b>		
	<b>c</b> Add lines <b>4 a</b> and <b>4 b</b> .....		<b>4 c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	

**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.



**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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.

**2021**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BOLINAS COMMUNITY LAND TRUST

Employer identification number

68-0007197

**FORM 990, PART VI, LINE 1A - EXPLANATION OF MATERIAL DIFFERENCES OF VOTING RIGHTS**

DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

RETURNS ARE PREPARED BY ACCOUNTING FIRM AND REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR  
TO FILING

**FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION**

GUIDESTAR.COM

**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 PUBLIC UPON REQUEST.

**CLIENT COPY**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2021**

For calendar year 2021 or other tax year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_,

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed. <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b>	<input type="checkbox"/> Check box if name changed and see instructions. BOLINAS COMMUNITY LAND TRUST PO BOX 805 BOLINAS, CA 94924	<b>D</b> Employer identification number 68-0007197 <b>E</b> Group exemption number (see instructions) <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year. . . . . ▶ 11,277,836.			

**G** Check organization type . . . ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to . . . . . ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ▶

**J** Enter the number of attached Schedules A (Form 990-T) . . . . . ▶ 1

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

**L** The books are in care of ▶ **ARIANNE DAR PO BOX 805 BOLINAS CA 94924** Telephone number ▶ **415-868-9468**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	1	860.
2 Reserved . . . . .	2	
3 Add lines 1 and 2 . . . . .	3	860.
4 Charitable contributions (see instructions for limitation rules) . . . . .	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	5	860.
6 Deduction for net operating loss. See instructions. . . . . SEE ST 1	6	860.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	7	0.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions . . . . .	9	
10 <b>Total deductions.</b> Add lines 8 and 9 . . . . .	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	1	
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶	2	0.
3 <b>Proxy tax.</b> See instructions . . . . . ▶	3	
4 Other tax amounts. See instructions . . . . .	4	
5 Alternative minimum tax (trusts only) . . . . .	5	
6 <b>Tax on noncompliant facility income.</b> See instructions . . . . .	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	7	0.

**BAA For Paperwork Reduction Act Notice, see instructions.**

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)...	<b>1a</b>		
<b>b</b> Other credits (see instructions).....	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions).....	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827).....	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d.....	<b>1e</b>		0.
<b>2</b> Subtract line 1e from Part II, line 7.....	<b>2</b>		0.
<b>3</b> Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement).....	<b>3</b>		
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here.....	<b>4</b>		0.
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k).....	<b>5</b>		
<b>6a</b> Payments: A 2020 overpayment credited to 2021.....	<b>6a</b>		
<b>b</b> 2021 estimated tax payments. Check if section 643(g) election applies... <input type="checkbox"/>	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868.....	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions).....	<b>6d</b>		
<b>e</b> Backup withholding (see instructions).....	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941).....	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total... <input type="checkbox"/>	<b>6g</b>		
<b>7 Total payments.</b> Add lines 6a through 6g.....	<b>7</b>		0.
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached..... <input type="checkbox"/>	<b>8</b>		
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed.....	<b>9</b>		
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.....	<b>10</b>		
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here.....	<b>Yes</b>	<b>No</b>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.....		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year..... <input type="checkbox"/> \$ 0.		
<b>4</b> Enter available pre-2018 NOL carryovers here <input type="checkbox"/> \$ 18,575. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
-----	\$ -----	
-----	\$ -----	
-----	\$ -----	
-----	\$ -----	
<b>6a</b> Did the organization change its method of accounting? (see instructions).....		X
<b>b</b> If 6a is 'Yes', has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If 'No', explain in Part V.....		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
	Signature of officer	Date	Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JENNY C. MAHRT, E.A.				P00625008
	Firm's name	TORKELSON & ASSOCIATES CPAS, LLP		Firm's EIN	26-3701192
	Firm's address	3835 CYPRESS DR. STE 110 PETALUMA, CA 94954		Phone no.	707-795-2691

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2021**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<b>A</b> Name of the organization BOLINAS COMMUNITY LAND TRUST	<b>B</b> Employer identification number 68-0007197
<b>C</b> Unrelated business activity code (see instructions) ▶ 453000	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business ▶ GAS STATION

<b>Part I</b>	<b>Unrelated Trade or Business Income</b>	(A) Income	(B) Expenses	(C) Net
<b>1 a</b>	Gross receipts or sales <u>437,212.</u>			
<b>b</b>	Less returns and allowances <u>                    </u> <b>c</b> Balance ▶	<b>1c</b> 437,212.		
<b>2</b>	Cost of goods sold (Part III, line 8).....	<b>2</b> 321,431.		
<b>3</b>	Gross profit. Subtract line 2 from line 1c.....	<b>3</b> 115,781.		115,781.
<b>4 a</b>	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions.....	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions.....	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts.....	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement).....	<b>5</b>		
<b>6</b>	Rent income (Part IV).....	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Part V).....	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI).....	<b>8</b>		
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII).....	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Part VIII).....	<b>10</b>		
<b>11</b>	Advertising income (Part IX).....	<b>11</b>		
<b>12</b>	Other income (see instructions; attach statement).....	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12.....	<b>13</b> 115,781.		115,781.

<b>Part II</b>	<b>Deductions Not Taken Elsewhere</b> See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income		
<b>1</b>	Compensation of officers, directors, and trustees (Part X).....	<b>1</b>	
<b>2</b>	Salaries and wages.....	<b>2</b>	39,914.
<b>3</b>	Repairs and maintenance.....	<b>3</b>	537.
<b>4</b>	Bad debts.....	<b>4</b>	
<b>5</b>	Interest (attach statement). See instructions..... <b>SEE STATEMENT 2</b>	<b>5</b>	8,320.
<b>6</b>	Taxes and licenses.....	<b>6</b>	4,600.
<b>7</b>	Depreciation (attach Form 4562). See instructions.....	<b>7</b>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return.....	<b>8a</b>	
<b>9</b>	Depletion.....	<b>9</b>	
<b>10</b>	Contributions to deferred compensation plans.....	<b>10</b>	
<b>11</b>	Employee benefit programs.....	<b>11</b>	
<b>12</b>	Excess exempt expenses (Part VIII).....	<b>12</b>	
<b>13</b>	Excess readership costs (Part IX).....	<b>13</b>	
<b>14</b>	Other deductions (attach statement)..... <b>SEE STATEMENT 3</b>	<b>14</b>	61,550.
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14.....	<b>15</b>	114,921.
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C).....	<b>16</b>	860.
<b>17</b>	Deduction for net operating loss. See instructions.....	<b>17</b>	
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16.....	<b>18</b>	860.

**BAA** For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form **990-T**) 2021

Part III Cost of Goods Sold Enter method of inventory valuation LOWER OF COST OR MARKET

Table with 9 rows and 2 columns. Row 1: 1 Inventory at beginning of year 16,895. Row 2: 2 Purchases 236,608. Row 3: 3 Cost of labor. Row 4: 4 Additional section 263A costs (attach statement). Row 5: 5 Other costs (attach statement) SEE STATEMENT 4 88,515. Row 6: 6 Total. Add lines 1 through 5 342,018. Row 7: 7 Inventory at end of year 20,587. Row 8: 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. 321,431. Row 9: 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table with 5 rows and 4 columns (A, B, C, D). Row 1: 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D. Row 2: 2 Rent received or accrued. Row 3: a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%). Row 4: b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income). Row 5: c Total rents received or accrued by property Add lines 2a and 2b, columns A through D. Row 6: 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A). Row 7: 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement). Row 8: 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B).

Part V Unrelated Debt-Financed Income (see instructions)

Table with 11 rows and 4 columns (A, B, C, D). Row 1: 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D. Row 2: 2 Gross income from or allocable to debt-financed property. Row 3: 3 Deductions directly connected with or allocable to debt-financed property. Row 4: a Straight line depreciation (attach statement). Row 5: b Other deductions (attach statement). Row 6: c Total deductions (add lines 3a and 3b, columns A through D). Row 7: 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement). Row 8: 5 Average adjusted basis of or allocable to debt-financed property (attach statement). Row 9: 6 Divide line 4 by line 5. Row 10: 7 Gross income reportable. Multiply line 2 by line 6. Row 11: 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A). Row 12: 9 Allocable deductions. Multiply line 3c by line 6. Row 13: 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B). Row 14: 11 Total dividends-received deductions included in line 10.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5 Gross income from activity that is not unrelated business income .....	5
6 Expenses attributable to income entered on line 5 .....	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7

BAA



**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

<b>A</b>	<input type="checkbox"/>	_____
<b>B</b>	<input type="checkbox"/>	_____
<b>C</b>	<input type="checkbox"/>	_____
<b>D</b>	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income.....				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A).....	▶ _____			
<b>3</b> Direct advertising costs by periodical.....				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B).....	▶ _____			
<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.....				
<b>5</b> Readership costs.....				
<b>6</b> Circulation income.....				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.....				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13.....	▶ _____			

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

**Total.** Enter here and on Part II, line 1..... ▶ \_\_\_\_\_

**Part XI Supplemental Information** (see instructions)

## BOLINAS COMMUNITY LAND TRUST

68-0007197

**STATEMENT 1**  
**FORM 990-T, PART I, LINE 6**  
**NET OPERATING LOSS DEDUCTION**

PRE-2018 NOLS CARRIED FORWARD FROM PRIOR YEAR		18,575.
PRE-2018 NOLS INCLUDED ON FORM 990-T, PART I, LINE 6	860.	
TOTAL PRE-2018 NOLS APPLIED	0.	860.
PRE-2018 NOLS EXPIRING THIS TAX YEAR		0.
PRE-2018 NOLS CARRIED OVER TO SUBSEQUENT TAX YEARS		17,715.

**STATEMENT 2**  
**SCHEDULE A, PART II, LINE 5**  
**INTEREST EXPENSE**

RCAC LOAN INTEREST.....		\$ 8,320.
	TOTAL	<u>\$ 8,320.</u>

**STATEMENT 3**  
**SCHEDULE A, PART II, LINE 14**  
**OTHER DEDUCTIONS**

BANK CHARGES.....		\$ 70.
DAMAGES FROM THE STORM.....		25,132.
EQUIPMENT LESS THAN 2500.....		181.
INSURANCE.....		1,929.
MISCELLANEOUS.....		3,524.
MISCELLANEOUS.....		72.
POSTAGE.....		5.
RENT.....		15,000.
REPAIRS& MAINTENANCE.....		2,554.
UTILITIES.....		10,446.
WORKERS COMP.....		2,637.
	TOTAL	<u>\$ 61,550.</u>

**STATEMENT 4**  
**SCHEDULE A, PART III, LINE 4B**  
**OTHER COST OF GOODS SOLD**

EQUIPMENT PERMIT AND FEES.....		\$ 5,370.
GAS TAXES.....		51,623.
MERCHANT ACCOUNT FEES.....		10,770.
R&M.....		2,582.
SALES TAX.....		18,170.
	TOTAL	<u>\$ 88,515.</u>

**ELECTION TO WAIVE NET OPERATING LOSS CARRYBACK**

PURSUANT TO IRC SECTION 172(B) (3), THE ORGANIZATION HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED 12/31/21.

**SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION**

THE ORGANIZATION HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION 1.263(A)-1(F).

BOLINAS COMMUNITY LAND TRUST  
PO BOX 805  
BOLINAS, CA 94924  
68-0007197

**SECTION 1.263(A)-3(H) SAFE HARBOR ELECTION FOR SMALL TAXPAYERS**

THE ORGANIZATION HEREBY MAKES THE SAFE HARBOR ELECTION FOR SMALL TAXPAYERS UNDER REGULATION 1.263(A)-3(H).

DESCRIPTION OF ELIGIBLE PROPERTY:

BOLINAS COMMUNITY LAND TRUST  
PO BOX 805  
BOLINAS, CA 94924  
68-0007197

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BOLINAS COMMUNITY LAND TRUST

68-0007197

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
27	WATER METER (NOT IN SVC)	1/31/18		350,935							350,935					0
46	PREPURCH INSP (NOT IN SVC)	12/31/19		3,475							3,475					0
47	PILOT SEPTIC PROG (NOT IN SVC)	8/29/19		1,894							1,894					0
55	PILOT SEPTIC PROG (NOT IN SVC)	12/31/20		8,150							8,150					0
61	LAND	12/14/21		40,000							40,000					0
62	PILOT SEPTIC PROG	12/31/21		15,245							15,245					0
TOTAL				419,699		0	0	0	0	0	419,699	0				0
31 WHARF RD (NOT IN SVC)																
41	WARF CAPITALIZED COSTS	12/31/19		70,701							70,701					0
45	LAND - 31 WHARF	1/22/19		902,879							902,879					0
51	WARF CAPITALIZED COSTS	12/31/20		255,257							255,257					0
63	WELL 31 WARF	12/31/21		95,739							95,739					0
64	WARF CAPITALIZED COSTS	12/31/21		55,822							55,822					0
TOTAL 31 WHARF RD (NOT IN SVC)				1,380,398		0	0	0	0	0	1,380,398	0				0
3755 ROUTE 1 (NOT IN SVC)																
56	CAPITALIZED COSTS	12/31/20		16,107							16,107					0
73	BLDG IMPROVEMENTS	12/31/21		43,113							43,113					0
74	PROPERTY DEVELOPMENT	12/31/21		2,870							2,870					0
TOTAL 3755 ROUTE 1 (NOT IN SVC)				62,090		0	0	0	0	0	62,090	0				0

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430 ASPEN																
25	430 ASP-BLDG	5/15/20		81,000							81,000	1,841	S/L MM	27.5	.03636	2,945
26	430 ASPEN - LAND	11/17/17		219,000							219,000					0
29	UNIMPRVD ASPEN LOT - LAND	5/15/20		156,457							156,457	3,556	S/L MM	27.5	.03636	5,689
33	430 ASPEN CAP COSTS	5/15/20		11,515							11,515	262	S/L MM	27.5	.03636	419
38	430 ASPEN CAP COSTS	5/15/20		77,607							77,607	1,764	S/L MM	27.5	.03636	2,822
49	430 ASPEN CAP COSTS	5/15/20		297,129							297,129	6,754	S/L MM	27.5	.03636	10,804
TOTAL 430 ASPEN				842,708		0	0	0	0	0	842,708	14,177				22,679
6 WHARF RD																
5	LAND - 6 WHARF RD	5/07/04		597,009							597,009					0
6	BLDGING - 6 WHARF RD	5/07/04		752,611							752,611	470,959	S/L MM	27.5	.03637	27,372
7	FURNITURE & FIXTURES	1/15/05		4,988							4,988	4,988	S/L HY	7		0
8	BLDG IMPR - OTHER	8/01/06		12,433							12,433	6,761	S/L MM	27.5	.03636	452
9	BLDG IMPR - OTHER	8/18/15		5,296							5,296	1,037	S/L MM	27.5	.03636	193
10	BLDG IMPR - OTHER	11/30/15		18,312							18,312	3,413	S/L MM	27.5	.03636	666
43	ENERGY EFFICIENT UPGRADES	12/24/19		28,162							28,162	4,067	S/L HY	7	.14290	4,024
53	SOLAR	11/25/20		19,339							19,339	346	S/L MQ	7	.14290	2,764
60	HEATING EQUIPMENT	2/14/20		8,804							8,804	280	S/L MM	27.5	.03636	320
71	BLDG IMPROVEMENTS	12/31/21		161,100							161,100		S/L MM	27.5	.00152	245
TOTAL 6 WHARF RD				1,608,054		0	0	0	0	0	1,608,054	491,851				36,036
ASPEN BY ALDER (NOT IN SVC)																

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32	ASPEN BY ALDER CAP COSTS	12/31/18		11,027							11,027					0	
39	ASPEN BY ALDER CAP COSTS	12/31/19		1,530							1,530					0	
67	ASPEN LOT DEV	12/31/21		35,733							35,733					0	
TOTAL ASPEN BY ALDER (NOT IN COTTAGE)				48,290		0	0	0	0	0	48,290	0				0	
11	BLDING IMPR - COTTAGE	7/26/04		49,239							49,239	30,517	S/L	MM	27.5	.03636	1,790
TOTAL COTTAGE				49,239		0	0	0	0	0	49,239	30,517					1,790
DUPLEX																	
12	BLDING IMPR - DUPLEX	8/01/06		464,713							464,713	252,778	S/L	MM	27.5	.03636	16,897
13	BLDING IMPR - DUPLEX	8/01/07		9,429							9,429	4,588	S/L	MM	27.5	.03637	343
TOTAL DUPLEX				474,142		0	0	0	0	0	474,142	257,366					17,240
GAS STATION/GARAGE																	
1	BUILDING IMP - GARAGE	1/15/05		45,182							45,182	27,178	S/L	MM	27.5	.03636	1,643
2	2009 GAS STATION UPGRADE	8/07/09		29,275							29,275	22,457	S/L	HY	15	.06670	1,953
3	COMPRESSION & PUMP	7/09/10		2,116							2,116	2,116	S/L	HY	7		0
4	2012 GAS STATION UPGRADE	11/30/12		6,146							6,146	3,331	S/L	HY	15	.06670	410
22	CREDIT CARD READER	7/12/04		4,334							4,334	4,334	S/L	HY	7		0
34	NEW GAS PUMP (2018)	4/25/19		28,804							28,804	6,173	S/L	HY	7	.14290	4,116
35	GAS STN UPGR (2018)	4/25/19		99,062							99,062	9,906	S/L	HY	15	.06670	6,607
36	GAS STN UPGR (2019)	4/25/19		40,101							40,101	4,010	S/L	HY	15	.06670	2,675
42	NEW GAS PUMP (2019)	4/25/19		28,299							28,299	6,065	S/L	HY	7	.14290	4,044
TOTAL GAS STATION/GARAGE				283,319		0	0	0	0	0	283,319	85,570					21,448

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BOLINAS COMMUNITY LAND TRUST

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GIBSON																
14	FURNITURE & FIXT -GIBSON	12/31/12		1,700							1,700	1,579	S/L HY	7		0
15	LAND #20 WHARF RD-GIBSON	8/01/01		365,148							365,148					0
16	BLDING - GIBSON	8/01/01		321,000							321,000	232,977	S/L MM	27.5	.03637	11,675
17	BLDING RENOVATIONS GIBSON	2/19/03		316,314							316,314	212,314	S/L MM	27.5	.03636	11,501
18	FURNISHINGS & FIXTURES	12/16/02		5,850							5,850	5,850	S/L HY	7		0
19	REFRIDGERATOR	7/07/09		520							520	520	S/L HY	7		0
20	ROOF REPAIR	6/01/13		15,757							15,757	4,321	S/L MM	27.5	.03636	573
21	BLDING IMPR - OTHER	6/27/16		2,595							2,595	427	S/L MM	27.5	.03636	94
44	ENERGY EFFICIENT UPGRADES	12/24/19		41,657							41,657	6,016	S/L HY	7	.14290	5,953
52	SOLAR	11/25/20		19,339							19,339	346	S/L MQ	7	.14290	2,764
70	BLDG IMPROVEMENTS	12/31/21		161,100							161,100		S/L MM	27.5	.00152	245
	TOTAL GIBSON			1,250,980		0	0	0	0	0	1,250,980	464,350				32,805
MESA RD (NOT IN SVC)																
28	MESA RD PROPERTY - LAND	10/29/18		1,705,480							1,705,480					0
31	MESA CAPITALIZED COSTS	12/31/18		2,480							2,480					0
40	MESA CAPITALIZED COSTS	12/31/19		117,457							117,457					0
50	MESA CAPITALIZED COSTS	12/31/20		25,230							25,230					0
66	MESA CAPITALIZED COSTS	12/31/21		30,535							30,535					0
	TOTAL MESA RD (NOT IN SVC)			1,881,182		0	0	0	0	0	1,881,182	0				0
OVERLOOK (NOT IN SVC)																

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24	OVERLOOK - UNIMP. PARCELS	12/31/17		120,000							120,000					0		
30	OVERLOOK CAPITALIZED EXPS	12/31/18		28,236							28,236					0		
37	OVERLOOK CAPITALIZED EXPS	12/31/19		35,116							35,116					0		
48	OVERLOOK CAPITALIZED EXPS	12/31/20		35,754							35,754					0		
54	ADU AND IMPROVEMENTS	12/31/20		209,121							209,121					0		
65	OVERLOOK CAPITALIZED EXPS	12/31/21		828,976							828,976					0		
68	NEW TANK	11/26/21		95,630							95,630					0		
69	FURNISHINGS AND FIXTURES	7/30/21		17,551							17,551					0		
72	BLDG IMPROVEMENTS	12/31/21		127,109							127,109					0		
TOTAL OVERLOOK (NOT IN SVC)				1,497,493		0	0	0	0	0	1,497,493	0				0		
STINSON BEACH																		
57	BUILDING	3/24/20		990,380							990,380	28,513	S/L	MM	27.5	.03636	36,010	
58	LAND	3/24/20		1,279,840							1,279,840						0	
59	IMPROVEMENTS	6/30/20		18,848							18,848	371	S/L	MM	27.5	.03636	685	
TOTAL STINSON BEACH				2,289,068		0	0	0	0	0	2,289,068	28,884					36,695	
STUDIOS																		
23	BLDING IMPR - STUDIOS	8/10/05		298,666							298,666	173,314	S/L	MM	27.5	.03637	10,862	
TOTAL STUDIOS				298,666		0	0	0	0	0	298,666	173,314						10,862
TOTAL DEPRECIATION				<u>12,385,328</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>12,385,328</u>	<u>1,546,029</u>					<u>179,555</u>	
GRAND TOTAL DEPRECIATION				<u>12,385,328</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>12,385,328</u>	<u>1,546,029</u>					<u>179,555</u>	

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California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name: BOLINAS COMMUNITY LAND TRUST
California corporation number: 1229172
FEIN: 68-0007197
Street address: PO BOX 805
City: BOLINAS
State: CA
Zip code: 94924

A First return
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return
E Check accounting method
F Federal return filed
G Is this a group filing?
H Is this organization in a group exemption

I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

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

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (Total gross receipts: 1,510,874), Expenses (Total expenses: 877,213), and Filing Fee (Balance due: 0).

Sign Here: Signature of officer, Title EXECUTIVE DIR, Date
Paid Preparer's Use Only: Preparer's signature, Date, Firm's name TORKELSON & ASSOCIATES CPAS, LLP, Address 3835 CYPRESS DR. STE 110, PETALUMA, CA 94954, Telephone 707-795-2691
May the FTB discuss this return with the preparer shown above? [X] Yes [ ] No

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	437,212.
	2	Interest	●	2	
	3	Dividends	●	3	3,051.
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	357,698.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	797,961.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members.	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	●	11	0.
<b>Expenses and Disbursements</b>	12	Other salaries and wages	●	12	273,629.
	13	Interest	●	13	109,141.
	14	Taxes	●	14	23,133.
	15	Rents	●	15	231,185.
	16	Depreciation and depletion (See instructions)	●	16	179,555.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	●	17	60,570.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	877,213.

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		662,175.		538,089.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories		16,895.		20,587.
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule.				
10 a	Depreciable assets	9,712,647.		6,999,515.	
b	Less accumulated depreciation	1,546,029.	8,166,618.	1,725,584.	5,273,931.
11	Land		962,157.		5,385,813.
12	Other assets. Attach schedule. STM 4		54,643.		59,416.
13	<b>Total assets</b>		9,862,488.		11,277,836.
<b>Liabilities and net worth</b>					
14	Accounts payable		70,172.		29,573.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		2,774,968.		3,952,222.
18	Other liabilities. Attach schedule. STM 5		63,483.		29,946.
19	Capital stock or principal fund		6,953,865.		7,266,095.
20	Paid-in or capital surplus. Attach reconciliation.				
21	Retained earnings or income fund.				
22	<b>Total liabilities and net worth</b>		9,862,488.		11,277,836.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	312,230.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule.	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule.		10	Net income per return. Subtract line 9 from line 6.	312,230.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	<b>Total.</b> Add line 1 through line 5.	312,230.			

Schedule B (Form 990)

CA PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

BOLINAS COMMUNITY LAND TRUST

Employer identification number

68-0007197

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. > \$

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

Name of organization <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 30,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 63,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 408,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	----- ----- -----	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>14</u>	----- ----- -----	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>15</u>	----- ----- -----	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>16</u>	----- ----- -----	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>17</u>	----- ----- -----	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>18</u>	----- ----- -----	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ 10,128.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ 10,587.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ 13,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>BOLINAS COMMUNITY LAND TRUST</b>	Employer identification number <b>68-0007197</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

BOLINAS COMMUNITY LAND TRUST

68-0007197

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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Name of organization

BOLINAS COMMUNITY LAND TRUST

Employer identification number

68-0007197

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and

the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... ▶\$ \_\_\_\_\_ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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Depreciation and Amortization

Attach to Form 541, Form 109, or Form 199. FORM 199

Name as shown on tax return

FEIN

BOLINAS COMMUNITY LAND TRUST

68-0007197

Depreciation Tangible and intangible assets placed in service during the 2021 taxable year:

Table with 6 columns: (a) Description of property, (b) Date placed in service, (c) Cost or other basis, (d) Method of figuring depreciation, (e) Life or rate, (f) Depreciation for this year. Rows include BLDG IMPROVEMENTS with costs of 161,100.

Add line 1 column (f) amounts. See instructions. 1 (f) 490.

Amortization Tangible and intangible assets placed in service during the 2021 taxable year:

Table with 6 columns: (a) Description of property, (b) Date placed in service, (c) Cost or other basis, (g) Code section, (h) Period or percentage, (i) Amortization for this year.

Add line 1 and column (i) amounts. See instructions. 1 (i)

Depreciation

- 2 California depreciation for assets placed in service beginning before the 2021 taxable year. 2 179,065.
3 Total California depreciation. Add line 1(f) and line 2. 3 179,555.

Amortization

- 4 California amortization for intangibles placed in service beginning before the 2021 taxable year. 4
5 Total California amortization. Add line 1(i) and line 4. 5
6 Total depreciation and amortization. Add line 3 and line 5. See instructions. 6 179,555.

BOLINAS COMMUNITY LAND TRUST

68-0007197

**STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME**

INCOME FROM SPECIAL EVENTS.....	\$	464.
PROGRAM SERVICE REVENUE.....		357,234.
	TOTAL \$	<u>357,698.</u>

**STATEMENT 2  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KAREN DIBBLEE PO BOX 365 BOLINAS, CA 94924	PRESIDENT 1.00	\$ 0.	\$ 0.	\$ 0.
ANDREW ALEXANDER GREEN PO BOX 1063 BOLINAS, CA 94924	SECRETARY 1.00	0.	0.	0.
PATRICIA BRADFORD 64 OVERLOOK BOLINAS, CA 94924	DIRECTOR 1.00	0.	0.	0.
SARAH BUTLER 30 LINCOLN AVE STINSON BEACH, CA 94970	DIRECTOR 1.00	0.	0.	0.
HOWARD DILLON PO BOX 262 BOLINAS, CA 94924	DIRECTOR 1.00	0.	0.	0.
JEFF CLAPP PO BOX 305 BOLINAS, CA 94924	TREASURER 1.00	0.	0.	0.
EMMELINE CRAIG PO BOX 102 BOLINAS, CA 94924	DIRECTOR 1.00	0.	0.	0.
ALANA LOWE PO BOX 111 BOLINAS, CA 94924	DIRECTOR 1.00	0.	0.	0.
LIZA MOLINA PO BOX 71 BOLINAS, CA 94924	DIRECTOR 1.00	0.	0.	0.
	TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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**STATEMENT 3**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$	22,745.
ADVERTISING AND PROMOTION.....		15,064.
INSURANCE.....		6,749.
LEGAL FEES.....		1,062.
OFFICE EXPENSES.....		9,883.
OTHER FEES.....		3,141.
POSTAGE AND SHIPPING.....		538.
SPECIAL EVENT EXPENSES.....		117.
TRAVEL.....		1,271.
	TOTAL \$	<u>60,570.</u>

**STATEMENT 4**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

PREPAID EXPENSES AND DEFERRED CHARGES.....		57,100.
SECURITY DEPOSIT.....		2,316.
	TOTAL \$	<u>59,416.</u>

**STATEMENT 5**  
**FORM 199, SCHEDULE L, LINE 18**  
**OTHER LIABILITIES**

RENT DEPOSITS.....		29,944.
ROUNDING.....		2.
	TOTAL \$	<u>29,946.</u>

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Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name <b>BOLINAS COMMUNITY LAND TRUST</b> <small>Additional information. See instructions.</small>		California corporation number <b>1229172</b>
Street address (suite/room no.) <b>PO BOX 805</b>		FEIN <b>68-0007197</b>
City (If the corporation has a foreign address, see instructions.) <b>BOLINAS</b>		State <b>CA</b>
Foreign country name		ZIP code <b>94924</b>
Foreign province/state/county		Foreign postal code

<p><b>A</b> First return filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Is this an education IRA within the meaning of R&amp;TC Section 23712? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date (mm/dd/yyyy) _____</p> <p><b>E</b> Amended return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>F</b> Accounting method used: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>G</b> Nature of trade or business <u>GAS STATION</u></p>	<p><b>H</b> Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>I</b> Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Unrelated Business Activity (UBA) code <u>453000</u></p> <p><b>L</b> Is this a hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach federal Schedule H (Form 990)</p>
---	---

<b>Taxable Corporation</b>	1 Unrelated business taxable income from Side 2, Part II, line 30. ●	1	
	2 Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions. ●	2	
	3 Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1. ●	3	
<b>Taxable Trust</b>	4 Unrelated business taxable income from Side 2, Part II, line 30. ●	4	-140.
<b>Tax Computation</b>	5 Unrelated business taxable income from line 3 or line 4. ●	5	
	6 EZ, LAMBRA, or TTA NOL carryover deduction. ●	6	
	7 Net Operating Loss deduction. See General Information N. ●	7	
	8 Add line 6 and line 7. ●	8	
	9 Net unrelated business taxable income. Subtract line 8 from line 5. ●	9	0.
	10 Tax _____ % x line 9. See General Information J. ●	10	
	11 Tax credits from Schedule B. See instructions. ●	11	
<b>Total Tax</b>	12 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0- ●	12	0.
	13 Alternative minimum tax. See General Information O. ●	13	
<b>Payments</b>	14 Total tax. Add line 12 and line 13. ●	14	
	15 Overpayment from a prior year allowed as a credit. ●	15	
	16 2021 estimated tax payments. See instructions. ●	16	
	17 Withholding (Form 592-B and/or 593). See instructions. ●	17	
	18 Amount paid with extension (form FTB 3539). ●	18	
	19 Total payments and credits. Add line 15 through line 18. ●	19	
<b>Use Tax/ Tax Due/ Overpayment</b>	20 Use tax. See instructions. ●	20	
	21 Payments balance. If line 19 is more than line 20, subtract line 20 from line 19. ●	21	
	22 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20. ●	22	
	23 Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions. ●	23	
	24 Overpayment. Subtract line 14 from line 21. See instructions. ●	24	
	25 Enter amount of line 24 to be applied to 2022 estimated tax. ●	25	



Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24. ●	26	
	a Fill in the account information to have the refund directly deposited. Routing number ●	26 a	
	b Type: Checking ● <input type="checkbox"/> Savings ● <input type="checkbox"/> c Account Number ●	26 c	
	27 Penalties and interest. See General Information M. ●	27	
	28 ● <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24. ●	29		

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales <u>437,212.</u> b Less returns and allowances _____ c Balance ●	1c	437,212.
2 Cost of goods sold and/or operations (Schedule A, line 7) ●	2	321,431.
3 Gross profit. Subtract line 2 from line 1c. ●	3	115,781.
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541) ●	4a	
b Net gain (loss) from Part II, Schedule D-1. ●	4b	
c Capital loss deduction for trusts. ●	4c	
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule. ●	5	
6 Rental income (Schedule C). ●	6	
7 Unrelated debt-financed income (Schedule D). ●	7	
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E). ●	8	
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F). ●	9	
10 Exploited exempt activity income (Schedule G). ●	10	
11 Advertising income (Schedule H, Part III, Column A). ●	11	
12 Other income. Attach schedule. ●	12	
13 Total unrelated trade or business income. Add line 3 through line 12. ●	13	115,781.

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I. ●	14	
15 Salaries and wages. ●	15	39,914.
16 Repairs. ●	16	537.
17 Bad debts. ●	17	
18 Interest. Attach schedule. SEE STATEMENT 1 ●	18	8,320.
19 Taxes. Attach schedule. SEE STATEMENT 2 ●	19	4,600.
20 Contributions. See instructions and attach schedule. ●	20	
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F). ●	21 a	
b Less: depreciation claimed on Schedule A. See instructions. ●	21 b	
22 Depletion. Attach schedule. ●	22	
23 a Contributions to deferred compensation plans. ●	23 a	
b Employee benefit programs. See instructions. ●	23 b	
24 Other deductions. Attach schedule. SEE STATEMENT 3 ●	24	61,550.
25 Total deductions. Add line 14 through line 24. ●	25	114,921.
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13. ●	26	860.
27 Excess advertising costs (Schedule H, Part III, Column B). ●	27	
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26. ●	28	860.
29 Specific deduction. See instructions. ●	29	1,000.
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28. ●	30	-140.

**Sign Here**

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title <b>EXECUTIVE DIR</b>	Date	Telephone <b>415-868-8880</b>
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00625008</b>
Firm's name (or yours, if self-employed) and address <b>TORKELSON &amp; ASSOCIATES CPAS, LLP</b> <b>3835 CYPRESS DR. STE 110</b> <b>PETALUMA, CA 94954</b>			Firm's FEIN <b>26-3701192</b>
			Telephone <b>707-795-2691</b>

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

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) LOWER OF COST OR MARKET

Table with 7 rows for Schedule A. Line 1: 16,895. Line 2: 236,608. Line 4b: 88,515. Line 5: 342,018. Line 6: 20,587. Line 7: 321,431. Includes a checkbox for IRC Section 263A rules.

Schedule B Tax Credits.

Table for Schedule B with 4 rows for tax credits. Includes a total line 4.

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

Table for Schedule K with 5 rows for interest computation, installment obligations, and credit recapture.

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

Table for Part A of Schedule R with 2 rows. Columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California.

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

Table for Part B of Schedule R with 5 rows. Columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

Table for Schedule C with 4 main rows. Columns: 1 Description of property, 2 Rent received or accrued, 3 Percentage of rent attributable to personal property, 4(a) Deductions directly connected, 4(b) Income includible, 5(a) Gross income reportable, 5(b) Deductions directly connected with personal property, 5(c) Net income includible.

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6.

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income.

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 11 columns: 1 Name of controlled organizations, 2 Employer identification number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5), 7 Taxable income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column (9) that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column (10).

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income from trade or business, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includible.

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Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Calculation instructions.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns, same structure as Part I, for separate basis reporting.

Part III Column A - Net Advertising Income

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7.

Part III Column B - Excess Advertising Costs

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4.

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired, 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations — Individuals, Estates, and Trusts

Attach to your California tax return.

Names as shown on tax return

SSN or ITIN

FEIN

68-0007197

BOLINAS COMMUNITY LAND TRUST

Part I Computation of Current Year NOL for Individuals, Estates, and Trusts. If you do not have a current year NOL, go to Part II.

Section A — California Residents Only (Nonresidents go to Section B.)

1 Adjusted gross income from 2021 Form 540, line 17. If negative, use brackets. Estates and Trusts, begin on line 3. 2 Itemized deductions or standard deduction from 2021 Form 540, line 18. 3a Combine line 1 and line 2. (Estates and Trusts, enter taxable income, see instructions.) If negative, use brackets. If positive, enter -0- here and on line 25. Do not complete the rest of Section A. You do not have a current year NOL. Complete Part II and Part III if you have a carryover from prior years. 3b 2021 declared disaster loss included in line 3a. Enter as a positive number. 3c Combine line 3a and line 3b. If negative, use brackets and continue to line 4. If zero or more, do not complete the rest of Part I. Enter the amount from line 3b, if any, in Part III, line 3, column (d) and complete Part II and Part III as instructed. Enter amounts on line 4 through line 24 as if they were all positive numbers. See instructions. 4 Nonbusiness capital losses. 5 Nonbusiness capital gains. 6 If line 4 is more than line 5, enter the difference; otherwise, enter -0-. 7 If line 4 is less than line 5, enter the difference; otherwise, enter -0-. 8 Nonbusiness deductions. See instructions. 9 Nonbusiness income other than capital gains. See instructions. 10 Add line 7 and line 9. 11 If line 8 is more than line 10, enter the difference; otherwise, enter -0-. 12 If line 8 is less than line 10, enter the difference; otherwise, enter -0-. 13 Business capital losses. 14 Business capital gains. 15 Add line 12 and line 14. 16 If line 13 is more than line 15, enter the difference; otherwise, enter -0-. See instructions. 17 Add line 6 and line 16. 18 Enter the loss, if any, from Schedule D (540), line 8. Estates and Trusts, enter the loss, if any, from Schedule D (541), line 9, column (c). If you do not have a loss on that line, skip line 18 through line 21 and enter on line 22 the amount from line 17. 19 Enter the loss, if any, from Schedule D (540), line 9. Estates and Trusts, enter the loss, if any, from Schedule D (541), line 10. Enter as a positive number. 20 If line 18 is more than line 19, enter the difference; otherwise, enter -0-. 21 If line 19 is more than line 18, enter the difference; otherwise, enter -0-. 22 Subtract line 20 from line 17. If zero or less, enter -0-. 23 NOL and disaster loss carryovers from prior years. See instructions. 24 Add lines 11, 21, 22, and 23. 25 Current Year NOL. Combine line 3c and line 24. If more than zero, enter -0-. You do not have a current year NOL to carryover. See instructions.

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**Section B – Nonresidents and Part-Year Residents Only – Computation of Current Year California NOL**

	(a) Enter total amounts as if you were a <b>CA resident for entire year.</b>	(b) Enter total amounts earned or received from CA sources as if you <b>were a nonresident for the entire year.</b>	(c) Enter amounts earned or received during the portion of the year you were a <b>CA resident.</b>	(d) Enter amounts earned or received from CA sources during the portion of the year you were a <b>nonresident.</b>	(e) <b>Total</b> Combine columns (c) and (d)
<b>1</b> Adjusted gross income. See instructions. If negative, use brackets..... <b>1</b>					
<b>2</b> Itemized deductions or standard deduction. See instructions ..... <b>2</b>	( )	( )	( )	( )	( )
<b>3 a</b> Combine line 1 and line 2. See instructions ..... <b>3 a</b>					
<b>b</b> 2021 declared disaster loss included in line 3a. Enter as a positive number ..... <b>3 b</b>					
<b>c</b> Combine line 3a and line 3b. If negative, use brackets and continue to line 4 ..... <b>3 c</b>					
Enter amounts on line 4 through line 24 as if they were all <b>positive</b> numbers.					
<b>4</b> Nonbusiness capital losses ..... <b>4</b>					
<b>5</b> Nonbusiness capital gains ..... <b>5</b>					
<b>6</b> If line 4 is more than line 5, enter the difference; otherwise, enter -0- <b>6</b>					
<b>7</b> If line 4 is less than line 5, enter the difference; otherwise, enter -0- <b>7</b>					
<b>8</b> Nonbusiness deductions ..... <b>8</b>					
<b>9</b> Nonbusiness income other than capital gains ..... <b>9</b>					
<b>10</b> Add line 7 and line 9. .... <b>10</b>					
<b>11</b> If line 8 is more than line 10, enter the difference; otherwise, enter -0- <b>11</b>					
<b>12</b> If line 8 is less than line 10, enter the difference; otherwise, enter -0- <b>12</b>					
<b>13</b> Business capital losses ..... <b>13</b>					
<b>14</b> Business capital gains. .... <b>14</b>					
<b>15</b> Add line 12 and line 14. .... <b>15</b>					
<b>16</b> If line 13 is more than line 15, enter the difference; otherwise, enter -0-: ..... <b>16</b>					
<b>17</b> Add line 6 and line 16. .... <b>17</b>					
<b>18</b> Enter the loss, if any, from line 4 of Schedule D (540NR) Worksheet for nonresidents and part-year residents. See instructions. .... <b>18</b>					
<b>19</b> Enter the loss, if any, from line 5 of Schedule D (540NR) Worksheet for nonresidents and part-year residents. Enter as a positive number ..... <b>19</b>					
<b>20</b> If line 18 is more than line 19, enter the difference; otherwise, enter -0-: ..... <b>20</b>					
<b>21</b> If line 19 is more than line 18, enter the difference; otherwise, enter -0-: ..... <b>21</b>					
<b>22</b> Subtract line 20 from line 17. If zero or less, enter -0- ..... <b>22</b>					
<b>23</b> NOL and disaster loss carryovers from prior years ..... <b>23</b>					
<b>24</b> Add lines 11, 21, 22, 23. .... <b>24</b>					
<b>25</b> <b>Current Year NOL.</b> Combine line 3c and line 24. If more than zero, enter -0-. See instructions. <b>25</b>					

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**Part II Determine 2021 Modified Taxable Income (MTI).** Be sure to read the instructions for Part II.

1	Taxable income. See instructions . . . . .	1	<u>-140.</u>
Enter amounts on line 2 through line 5 as if they were all <b>positive</b> numbers.			
2	Capital loss deduction included in line 1 . . . . .	2	_____
3	Disaster loss carryover included in line 1 . . . . .	3	_____
4	NOL carryover included in line 1 . . . . .	4	_____
5	Adjustments to itemized deductions. See instructions . . . . .	5	_____
6	MTI. Combine line 1 through line 5. If line 6 is zero or less, enter -0- . . . . .	6	<u>0.</u>

**Part III NOL Carryover and Disaster Loss Carryover Limitations.** See instructions.

1	MTI from Part II, line 6. If your net business income is \$1,000,000 or more and modified adjusted gross income (AGI) is 1,000,000 or more for the taxable year, see instructions. . . . .	1	(g) Available balance	
			0.	

**Prior Year NOLs**

(a) Year of loss	(b) Code See instructions	(c) Type of NOL See below*	(d) Initial loss	(e) Carryover from 2020	(f) Amount used in 2021	(g)	(h) Carryover to 2022 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2017	<input checked="" type="radio"/>	<input checked="" type="radio"/> ESB	<input checked="" type="radio"/> 23,783.	<input checked="" type="radio"/> 3,833.	<input checked="" type="radio"/> 0.	0.	<input checked="" type="radio"/> 3,833.
<input checked="" type="radio"/> 2018	<input checked="" type="radio"/>	<input checked="" type="radio"/> ESB	<input checked="" type="radio"/> 1,325.	<input checked="" type="radio"/> 1,325.	<input checked="" type="radio"/> 0.	0.	<input checked="" type="radio"/> 1,325.
<input checked="" type="radio"/> 2019	<input checked="" type="radio"/>	<input checked="" type="radio"/> ESB	<input checked="" type="radio"/> 14,417.	<input checked="" type="radio"/> 14,417.	<input checked="" type="radio"/> 0.	0.	<input checked="" type="radio"/> 14,417.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

**Current Year NOLs**

							col. (d) minus col. (f) See instructions
3	2021	<input checked="" type="radio"/>	<input checked="" type="radio"/> DIS	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
4	2021	<input checked="" type="radio"/>	<input checked="" type="radio"/> ESB	<input checked="" type="radio"/> 140.			<input checked="" type="radio"/> 140.
	2021	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>
	2021	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>

\*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

5	NOL carryover. Add the carryover amounts in column (h) that are not the result of a disaster loss. . . . .	<input checked="" type="radio"/> 5	<u>19,715.</u>
6	Disaster loss carryover. Enter the total loss carryover amounts in column (h) that are the result of disaster losses . . . . .	<input checked="" type="radio"/> 6	_____

## BOLINAS COMMUNITY LAND TRUST

68-0007197

**STATEMENT 1**  
**FORM 109, PART II, LINE 18**  
**INTEREST EXPENSE**

RCAC LOAN INTEREST.....		\$	8,320.
	TOTAL	\$	<u>8,320.</u>

**STATEMENT 2**  
**FORM 109, PART II, LINE 19**  
**TAXES**

PAYROLL.....		\$	3,448.
PROPERTY.....			1,152.
	TOTAL	\$	<u>4,600.</u>

**STATEMENT 3**  
**FORM 109, PART II, LINE 24**  
**OTHER EXPENSES**

BANK CHARGES.....		\$	70.
DAMAGES FROM THE STORM.....			25,132.
EQUIPMENT LESS THAN 2500.....			181.
INSURANCE.....			1,929.
MISCELLANEOUS.....			3,524.
MISCELLANEOUS.....			72.
POSTAGE.....			5.
RENT.....			15,000.
REPAIRS& MAINTENANCE.....			2,554.
UTILITIES.....			10,446.
WORKERS COMP.....			2,637.
	TOTAL	\$	<u>61,550.</u>

**STATEMENT 4**  
**FORM 109, SCHEDULE A, LINE 4B**  
**OTHER COSTS**

EQUIPMENT PERMIT AND FEES.....		\$	5,370.
GAS TAXES.....			51,623.
MERCHANT ACCOUNT FEES.....			10,770.
R&M.....			2,582.
SALES TAX.....			18,170.
	TOTAL	\$	<u>88,515.</u>





(For Registry Use Only)

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

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

**Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.**

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

<p><b>BOLINAS COMMUNITY LAND TRUST</b> Name of Organization</p> <p>List all DBAs and names the organization uses or has used <b>PO BOX 805</b> Address (Number and Street)</p> <p><b>BOLINAS, CA 94924</b> City or Town, State, and ZIP Code</p> <p><b>415-868-8880</b>      <b>ADAR@BOLINASLANDTRUST.ORG</b> Telephone Number      E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>053178</u></p> <p>Corporation or Organization No. <u>1229172</u></p> <p>Federal Employer ID No. <u>68-0007197</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/21 ending 12/31/21) list:

**Total Revenue \$** (including noncash contributions) 1,189,326.    **Noncash Contributions \$** 0.    **Total Assets \$** 11,277,836.

**Program Expenses \$** 695,171.    **Total Expenses \$** 877,213.

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

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

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding? <span style="float: right;">SEE STATEMENT 1</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	<b>ARIANNE Z DAR</b>	<b>EXECUTIVE DIR</b>	
Signature of Authorized Agent	Printed Name	Title	Date

**STATEMENT 1  
FORM RRF-1, PART B, LINE 5  
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

COUNTY OF MARIN (\$552,499)  
3501 CIVIC CENTER DRIVE  
SAN RAFAEL, CA 94903

**CLIENT COPY**

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

FORM

2021

8453-EO

Exempt Organization name

Identifying number

BOLINAS COMMUNITY LAND TRUST

68-0007197

## Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	1,510,874.
2	Total gross income (Form 199, line 8)	2	1,189,443.
3	Total expenses and disbursements (Form 199, line 9)	3	877,213.

## Part II Settle Your Account Electronically for Taxable Year 2021

4  Electronic funds withdrawal    4a Amount \_\_\_\_\_    4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

## Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_  
6 Account number \_\_\_\_\_    7 Type of account:  Checking     Savings

## Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**    Signature of officer \_\_\_\_\_    Date 11/11/2022    Title EXECUTIVE DIR

## Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO Must Sign**

ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Firm's name (or yours if self-employed) and address				Firm's FEIN
TORKELSON & ASSOCIATES CPAS, LLP				26-3701192
3835 CYPRESS DR. STE 110				CA ZIP code 94954
PETALUMA				

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid Preparer Must Sign**

Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address			Firm's FEIN
			ZIP code

FTB 8453-EO 2021

BOLINAS COMMUNITY LAND TRUST

68-0007197

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
27	WATER METER (NOT IN SVC)	1/31/18		350,935							350,935					0
46	PREPURCH INSP (NOT IN SVC)	12/31/19		3,475							3,475					0
47	PILOT SEPTIC PROG (NOT IN SVC)	8/29/19		1,894							1,894					0
55	PILOT SEPTIC PROG (NOT IN SVC)	12/31/20		8,150							8,150					0
61	LAND	12/14/21		40,000							40,000					0
62	PILOT SEPTIC PROG	12/31/21		15,245							15,245					0
TOTAL				419,699		0	0	0	0	0	419,699	0				0
31 WHARF RD (NOT IN SVC)																
41	WARF CAPITALIZED COSTS	12/31/19		70,701							70,701					0
45	LAND - 31 WHARF	1/22/19		902,879							902,879					0
51	WARF CAPITALIZED COSTS	12/31/20		255,257							255,257					0
63	WELL 31 WARF	12/31/21		95,739							95,739					0
64	WARF CAPITALIZED COSTS	12/31/21		55,822							55,822					0
TOTAL 31 WHARF RD (NOT IN SVC)				1,380,398		0	0	0	0	0	1,380,398	0				0
3755 ROUTE 1 (NOT IN SVC)																
56	CAPITALIZED COSTS	12/31/20		16,107							16,107					0
73	BLDG IMPROVEMENTS	12/31/21		43,113							43,113					0
74	PROPERTY DEVELOPMENT	12/31/21		2,870							2,870					0
TOTAL 3755 ROUTE 1 (NOT IN SVC)				62,090		0	0	0	0	0	62,090	0				0

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430 ASPEN																
25	430 ASP-BLDG	5/15/20		81,000							81,000	1,841	S/L MM	27.5	.03636	2,945
26	430 ASPEN - LAND	11/17/17		219,000							219,000					0
29	UNIMPRVD ASPEN LOT - LAND	5/15/20		156,457							156,457	3,556	S/L MM	27.5	.03636	5,689
33	430 ASPEN CAP COSTS	5/15/20		11,515							11,515	262	S/L MM	27.5	.03636	419
38	430 ASPEN CAP COSTS	5/15/20		77,607							77,607	1,764	S/L MM	27.5	.03636	2,822
49	430 ASPEN CAP COSTS	5/15/20		297,129							297,129	6,754	S/L MM	27.5	.03636	10,804
TOTAL 430 ASPEN				842,708		0	0	0	0	0	842,708	14,177				22,679
6 WHARF RD																
5	LAND - 6 WHARF RD	5/07/04		597,009							597,009					0
6	BLDGING - 6 WHARF RD	5/07/04		752,611							752,611	470,959	S/L MM	27.5	.03637	27,372
7	FURNITURE & FIXTURES	1/15/05		4,988							4,988	4,988	S/L HY	7		0
8	BLDG IMPR - OTHER	8/01/06		12,433							12,433	6,761	S/L MM	27.5	.03636	452
9	BLDG IMPR - OTHER	8/18/15		5,296							5,296	1,037	S/L MM	27.5	.03636	193
10	BLDG IMPR - OTHER	11/30/15		18,312							18,312	3,413	S/L MM	27.5	.03636	666
43	ENERGY EFFICIENT UPGRADES	12/24/19		28,162							28,162	4,067	S/L HY	7	.14290	4,024
53	SOLAR	11/25/20		19,339							19,339	346	S/L MQ	7	.14290	2,764
60	HEATING EQUIPMENT	2/14/20		8,804							8,804	280	S/L MM	27.5	.03636	320
71	BLDG IMPROVEMENTS	12/31/21		161,100							161,100		S/L MM	27.5	.00152	245
TOTAL 6 WHARF RD				1,608,054		0	0	0	0	0	1,608,054	491,851				36,036
ASPEN BY ALDER (NOT IN SVC)																

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32	ASPEN BY ALDER CAP COSTS	12/31/18		11,027							11,027					0	
39	ASPEN BY ALDER CAP COSTS	12/31/19		1,530							1,530					0	
67	ASPEN LOT DEV	12/31/21		35,733							35,733					0	
	TOTAL ASPEN BY ALDER (NOT IN COTTAGE)			48,290		0	0	0	0	0	48,290	0				0	
11	BLDING IMPR - COTTAGE	7/26/04		49,239							49,239	30,517	S/L	MM	27.5	.03636	1,790
	TOTAL COTTAGE			49,239		0	0	0	0	0	49,239	30,517					1,790
	DUPLEX																
12	BLDING IMPR - DUPLEX	8/01/06		464,713							464,713	252,778	S/L	MM	27.5	.03636	16,897
13	BLDING IMPR - DUPLEX	8/01/07		9,429							9,429	4,588	S/L	MM	27.5	.03637	343
	TOTAL DUPLEX			474,142		0	0	0	0	0	474,142	257,366					17,240
	GAS STATION/GARAGE																
1	BUILDING IMP - GARAGE	1/15/05		45,182							45,182	27,178	S/L	MM	27.5	.03636	1,643
2	2009 GAS STATION UPGRADE	8/07/09		29,275							29,275	22,457	S/L	HY	15	.06670	1,953
3	COMPRESSION & PUMP	7/09/10		2,116							2,116	2,116	S/L	HY	7		0
4	2012 GAS STATION UPGRADE	11/30/12		6,146							6,146	3,331	S/L	HY	15	.06670	410
22	CREDIT CARD READER	7/12/04		4,334							4,334	4,334	S/L	HY	7		0
34	NEW GAS PUMP (2018)	4/25/19		28,804							28,804	6,173	S/L	HY	7	.14290	4,116
35	GAS STN UPGR (2018)	4/25/19		99,062							99,062	9,906	S/L	HY	15	.06670	6,607
36	GAS STN UPGR (2019)	4/25/19		40,101							40,101	4,010	S/L	HY	15	.06670	2,675
42	NEW GAS PUMP (2019)	4/25/19		28,299							28,299	6,065	S/L	HY	7	.14290	4,044
	TOTAL GAS STATION/GARAGE			283,319		0	0	0	0	0	283,319	85,570					21,448

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GIBSON																
14	FURNITURE & FIXT -GIBSON	12/31/12		1,700							1,700	1,579	S/L HY	7		0
15	LAND #20 WHARF RD-GIBSON	8/01/01		365,148							365,148					0
16	BLDING - GIBSON	8/01/01		321,000							321,000	232,977	S/L MM	27.5	.03637	11,675
17	BLDING RENOVATIONS GIBSON	2/19/03		316,314							316,314	212,314	S/L MM	27.5	.03636	11,501
18	FURNISHINGS & FIXTURES	12/16/02		5,850							5,850	5,850	S/L HY	7		0
19	REFRIDGERATOR	7/07/09		520							520	520	S/L HY	7		0
20	ROOF REPAIR	6/01/13		15,757							15,757	4,321	S/L MM	27.5	.03636	573
21	BLDING IMPR - OTHER	6/27/16		2,595							2,595	427	S/L MM	27.5	.03636	94
44	ENERGY EFFICIENT UPGRADES	12/24/19		41,657							41,657	6,016	S/L HY	7	.14290	5,953
52	SOLAR	11/25/20		19,339							19,339	346	S/L MQ	7	.14290	2,764
70	BLDG IMPROVEMENTS	12/31/21		161,100							161,100		S/L MM	27.5	.00152	245
	TOTAL GIBSON			1,250,980		0	0	0	0	0	1,250,980	464,350				32,805
MESA RD (NOT IN SVC)																
28	MESA RD PROPERTY - LAND	10/29/18		1,705,480							1,705,480					0
31	MESA CAPITALIZED COSTS	12/31/18		2,480							2,480					0
40	MESA CAPITALIZED COSTS	12/31/19		117,457							117,457					0
50	MESA CAPITALIZED COSTS	12/31/20		25,230							25,230					0
66	MESA CAPITALIZED COSTS	12/31/21		30,535							30,535					0
	TOTAL MESA RD (NOT IN SVC)			1,881,182		0	0	0	0	0	1,881,182	0				0
OVERLOOK (NOT IN SVC)																

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24	OVERLOOK - UNIMP. PARCELS	12/31/17		120,000							120,000					0	
30	OVERLOOK CAPITALIZED EXPS	12/31/18		28,236							28,236					0	
37	OVERLOOK CAPITALIZED EXPS	12/31/19		35,116							35,116					0	
48	OVERLOOK CAPITALIZED EXPS	12/31/20		35,754							35,754					0	
54	ADU AND IMPROVEMENTS	12/31/20		209,121							209,121					0	
65	OVERLOOK CAPITALIZED EXPS	12/31/21		828,976							828,976					0	
68	NEW TANK	11/26/21		95,630							95,630					0	
69	FURNISHINGS AND FIXTURES	7/30/21		17,551							17,551					0	
72	BLDG IMPROVEMENTS	12/31/21		127,109							127,109					0	
TOTAL OVERLOOK (NOT IN SVC)				1,497,493		0	0	0	0	0	1,497,493	0				0	
STINSON BEACH																	
57	BUILDING	3/24/20		990,380							990,380	28,513	S/L	MM	27.5	.03636	36,010
58	LAND	3/24/20		1,279,840							1,279,840						0
59	IMPROVEMENTS	6/30/20		18,848							18,848	371	S/L	MM	27.5	.03636	685
TOTAL STINSON BEACH				2,289,068		0	0	0	0	0	2,289,068	28,884					36,695
STUDIOS																	
23	BLDING IMPR - STUDIOS	8/10/05		298,666							298,666	173,314	S/L	MM	27.5	.03637	10,862
TOTAL STUDIOS				298,666		0	0	0	0	0	298,666	173,314					10,862
TOTAL DEPRECIATION				<u>12,385,328</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>12,385,328</u>	<u>1,546,029</u>					<u>179,555</u>
GRAND TOTAL DEPRECIATION				<u>12,385,328</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>12,385,328</u>	<u>1,546,029</u>					<u>179,555</u>

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