

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Inspection

Department of the Treasury Internal Revenue Service

Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements TIII, 1 2010

Bo	heck if	C Name of organization		D Employer identific	ation number
a	pplicable	C Trains S. G.gamaansi			
	Address change	PENINSULA OPEN SPACE TRUST		]	
	Name change	Doing Business As		94-2	392007
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termin- ated	222 HIGH STREET		650-	<u>854-7696                                   </u>
	Amende return	City or town, state or country, and ZiP + 4		G Gross receipts \$	99,152,6 <u>1</u> 7.
	Applica- tion pending	FALO ALIO, CA 94501		H(a) Is this a group re	
	pending	F Name and address of principal officer.WALTER T. MOURE		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	
		npt status	or 527	1 '	list. (see instructions)
		HTTP://WWW.OPENSPACETRUST.ORG/	1	H(c) Group exemption	
		rganization: X Corporation Trust Association Other ►  Summary	L Year	of formation: 19// N	State of legal domicile: CA
ГС		riefly describe the organization's mission or most significant activities: PROT	ድርጥ ጥር	ים שבאוותע כיו	TADACTED C
če		DIVERSITY OF SAN FRANCISCO PENINSULA & S.			
Activities & Governance	_	theck this box Inf the organization discontinued its operations or dispo			
Ve		lumber of voting members of the governing body (Part VI, line 1a)	000 07 111010	3	13
g		lumber of independent voting members of the governing body (Part VI, line 1b)		4	13
S.		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	36
itie		otal number of volunteers (estimate if necessary)		6	162
Ę		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
•		let unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
е	<b>8</b> C	Contributions and grants (Part VIII, line 1h)		4,031,452.	6,735,175.
au a	9 P	rogram service revenue (Part VIII, line 2g)		543,425.	433,060.
Revenue	10 Ir	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,703,830.	<u>5,228,210.</u>
_	11 C	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ļ	0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,871,047.	12,396,445.
	l	Frants and similar amounts paid (Part IX, column (A), lines 1-3)	-	1,595,000.	4,125,578.
		denefits paid to or for members (Part IX, column (A), line 4)	_	0.	0.
Expenses		salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	2,499,518.	2,980,909.
ĕ	1	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  1,660,1	30 <u> </u>	<u>U•</u>	0.
Ä			<del>50.</del> –	3,608,457.	3,796,600.
		other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	• -	7,702,975.	10,903,087.
		Nevenue less expenses. Subtract line 18 from line 12		-4,831,928.	1,493,358.
6 or	13 1	I RÉCEIVED I	Re	eginning of Current Year	End of Year
<u>agg</u>	20 T	ota assets (Part X, line 16)		231,823,470.	246,168,356.
SSS	21 T	ota liapilities (Part & Ime-26) 7	<u> </u>	4,492,520.	6,954,147.
Net Assets or Fund Balances	22 N	let assets or fund balances. Subtract line 21 from line 20	2	27,330,950.	239,214,209.
Pa	147	Signature Block		<u>-</u>	
Und	er <b>pe</b> nalt	ies of perion, ( declare that I have examined this return, including accompanying schedule	es and statem	nents, 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 w	hich preparei	r has any knowledge.	,
	0	X Waller T Moore		×2/9/	/12
	ا بي ۱	Signature of officer		Date ' '	
Her	e :≩	WALTER T. MOORE, PRESIDENT	<u></u> -		
		Type or print name and title	<del></del>	Date Check	PTIN
<b>D</b>	7	Print/Type preparer's name Preparer's elignature		2/5/10 1	<b>一</b> ∣
Paid	<b>4</b>	NASI RAISSIAN / / / / / / / / / / / / / / / / / / /		10//	u
	•	Firm's name ROBERT LEE & ASSOCIATES, LLP		Firm's EIN	_
USĖ	Olling Cal	Firm's address 226 AIRPORT PARKWAY, SUITE 350 SAN JOSE, CA 95110		Phone no. 4	08.855.6770
Mar	the IP	S discuss this return with the preparer shown above? (see instructions)		FIIOIIE IIO. 4	X Yes No
ivia	110 171	O diacease this faterit with the biabater shown above ( see instructions)			5 OOO (SSAS)

TO FURTHER ITS COMMUNITY OUTREACH AND EDUCATION EFFORTS, IN FISCAL YEAR 2011 THE ORGANIZATION HOSTED FOUR SPEAKERS AS PART OF ITS 18TH ANNUAL WALLACE STEGNER LECTURE SERIES, WHICH IS OPEN TO THE PUBLIC. THIS YEAR'S SERIES FEATURED AUTHOR AND ENVIRONMENTAL ACTIVIST ANNIE LEONARD, INVESTIGATIVE JOURNALIST RICHARD PRESTON, EXPLORER AND AUTHOR JONATHAN WATERMAN, AND AUTHOR AND ORGANIC FARMER KRISTIN KIMBALL. ATTENDANCE FOR ALL FOUR LECTURES TOTALED 1,617 PEOPLE, AN INCREASE OF 127 ATTENDEES AS COMPARED TO THE 2010 SERIES. POST ALSO DEVELOPED AND MAILED THREE ISSUES OF ITS DONOR NEWSLETTER, "LANDSCAPES," TO APPROXIMATELY 9,000 FAMILIES AND OTHER INTERESTED PEOPLE. THE NEWSLETTER REPORTED ON POST'S LAND CONSERVATION WORK THROUGHOUT THE YEAR, INCLUDING ACQUISITIONS OF LAND AND CONSERVATION EASEMENTS AS WELL AS PROPERTY TRANSFERS AND LAND

4d	Other	program	services.	(Describe	in Schedule	Ο.
----	-------	---------	-----------	-----------	-------------	----

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ▶

<u>8,157,542.</u>

Form 990 (2010) PENINSULA OPEN SPACE TRUST
Part IV Checklist of Required Schedules

2   3   4   5   5   6   6   7   7	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	1 2	Yes X X	No_
2   3   4   5   5   6   6   7   7	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3		
2   3   4   5   5   1   6   1   7   1   7   1   7   1   7   1   1	Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3		
3 [ 4 3 5 1 6 [ 7 ]	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3	X	
5 1 6 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
4 5 5 1 5 6 1 7 1 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			X
5 1 6 1 7 1		4	х	
6 I 7 I	la tha arganization a goation 501/a)(A) 501/a)(b), ar 501/a)(b) arganization that receives membership diles, assessments of	-		
6 I	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
7	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	х	
8 1	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
1	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		~-	
	Part VI	11a	Х	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441	v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	441-		x
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		^
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	เอ		<u> </u>
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	İ	x
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>:</u> -		<del></del> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
	The state of the s	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	000	0010

Form 990 (2010) PENINSULA OPEN SPACE TRUST
Part IV Checklist of Required Schedules (continued)

04	Did the assessment and at several three #5 000 of assessment and other assessment and organizations in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>.</b>	
~~		21	<u>X</u>	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			Λ
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			-
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			7.7
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	ĺ	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
00	If "Yes," complete Schedule N, Part I	31	<del> </del>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-00		
22	Schedule N, Part II	32	<del> </del>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			[
	Note. All Form 990 filers are required to complete Schedule O	38_	<u>X</u>	<u> </u>
		rorm	990 (	2010)

Part V	St	atements	Regarding	Other	IRS Filing	gs and	Tax Con	pliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 50			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(gambling) winnings to prize winners?	_1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			l
	filed for the calendar year ending with or within the year covered by this return 2a 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			l
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ľ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			ĺ
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			ĺ
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b>—</b>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		$\vdash$
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del>                                     </del>
_	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans  5-4			l
C	Enter the amount of reserves on hand  [13c]	44-		х
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		_
D	II Tes, mas it med a Form 720 to report these payments (iii No, provide an explanation in ochequie o		990	(2010)

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 in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X	
Sec	tion A. Governing Body and Management				_		
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		13			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	np with	n any other	-			
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under to	he dire	ect supervision			1	
	of officers, directors or trustees, or key employees to a management company or other person?			3	<b>└</b>	X	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 v	as filed?	4	<u> </u>	X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5_	ļ	X	
6	Does the organization have members or stockholders?			_ 6_		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	nembe	rs of the				
	governing body?			_7a_		<u>X</u>	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n durır	ig the year				
	by the following:			_	١.,		
а	The governing body?			<u>8a</u>	X	-	
b	Each committee with authority to act on behalf of the governing body?			<u>8b</u>	X	-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eachec	at the			.,	
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Povon	ua Cada l	9_		<u> </u>	
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal i	neven	de Code.)			TN-	
40-	Describe accompation have lead shorters branches or offiliates?			10a	Yes	No X	
	Does the organization have local chapters, branches, or affiliates?	h char	tore affiliatos	IUa			
D	If "Yes," does the organization have written policies and procedures governing the activities of such and branches to ensure their operations are consistent with those of the organization?	пспар	iters, armates,	10b			
440	·	filina t	he form?	11a	x		
	<ul> <li>1a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990</li> </ul>						
12a	- 1 0 15 NAI - 1 0			12a	x		
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ould a	ve rise	124			
	to conflicts?	· · · · · · · · ·		12b	х		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy?	f "Yes,	" describe				
	ın Schedule O how this is done			12c	X		
13	Does the organization have a written whistleblower policy?			13	X		
14	Does the organization have a written document retention and destruction policy?			14	X		
15	Did the process for determining compensation of the following persons include a review and appro-	val by	ındependent	1			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?					
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>	
b	Other officers or key employees of the organization			15b	X	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a	- 1			
	taxable entity during the year?			16a	<b></b>	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev				1		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the or	ganıza	tion's				
<u> </u>	exempt status with respect to such arrangements?			<u>  16b</u>		<u> </u>	
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (50	I (a)(3)a anh i availe	blo for			
18		1-1 (50	r(c)(3)8 only) availa	able for			
	public inspection. Indicate how you make these available. Check all that apply.  X Own website Another's website X Upon request						
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	confli	et of interest police	v and fin	ancial		
19	statements available to the public.	COLIIII	or or interest bolic	, and mi	uiioiai		
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the organ	nization: I	<b>-</b>		
20	HEATHER KANTOR - 650-854-7696	٠٠٠١	and or the organ				
	222 HIGH STREET, PALO ALTO, CA 94301	· · · · ·					

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

Check if Schedule O contains a response to any question in this Part VII

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
   List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	<b>&gt;</b> )			(D)	(E)	(F)
Name and Title	Average			Posi		1		Reportable	Reportable	Estimated
	hours per	(cl	neck	all t	hat	арр	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MARK WAN						<del>                                     </del>				
CHAIRMAN & DIRECTOR	3.50	X		x				0.	0.	0.
KARIE THOMSON			_						<del></del>	<del>-</del>
SECRETARY & DIRECTOR	1.00	Х		x				0.	0.	0.
STEVE BLANK						<b></b>				
DIRECTOR	1.00	X						0.	0.	0.
DONNA DUBINSKY								•		
DIRECTOR	1.90	x						0.	0.	0.
JAN GARROD										
DIRECTOR	1.80	Х						0.	0.	0.
LARRY JACOBS										
DIRECTOR	2.20	X						0.	0.	0.
JOHN CHAMBERLAIN						Γ				
DIRECTOR	1.50	X						0.	0.	0.
PAUL NEWHAGEN										
DIRECTOR	2.50	X				ļ		0.	0.	0.
BRAD O'BRIEN										
DIRECTOR	2.50	X						0.	0.	0.
SANDRA THOMPSON										
DIRECTOR	2.20	X					<u> </u>	0.	0.	0.
DIANE GREENE					ł					
DIRECTOR	1.90	X	ļ			ļ.	<u> </u>	0.	0.	0.
MATT MILLER								_	_	
DIRECTOR	1.00	X						0.	0.	0.
F. WARD PAINE									_	
DIRECTOR	2.20	X				<u> </u>		0.	0.	0.
AUDREY C. RUST				l					_	
PRESIDENT	40.00	_	<u> </u>	X		-		301,913.	0.	29,909.
WALTER T. MOORE								040 000		00 00=
EXECUTIVE VICE PRESIDENT	40.00		ļ	X		<del> </del>		219,082.	0.	<u>29,827.</u>
KAREN DOUGLAS	45.00							20 550		4 00-
FORMER TREASURER AND CFO	15.00		-	X	_	<del> </del>	-	39,558.	0.	4,225
ANNE TRELA	40.00							140 000	_	00 000
VICE PRESIDENT ADVANCEMENT	40.00	1	1	X	l	1	1	148,092.	0.	22,382.

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Par	t VII Section A. Officers, Directors, Tr	<u>ustees, Key Er</u>	nplo	oyee	s, a	nd ł	<u>ligh</u>	est	<b>Compensated Employ</b>	ees (continued)				
	(A)	(B) (C)							(D)	(E)			(F)	
	Name and title	Average	,,		Posi			l. A	Reportable	Reportable		-	timate	
		hours per week (describe hours for related organizations in Schedule O)	istee or director	lnstitutional trustee	all Officer	Key employee	Highest compensated Complexed Comple		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS		com fr org	nount other pensa om th anızat d relat anizatı	ition e ion ed
HEAT	HER KANTOR										_			_
TREA	SURER AND CFO	25.00		-	X		<u> </u>		59,297.		0.			0
				<u> </u>	_									
	Sub-total								767,942.		0.	8	6,3	
	Total from continuation sheets to Part \ Total (add lines 1b and 1c)	II, Section A							767,942.		0.	8	6,3	<u>0</u> .
<u>u</u>	Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wi	ho r	<del></del>	),000 in reportable			<u> </u>	<u> </u>
	compensation from the organization									· .				:
													Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual	1									3		x
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	sum of reportab 50,000? <i>If</i> "Yes	ole c ," cc	omp ompl	ensa ete S	atioi Schi	n and e <i>dul</i>	d ot e <i>J</i> :	her compensation from for such individual	the organization		4	х	
5	Did any person listed on line 1a receive or	accrue compe	nsat	tion 1	rom	any	y uni			idual for services				7.
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	mpiete Scheau	ie J	tor s	ucn	per	son					_5_		<u> </u>
1	Complete this table for your five highest c	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation	rom	
	the organization. NONE									·-··				
	(A) Name and busines	s address							(B) Description of s	services	c	ompe	C) nsatio	n
					_									
2	Total number of independent contractors		not I	ımıte	d to		_	ste	d above) who received r	nore than			-	
	\$100,000 in compensation from the organ	nzation 🟲			_		0					F	990	0010

94-2392007 PENINSULA OPEN SPACE TRUST Page 9 Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Unrelated Related or Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 10 d Related organizations 1d Contributions, and other simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f 6,735,175 similar amounts not included above 1,230,975 9 Noncash contributions included in lines 1a-1f \$ 6,735,175 h Total. Add lines 1a-1f **Business Code** 388,077. 388,077 531390 2 a RENTAL INCOME 30,364. 30,364. LECTURE SERIES INCOME 611600 14,619. c MISC PROGRAM INCOME 900099 14,619. f All other program service revenue 433,060 g Total, Add lines 2a-2f Investment income (including dividends, interest, and ,342,201 4342201. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross Rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 87642181 assets other than inventory b Less: cost or other basis 86756172 and sales expenses 886,009. c Gain or (loss) 886,009. 886,009. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b

12396445.

433,060

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)( All other organizations must com	'3) and 501(c)(4) organiza plete column (A) but are :			).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	4,125,578.	4,125,578.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	]		}	
	See Part IV, lines 15 and 16		-		
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,	1 061 144	400 500	205 026	206 500
	trustees, and key employees	1,061,144.	428,599.	325,836.	306,709.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 551 060	042 272	122 002	F7F C0C
7	Other salaries and wages	1,551,960.	843,372.	132,902.	575,686.
8	Pension plan contributions (include section 401(k)	91 265	40 507	7 054	24 704
_	and section 403(b) employer contributions)	81,265.	49,507.	7,054.	24,704.
9	Other employee benefits	167,497.	86,677.		65,506.
10	Payroll taxes	119,043.	63,061.	12,706.	43,276.
11	Fees for services (non-employees)				
a	Management	41,791.	26,655.	10,588.	4,548.
b	Legal .	33,899.	40,000.	33,899.	4,548.
C	Accounting .	325,500.	325,500.	33,033.	<u>-</u> .
d	Lobbying	325,500.	343,300.	<del></del>	
e	Professional fundraising services. See Part IV, line 17	480,680.		480,680.	
f	Investment management fees	705,580	335,932.	12,285.	357,363.
g	- 1	705,560.	333,332.	12,205.	331,303.
12	Advertising and promotion	220,873.	82,392.	9,922.	128,559.
13	Office expenses	5,833.	2,930.	648.	2,255
14	Information technology	3,033.	2,950.	040.	4,433.
15	Royalties	11,138.	11,138.		
16	Occupancy Travel	25,302.	14,810.	5,296.	5,196.
17		23,302.	14,010.	3,290.	<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	62,905.	23,588.	10,334.	28,983.
20	Interest	02,303.	23,300.		20,505
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	120,351.	57,587.	15,636.	47,128.
23	Insurance	82,998.	60,988.	5,483.	16,527.
24	Other expenses. Itemize expenses not covered	02,550.	- 00/3001		10,327
24	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	T A STO AGA TARMINATA ATOM	1,097,634.	1,097,634.		
b	EASEMENTS/OTHER LAND	297,403.	297,403.		
С	PROPERTY TAXES	124,658.	124,041.	617.	
d	TITLING (DOMOR DEGOG	51,521.	5,158.		46,363.
е	AMORT/ASSET OBLIG.	51,086.	51,086.		
f	All other expenses	57,448.	43,906.	6,207.	7,335.
25_	Total functional expenses. Add lines 1 through 24f	10,903,087.	8,157,542.	1,085,407.	1,660,138.
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	SOMORABUOTI				Form <b>990</b> (2010)

Pai	ťΧ	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments .	711,237.	2	886,741.
	3	Pledges and grants receivable, net	1,790,598.	3_	1,109,336.
	4	Accounts receivable, net .	7,599,902.	4	8,244,097.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		l I	-
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net	13,622,500.	7	13,622,500.
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	93,939.	9	43,253.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6, 205, 543.			
	b	Less: accumulated depreciation 10b 586,328.	5,672,096.	10c	5,619,215.
	11	Investments - publicly traded securities	85,992,240.		97,665,695.
	12	Investments - other securities. See Part IV, line 11	14,280,823.		22,110,156.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	102,060,135.	15	96,867,363.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	231,823,470.	16	246,168,356.
	17	Accounts payable and accrued expenses	510,745.		544,738.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ģ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
api		highest compensated employees, and disqualified persons. Complete Part II			
=		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	3,981,775.	25_	6,409,409.
	26	Total liabilities. Add lines 17 through 25	4,492,520.	26	6,954,147.
		Organizations that follow SFAS 117, check here   X  and complete		ļ	
S		lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	221,252,930.	27	232,736,851.
ala	28	Temporarily restricted net assets	5,502,520.	28	5,841,828.
<u> </u>	29	Permanently restricted net assets	575,500.	29	635,530.
Ę		Organizations that do not follow SFAS 117, check here			
Net Assets or Fund Balances		complete lines 30 through 34.			
ई	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid in or capital surplus, or land, building, or equipment fund		31	
₹A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	227,330,950.	33	239,214,209.
	34	Total liabilities and net assets/fund balances	231,823,470.	34	246,168,356.

Form **990** (2010)

orm	990 (2010) PENINSULA OPEN SPACE TRUST	94-	23920	007	Paç	<sub>je</sub> 12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 396		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	<u>, 90:</u>	3,0	<u>87.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1_	<u>.49:</u>	3,3	<u>58.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	227	<u>, 33(</u>	9,0	<u>50.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5	10	<u>, 389</u>	9,9	01.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	239	,214	1,2	<u>09.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					LX
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both.			- 1		
	X Separate basis Consolidated basis Both consolidated and separate basis			1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	ıt			
	Act and OMB Circular A-133?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	rt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
				Form 9	<b>990</b> (	2010)

### SCHEDULE A (Form 990 or 990-EZ)

, **a** 

**Public Charity Status and Public Support** 

2010

Department of the Treasury Internal Revenue Service 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. ▶ See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

			PENINSU:	<u>LA OPEN SPAC</u>	<u>E TRU</u>	$\underline{\mathtt{ST}}$				94	1-2392007
Pa	rt I	Reason 1	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.		
Γhe	organ	ization is not a	private foundation t	pecause it is: (For lines 1	through 1	1, check o	only one b	ox.)			
1				, or association of churc							
2				0(b)(1)(A)(ii). (Attach Sc							
3				al service organization of		n section	170(b)(1)(	A)(iii).			
4	一	•	•	perated in conjunction					(b)(1)(A)(ii	i). Enter t	he hospital's name,
		city, and state	=			•				•	,
5		•		penefit of a college or ur	niversity ov	vned or on	erated by	a governr	nental unit	describe	ed in
Ŭ			(b)(1)(A)(iv). (Comple		,			3			
6	$\Box$			ent or governmental unit	t described	in sectio	n 170/h)/1	IVAV <sub>V</sub> )			
7	$\mathbf{x}$	-		eives a substantial part					r from the	neneral r	oublic described in
•	لككنا	-	b)(1)(A)(vi). (Complet		or its supp	OIL HOIH A	governine	intal anni o	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gonorar	Sabile accorded in
	$\Box$	=		ection 170(b)(1)(A)(vi).	(Complete	Part II \					
8 9	一	-		eives: (1) more than 33 1			rom contri	hutione m	amharshii	n fees ar	nd arose receints from
9		~	-	ctions - subject to certa							
			•	exable income (less sect							
			509(a)(2). (Complete		lion 511 ta	A) 110111 Du	311103303 6	icquii ea b	y iiio oiga	i iizatioi i e	aiter durie oo, 1975.
40			*	erated exclusively to te	et for publi	c safety S	Soo portin	n 500/a\/	11		
10	Ħ	_	•	erated exclusively to the	-	-			-	out the	nurnoses of one or
11	ш	_	•	tions described in section							
				organization and compl		•		.). Occ <b>Sc</b> (	, 1011 309(i	a)( <b>3).</b> One	on the box that
		a Type I		n _		e III - Func		tegrated		d 🗀	Type III - Other
_				• •			•	•	r more disc		
•	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)										
f				ten determination from t						,(u)(1) O1 (	300(1011 000(11)(12)
•		-	rganization, check th				po 1, 1 ypo	11, 01 130	<b>-</b>		
_			=	rganization accepted ar	ay aift or c	ontribution	i from anv	of the follo	owing pers	sons?	
ξ	,			rectly controls, either al							Yes No
		• •		upported organization?	og	01.101 111111	po.000 c		() (	,,	11g(i)
		_		described in (i) above?	)						11g(ii)
		-		person described in (i)		<b>-</b> ?					11g(iii)
ŀ				about the supported or				•			113(/
٠	•	r Tovide the I	Ollowing information	about the supported of	garnzation	(3)					
			(II) FINI	(iii) Type of	(iv) Is the o	organization	(v) Did you	u notify the	(vi) Is	the	(viii) Amount of
(ı		of supported	(ii) EIN	organization					organization	on in col.	(vii) Amount of
organization		anization	(described on lines 1-9					(i) organiz U.S	.?		
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
						<u> </u>		<del>                                     </del>			
							1				
							}				
				1							
				-							
T-*	-1										

(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.)

<u> </u>	tion A. Public Support			···· <b>,</b>				
		1			/ n 0000		T	
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")	18849946.	<u>21630648.</u>	14021738.	3941686.	6735175.	65179193.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to	}		1				
	the organization without charge							
4	Total. Add lines 1 through 3	18849946.	21630648.	14021738.	3941686.	6735175.	65179193.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included	ľ		ĺ				
	on line 1 that exceeds 2% of the							
	amount shown on line 11,			1				
	column (f)						14398158.	
6	Public support. Subtract line 5 from line 4						50781035.	
Sec	etion B. Total Support	<u> </u>				<del></del>	307010331	
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
	Amounts from line 4			14021738.	3941686.	6735175	65179193.	
-	Gross income from interest.	T0047740.	21030040.	14021730	3741000.	0133113	03177173.	
0	•							
	dividends, payments received on							
	securities loans, rents, royalties	7909358.	5577256.	4948168.	3999427.	1711007	27179106.	
_	and income from similar sources		3377230.	4340100.	3933441.	4/4403/.	2/1/9100.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV)						0005000	
	Total support. Add lines 7 through 10						92358299.	
	Gross receipts from related activities					12		
13	First five years. If the Form 990 is for	_	s first, second, thi	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. $\square$	
<u></u>	organization, check this box and sto							
	ction C. Computation of Pub							
	Public support percentage for 2010		•	column (f))		14	<u>54.98 %</u>	
	Public support percentage from 2009	•	•			15	<u>53.60 %</u>	
16a	33 1/3% support test - 2010.If the o				14 is 33 1/3% or m	iore, check this bo		
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2009. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check to	nis box	
	and stop here. The organization qua		• •				▶□	
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fa	cts-and-cırcumstar	nces" test, check t	this box and stop h	i <b>ere.</b> Explain in Pai	rt IV how the orga	ınızatıon	
	meets the "facts-and-circumstances"	" test. The organiza	ation qualifies as a	publicly supported	d organization		▶∟	
b	10% -facts-and-circumstances tes	st - 2009. If the org	anızation dıd not d	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets t	the "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explain	n in Part IV how th	е	
	organization meets the "facts-and-cir	rcumstances" test.	The organization	qualifies as a publi	cly supported orga	anızatıon	▶□	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17b	o, check this box a	ind see instruction	ns_ ▶	
						1 1 7 7 60	==:	

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

(Complete only if you checked the box on line 9 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						
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose					<u></u>	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf			L			
5 The value of services or facilities						
furnished by a governmental unit to			1			
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)				J	<u> </u>	
Section B. Total Support					<del></del>	
Calendar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses	<b>;</b>					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business	<b>;</b>					
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain					ľ	
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u></u> _		1		<u> </u>
14 First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	ization,
check this box and stop here						
Section C. Computation of Pub	ilic Support Pe	ercentage			T T	
15 Public support percentage for 2010	•		column (f))		15	
16 Public support percentage from 200					16	%
Section D. Computation of Inve					TT	
17 Investment income percentage for 2			ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2010. If the						17 is not
more than 33 1/3%, check this box						. •
b 33 1/3% support tests - 2009. If the	_					
line 18 is not more than 33 1/3%, cl		•				^ . ▶⊟
20 Private foundation. If the organizat	ion did not check a	<u>box on line 14, 19</u>	9a, or 19b, check t	this box and see i	nstructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2010 PENINSULA OPEN SPACE TRUST 94-2392007 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions).
and Part III, line 12. Also complete this part for any additional information. (See instructions).
PART II, SECTION A - THE 2008 AND 2009 GIFTS, GRANTS, CONTRIBUTIONS, AND
MEMBERSHIP FEES RECEIVED HAVE BEEN UPDATED ON THE 2010 FORM 990 FROM THE
2009 FORM 990 DUE TO WRITE-OFFS IN THE CURRENT YEAR.
2009 PORT 990 DOB TO WATER OFF THE CONTENT TERMS
BALANCE PER 2009 FORM 990 IN THE 2008 COLUMN WAS \$14,082,464 AND NOW IS
\$14,021,738. THE DIFFERENCE OF \$60,726 IS DUE TO TWO WRITE-OFFS. ONE FOR
\$60,345, AND ONE FOR \$381.
\$00,545, AND ONE FOR \$501.
BALANCE PER 2009 FORM 990 IN THE 2009 COLUMN WAS \$4,031,452 AND NOW IS
\$3,941,686. THE DIFFERENCE OF \$89,766 IS DUE TO TWO WRITE-OFFS. ONE FOR
\$3,941,080. THE DIFFERENCE OF \$89,700 IS DOE TO TWO WRITE OFFS. ONE FOR
\$78,432 AND ONE FOR \$11,334.

032024 12-21-10

Schedule A (Form 990 or 990-EZ) 2010

### SCHEDULE C (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

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

2010

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Van	ne of organization			Er	nployer identification number
	PENINSU	LA OPEN SPACE TE	RUST		94-2392007
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organize Political expenditures . Volunteer hours .	zation's direct and indirect politi	cal campaign activities	L.	<b>\$</b>
Pa	art I-B Complete if the org	ganization is exempt un	der section 501(c)	(3)	<del></del>
1	Enter the amount of any excise tax				<b>→</b> \$
2	Enter the amount of any excise tax	, ,			<b>\$</b>
	If the organization incurred a section	* *			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt un	der section 501(c)	, except section 50	01(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities	<b>&gt;</b> \$
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	ection 527	
	exempt function activities				<b>&gt;</b> \$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	-, _	
	line 17b		•	•	<b>▶</b> \$
	Did the filing organization file Form		**************************************		└ Yes
5	Enter the names, addresses and enmade payments. For each organization				
	contributions received that were pi	· ·	• •		•
	political action committee (PAC) If				and orgingalor fame of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds. If none, enter	contributions received and
			<u> </u>		

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010	PENINSULA	OPEN SPACE	TRUST	94-2	392007 Page 2
Part II-A Complete if the org		npt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec	tion 501(h)).				
A Check 🕨 🔙 if the filing organiza	ation belongs to an affil	iated group.			
B Check 🕨 🔛 if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.		
Limi	its on Lobbying Exper	ditures		(a) Filing	(b) Affiliated group
	ditures" means amou			organization's totals	totals
				totalo	
1a Total lobbying expenditures to infl				205 500	
<b>b</b> Total lobbying expenditures to infl	<u> </u>	y (direct lobbying)		325,500.	-
c Total lobbying expenditures (add I				325,500.	
d Other exempt purpose expenditure				10,577,587.	
e Total exempt purpose expenditure		•		10,903,087.	
f Lobbying nontaxable amount. Ent				695,154.	
Not over \$500,000		oying nontaxable amo the amount on line 1e.	ount is:		
Over \$500,000 but not over \$1,00		0 plus 15% of the exce	ess over \$500 000		
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17		0 plus 5% of the exces			
Over \$17,000,000	\$1,000,0		35 570. \$ 1,000,000		
	1 4.1,000,0				
g Grassroots nontaxable amount (er	nter 25% of line 1f)			173,789.	
h Subtract line 1g from line 1a If zer	o or less, enter -0-		·	0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	
j If there is an amount other than ze	ero on either line 1h or I	ine 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
		raging Period Under	• •		
	zations that made a so	* *			
60	olumns below. See the			age 4.)	
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total
(or fiscal year beginning in)	(a) 2007	(6) 2000	(6) 2003	(d) 2010	(e) Total
2a Lobbying nontaxable amount	1,000,000.	903,596.	531,399.	695.154.	3,130,149.
b Lobbying ceiling amount		500,0500	002,000	0,00,000	0,200,225
(150% of line 2a, column(e))					4,695,224.
c Total lobbying expenditures	318,000.	200,000.	400,000.	325,500.	1,243,500.
d Grassroots nontaxable amount	250,000.	225,899.	132,850.	173,789.	782,538.
e Grassroots ceiling amount					
(150% of line 2d, column (e))					1,173,807.
	1				

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

Complete this part to prov for any additional informat	ide the descriptions required ion.	d for Part I-A, line 1; I	Part I-B, line 4, Part	t I-C, line 5; and Part II	-B, line 1i. Also, complet	e this part
			<del></del>			
				<del></del> -		
		,				

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010 2010 Open to Public

Open to Public Inspection

Name of the organization

PENINSULA OPEN SPACE TRUST

Employer identification number 94-2392007

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accou	ints. Complete if the			
-	organization answered "Yes" to Form 990, Part IV, lin	e 6					
		(a) Donor advised funds	(b) Fun	ds and other accounts			
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate 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 advise	d funds	-			
•	are the organization's property, subject to the organization's			Yes No			
6	Did the organization inform all grantees, donors, and donor a		Ised only				
•	for charitable purposes and not for the benefit of the donor of		-				
	impermissible private benefit?	,,,		Yes No			
Par		ganization answered "Yes" to Form 990, Pa	rt IV, line 7.				
1	Purpose(s) of conservation easements held by the organizat		·				
•	X Preservation of land for public use (e.g., recreation or e		orically impo	ortant land area			
	X Protection of natural habitat Preservation of a certified historic structure						
	X Preservation of open space						
2							
_	day of the tax year.						
	day of the tax your.			Held at the End of the Tax Year			
а	Total number of conservation easements		2a	29			
b	Total acreage restricted by conservation easements		2b	11,761.22			
	Number of conservation easements on a certified historic sti	ructure included in (a)	2c				
_	d Number of conservation easements on a certified historic structure included in (a)  2c  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure						
•	listed in the National Register  2d						
3							
•	year ▶ 0	,	J	•			
4	Number of states where property subject to conservation ea	sement is located > 1					
5	Does the organization have a written policy regarding the pe						
_	violations, and enforcement of the conservation easements			X Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting.		ring the yea	ır <b>▶</b> 2312			
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) abo						
	and section 170(h)(4)(B)(ii)?						
9							
	include, if applicable, the text of the footnote to the organiza						
	conservation easements.						
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8					
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stateme	ent and bala	ance 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 XIV,						
	the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement a	and balance	sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lıc service, į	provide the following amounts			
	relating to these items:						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$			
	(ii) Assets included in Form 990, Part X	-	<b>&gt;</b>	\$			
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial					
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:					
а	Revenues included in Form 990, Part VIII, line 1	•	<b>&gt;</b>	\$			
h	Assets included in Form 990, Part X			\$			

		<u>LA OPEN SPA</u>						<u>94-23</u>			
Par	t III Organizations Maintaining C	collections of Ar	t, Histo	rical Tre	easures, c	or Other	Simila	<u>ar Asse</u>	ts (conti	nuea	<u>)                                    </u>
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the	following tha	t are a sig	nificant i	use of its	collection	ıten	ns
	(check all that apply):										
а	Public exhibition	d		an or excl	nange progra	ıms					
b	Scholarly research	е	□ 04	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	v further th	ne organizatio	on's exem	pt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit o										
_	to be sold to raise funds rather than to be ma								Yes		□No
Par	t IV   Escrow and Custodial Arran		•			'Yes" to F	orm 990	. Part IV.			
	reported an amount on Form 990, Par							,			
	Is the organization an agent, trustee, custod		liary for co	ontribution	s or other as	sets not in	ncluded			-	
	on Form 990, Part X?								Yes		□No
h	If "Yes," explain the arrangement in Part XIV	and complete the fol	ilowing tal	ble.	•			. —			
-	ii 100, Oxplain tilo all'aligomone il l'alt xiv	and complete and to	no mig ta	J.01					Amount		
С	Beginning balance						1c		7		
	Additions during the year						1d				
e	Distributions during the year	•					1e		-		
	Ending balance	•		•			1f				
2a	Did the organization include an amount on Fe	orm 990 Part Y line	212				<u> </u>		Yes		No
	If "Yes," explain the arrangement in Part XIV.		211				•		_ 163	_	140
Par			swered "\	/es" to Foi	rm 990 Part	IV line 10					
	2 Table 1 Table 1 Complete	(a) Current year		or year	(c) Two year			ears hack	(a) Four	Vears	
10	Beginning of year balance	556,034.		170 118	(C) I WO YOU	3 Duon 10	<u> </u>	cars buck	(e) i oui	yours	) Daux
1a 	• • •										·
	Contributions .	60,030.		25,000.							
C	Net investment earnings, gains, and losses	112,310.		60,916.		-					
d	Grants or scholarships					<del> </del>	<del></del>				
е	Other expenditures for facilities	46 540							Į.		
	and programs	16,548.			<u>.</u>	<del></del>	•				
	Administrative expenses				<del></del> -	<del></del>			<del> </del>		
g	End of year balance	711,826,		56,034.	l				l	——	
	2 Provide the estimated percentage of the year end balance held as:										
	a Board designated or quasi-endowment%										
	Permanent endowment ► 89.00  Term endowment ► 11.00	%									
		%		1 (-) -							
за	Are there endowment funds not in the posse	ession of the organiza	ation that	are neio a	na aaministe	rea for the	e organiz	zation	Г		T
	by.									Yes	No
	(i) unrelated organizations		•	• •					3a(i)		X
	(ii) related organizations		0	la DO					3a(ii)		Х
	If "Yes" to 3a(ii), are the related organization:	•							_3b		<u>.l</u>
A Do	Describe in Part XIV the intended uses of the							<u>.</u>			
Fai	rt VI Land, Buildings, and Equipm							. [			
	Description of investment	(a) Cost or o	L		or other		cumulate		(d) Book	( valu	16
		basis (investr	nent)		(other)	аері	eciation		0 35	1 ^	
	Land				1,899.		01 6	<u> </u>	2,35		
	Buildings			J,52	2,523.	3	<u>81,6</u>	07.	3,140	U , 9	<u> 116.</u>
С	Leasehold improvements				4 4 5 4		04 0	10			
d	• •				4,464.		$\frac{21,8}{22}$				<u>45.</u>
	Other	<u> </u>			6,657.	<del></del>	<u>82,9</u>	02.			755.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columr	n (B), line 1	0(c).)				5,619	<u>9,2</u>	<u>:15.</u>

(7) (8) (9) (10)(11)6,409,409.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial

2. FIN 48 (ASC 740) ganization's liability for uncertain tax positions under

	t XI Reconciliation of Change in Net Assets from Form 990 to	Audita	d Financ	ial State		2392007 Page 4
Par		Audite	o rmanc		mem	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		12,396,445.
2	Total expenses (Form 990, Part IX, column (A), line 25)	•		2		10,903,087.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-	3		1,493,358.
4	Net unrealized gains (losses) on investments	•	-	4		10,389,901.
5	Donated services and use of facilities .		}	5		
6	Investment expenses .			6		<del>-</del>
7	Prior period adjustments			7		
8	Other (Describe in Part XIV)			8		
9	Total adjustments (net). Add lines 4 through 8			9		<u> 10,389,901.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	nd 9		10		<u>11,883,259.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Reven	ue per H	eturr	
1	Total revenue, gains, and other support per audited financial statements	-			1	22,654,957.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1				
а	Net unrealized gains on investments .	2a		<u>9,901.</u>		
b	Donated services and use of facilities	2b	34	<u>9,291.</u>		
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d	-48	<u>0,680.</u>		
е	Add lines 2a through 2d				2e	10,258,512.
3	Subtract line 2e from line 1				3	12,396,445.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b			1	
	Add lines 4a and 4b				4c	0.
-	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		•		5	12,396,445.
5 Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	nents W	ith Expe	nses per		
-	Total expenses and losses per audited financial statements				1	10,771,698.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•	10///1/0500
2		2a	3.4	9,291.		
а	Donated services and use of facilities		<u> </u>	<i>, 49</i> ± •	1	
b	Prior year adjustments .	2b	·		-	
C	Other losses .	2c	40	0,680.		
d	Other (Describe in Part XIV.)	2d	-40	0,000.	1 1	121 200
е	Add lines 2a through 2d .				_2e	-131,389.
3	Subtract line 2e from line 1			•	3	10,903,087.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b			-	
	Add lines 4a and 4b				4c	0.
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	10,903,087.
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I					
	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com					
PAI	RT V, LINE 4: LANE STEWARDSHIP ENDOWMENT:	THESI	<u>E FUND</u>	S MAY	BE	USED
<u>FOI</u>	R EXPENSES TO MAINTAIN TRAILS, REMOVE INVA	SIVE	AND E	XOTIC	SPE	CIES,
<u>UN</u> 1	DERTAKE EROSION PREVENTION AND REPAIR, AND	REST	rore p	LANT A	ND	ANIMAL
HA!	BITATS.					
ST	WARDSHIP ACTION VENTURES ENDOWMENT: THESE	FUND	S WILL	BE US	ED	FOR
FO	RWARD-LOOKING STEWARDSHIP ACTIVITIES THAT	WILL	HELP	<u>ENS</u> URE	TH	E
PRI	ESERVATION OF KEY RESOURCES ON POST-PROTEC	TED ]	LANDS	TNTO I	HE	FUTURE.
WI:	BUR'S WATCH ENDOWMENT: THIS GRANT IS RESTR	RICTE	D TO A	CTIVII		RELATED TO

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

•			Governments	, and Individuals i	Governments, and Individuals in the United States	es		
epartment of the Treasury ternal Revenue Service		Compl	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	answered "Yes" to Fo ► Attach to Form 990.	to Form 990, Parl n 990.	: IV, line 21 or 22.		Open to Public Inspection
lame of the organization	ION DENTINGILLA ODEN SDACE	OPEN GDA	CR TRITST			5		Employer identification number $94-2392007$
Part I General Ir	General Information on Grants and Assistance	d Assistance						
1 Does the organic	Does the organization maintain records to substantiate the amount of the criteria used to award the grants or assistance?	o substantiate the tance?	amount of the grants	or assistance, the	grantees' eligibility for the	for the grants or ass	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	toring the use of grant f	unds in the United				
=	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Sovernments and	d Organizations in the	United States. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient t	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Check this	box if no one recipient	received more that	an \$5,000. Part II	can be duplicated if a	idditional space is nee	ded •
1 (a) Name and ac	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMPERVIRENS FUND 1.9 SOUTH SAN ANTONIA RD. OS ALTOS CA 94022	D FONIA RD. SUITE 211 022	94-2155097	501(C)(3)	49,784.	0			STEWARDSHIP PROJECT- CASTLEROCK
ERVIRENS E	D TONIA RD. SUITE 211. 022		501(C)(3)	775,000	0			PROTECTION OF OPEN SPACE
ALIFORNIA STATE PARKS BPARTMENT OF PARKS & B	ALIFORNIA STATE PARKS - BEPARTMENT OF PARKS & RECREATION							
. 1416 9TH ST - 8 15814	SACRAMENTO, CA	90303606	GOVERNMENT AGENCY	0	3,300,794.	APPRAISAL	LAND	TRANSFER OF LITTLE BASIN TO CA STATE PARKS
		3						
	Enter total number of section 501(c)(3) and government organizations	nd government or	rganizations			:		2.
3 Enter total numi	Enter total number of other organizations For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2010)

Page 2 (f) Description of non-cash assistance 94-2392007 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. PART I, LINE 2: FOR GRANTS RECEIVED, POST MONITORS THESE FUNDS Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. THROUGH EXTENSIVE BUDGET TRACKING AND REPORTING ON THE USE OF THESE FUNDS FUNDS MUST BE COMPLETELY REPORTS DETAILING THE USE OF FUNDS ARE TYPICALLY SUBMITTED TO THE GRANTING ORGANIZATION AT THE INTERIM OF THE ORGANIZATION IS MADE FULLY AWARE OF POST'S USE OF THE GRANTED FUNDS. ENSURING THAT THE GRANTING (d) Amount of non-cash assistance (c) Amount of cash grant IN MOST CASES, PENINSULA OPEN SPACE TRUST (b) Number of recipients SPENT AT THE TIME OF THE FINAL REPORT, OR BOTH. TO THE GRANTING ORGANIZATIONS. (a) Type of grant or assistance THE END, Schedule I (Form 990) (2010) GRANT PERIOD, SCHEDULE I,

Part III

Schedule I (Form 990) (2010)

Part IV Supplemental Information PENINSULA OPEN SPACE TRUST	94-2392007 Page 2
Tartiv Cappiemental information	
COORDINATION WITH THE GRANTEE TO ENSURE FUNDS ARE UTILIZED	FOR THE INTENDED
PURPOSE AS AGREED UPON BETWEEN THE ORGANIZATIONS. IN SOME	CASES, A GRANT
AGREEMENT IS SIGNED BY BOTH PARTIES IN WHICH WE MAY REQUIRE	THE GRANTEE TO
SUBMIT UPDATES ON THE USE OF FUNDS BY SPECIFIC DATES. IF A	A THIRD PARTY IS
INVOLVED AS THE GRANTOR, AND POST SERVES AS THE PASS-THROUG	SH ENTITY, WE
WILL MANAGE AND BE HELD RESPONSIBLE FOR THE REPORTING REQUI	REMENTS SET BY
THE GRANTOR.	
	<del></del>
	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE J (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,
Part IV. line 23.

2010

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

PENINSULA OPEN SPACE TRUST

Employer identification number
94-2392007

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Written employment contract X Compensation committee X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? 5a X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(i) Base (ii) Bonus & (iii) Other reportable compensation compensation compensation compensation compensation 0. 541. 0. 1,372. 0. 0. 0. 162. 0. 147,930. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0			(B) Breakdown of \	(B) Breakdown of W.2 and/or 1099-MISC compensation	3C compensation	(0)	(Q)	(E)	(F)
C. RUST (0) 300,541. 0. 1.  T. MOORE (0) 218,920. 0. 0.  RELA (0) 147,930. 0. 0.  (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)	(A) Name	<u></u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Netirement and other deferred compensation	Nontaxable benefits	(B)(0-(D)	compensation reported in prior Form 990 or Form 990-EZ
C. RUST (ii) 218,920. 0.  T. MOORE (ii) 218,920. 0.  O		ε		0.	1 4	17,150.	12,759.	331,822.	0
T. MOORE (ii) 218,920. 0.  RELA (ii) 147,930. 0.  (ii) 0. 0. 0.  (iii) 0. 0. 0.	C. RUST		0	0	0	0	0	0	0
T. MOORE (ii) 147,930. 0.  NELA (ii) 147,930. 0.  NELA (ii) 0.  NO (ii) 0.  NO (ii) 0.  NO (iii)		ε	١ ٧	0	162.	15,89	13,937.	248,909.	0.
NELA (I) 147,930, 0. (I)	T. MOORE		0	0	0			ı	0.
TRELA (0) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		Θ	•	0	162.	10,759.	11,623.	170,474.	0
	TRELA			0	0	0.	0	0	0.
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		€							
		ε							
		(ii)							
		ε							
	_	€							
		Ξ							
		 (B)							
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		Ξ							
16 (ii)		(E)							

Schedule J (Form 990) 2010

### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

**▶** Complete if the organization answered

OMB No 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open To Public Inspection

Employer identification number

	PEN	<u>INSULA</u>	OPEN	SPACE	TRUST			9	4-23	<u>9200</u>	7	
Part I	Excess Benefit	Transacti	ons (sec	tion 501(c)(	3) and section	n 501(c)(4) organizatıc	ns only)					
	Complete if the organ	nization ansv	vered "Ye	s" on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	b		
1	(a) Name of disc	nualified nere	on			(b) Description	of tranca	ction			(c) Corr	ected?
	(a) Name of disc	qualified pers				(b) Description	OI tIAIISA				Yes	No
	<del></del>											
	·-											
2 Ente	r the amount of tax impo	sed on the c	rganizatio	n manager	s or disqualifi	ed persons during the	year un	der		-		
secti	on 4958								▶ \$			
3 Ente	r the amount of tax, if an	ıy, on line 2, a	above, rei	mbursed by	y the organiza	ation			▶ \$			
Dart II	Loans to and/or	r From Int	arastar	I Darsons								
raitii	J					line 26 or Form 000 F	7 Dort	/ line 20	20			
(a) l		(b) Loan t			nal principal	(d) Balance due		) In	(f) App	oroved	(a) W	ritten
(a) Name of interested		the organ			mount	(u) Dalance due		ault?	by bo	ard or nittee?		
		То	From				Yes	No	38a.  (f) Approved by board or committee?  (g) Wright agreem		No	
	person and purpose											
							ļ					
							<del> </del>		<del>                                     </del>			
									1			
							+					
		<u> </u>										
							1		1			
<u> Fotal</u>			40.0		<u>▶\$</u>							
Part III	<b>_</b>		_									
			vered "Ye									
	(a) Name of interested p	person		(b) Relat	ionship betwe the or	een interested person ganization	and			iount an assistan		T
		<del></del>			<del></del>							

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

Schedule L (Form 990 or 990-EZ) 2010

94-2392007 PENINSULA OPEN SPACE TRUST Schedule L (Form 990 or 990-EZ) 2010 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of òrganization's person and the organization transaction transaction revenues? Yes No 16,900 SEE PART V LARRY JACOBS DIRECTOR OF POST X Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: LARRY JACOBS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: DIRECTOR OF POST (C) AMOUNT OF TRANSACTION \$ 16,900. (D) DESCRIPTION OF TRANSACTION: SEE PART V - CONTRACT BETWEEN DIRECTOR LARRY JACOBS OF JACOBS FARMS AND POST TO LEASE 52 ACRES IN FY 2011 FOR ORGANIC FARMING. (E) SHARING OF ORGANIZATION REVENUES? = NO

### SCHEDULE M (Form 990)

### **Noncash Contributions**

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

94-2392007 PENINSULA OPEN SPACE TRUST Types of Property (d) (b) (c) (a) Noncash contribution Number of Method of determining Check if contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 588,521. AVG HI/LOW GIFT DATE Securities - Publicly traded X g Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 441,844. APPRAISAL X 15 Real estate - Residential 16 Real estate - Commercial 200,000. APPRAISAL X Real estate - Other 17 Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 610. MARKET VALUE X WINE FOR EVEN 25 Other 26 Other Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for 30a X the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II

### **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PENINSULA OPEN SPACE TRUST	94-2392007
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	
RECREATION AND AGRICULTURE FOR PEOPLE HERE NOW AND FOR FU	TURE
GENERATIONS. SINCE ITS FOUNDING IN 1977, POST HAS SAVED 6	4,000 ACRES OF
OPEN SPACE AND PARKLAND IN SAN MATEO, SANTA CLARA AND SAN	TA CRUZ
COUNTIES.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:
LOOKOUT SPOT CALLED "AUDREY'S WAY" TO HONOR POST PRESIDEN	T EMERITUS
AUDREY C. RUST.	
IN MARCH 2011, POST ACQUIRED 54 ACRES IN STEVENS CANYON N	EAR CUPERTINO.
THE ACQUISITION WAS PART OF A PARTNERSHIP BETWEEN POST, S	ANTA CLARA
COUNTY PARKS AND MROSD, WHICH TOOK OWNERSHIP OF THE PROPE	RTY FROM POST
LATER THAT MONTH. THE PURCHASE AND TRANSFER MAKE POSSIBLE	THE FUTURE
EXTENSION OF A POPULAR HIKING TRAIL ON NEARBY SANTA CLARA	COUNTY
PARKLAND. THE LAND ALSO SERVES AS A CRITICAL LINK FOR MIC	RATING
WILDLIFE AND PROVIDES WATERSHED PROTECTION WITHIN STEVENS	CANYON.
IN MAY 2011, POST RECEIVED A DONATION OF A CONSERVATION E	ASEMENT ON THE
91-ACRE SHINGLE MILL SOUTH PROPERTY NEAR THE INTERSECTION	OF HIGHWAY 9
AND SKYLINE BOULEVARD ABOVE SARATOGA. THIS EASEMENT PROVI	DES PERMANENT
PROTECTION OF DENSELY FORESTED HILLSIDES AND HELPS FILL I	N A GROWING
NETWORK OF CRITICAL HABITAT AND PROTECTED LAND IN THE SOU	TH BAY.
WORKING WITH ITS CONSERVATION PARTNERS TOWARD PERMANENT I	AND

PROTECTION, POST, IN PARTNERSHIP WITH SEMPERVIRENS FUND, COMPLETED A LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

PENINSULA OPEN SPACE TRUST

Employer identification number 94-2392007

LARGE AND IMPORTANT PROPERTY TRANSFER IN FISCAL YEAR 2011: 535-ACRE

LITTLE BASIN TO CALIFORNIA STATE PARKS. POST AND SEMPERVIRENS FUND

ACQUIRED LITTLE BASIN IN 2007 FROM HEWLETT-PACKARD, WHICH HAD USED THE

PROPERTY FOR DECADES AS AN EMPLOYEE RECREATION CAMPGROUND AND CORPORATE

RETREAT SITE. IN FEBRUARY 2011, THE PROPERTY WAS TRANSFERRED TO STATE

PARKS FOR INCLUSION INTO ADJACENT BIG BASIN REDWOODS STATE PARK. THE

PROPERTY IS CURRENTLY OPERATED ON BEHALF OF STATE PARKS BY A

CONCESSIONAIRE UNITED CAMPS, CONFERENCES AND RETREATS (UCCR) AND IS

OPEN TO THE PUBLIC FOR GROUP CAMPING.

IN THE PAST FISCAL YEAR, POST REACHED ITS GOAL OF PROTECTING 20,000

ACRES OF OPEN SPACE ALONG THE SAN MATEO COAST THROUGH ITS RECENT SAVING

THE ENDANGERED COAST CAMPAIGN. THE CAMPAIGN IS THE LARGEST LAND

PROTECTION INITIATIVE EVER UNDERTAKEN BY ANY LOCAL LAND TRUST. ITS GOAL

WAS TO SAVE ONE OF THE LAST ACCESSIBLE, RURAL COASTLINES NEAR A MAJOR

METROPOLITAN AREA. THE FUND-RAISING PORTION OF THE CAMPAIGN, LAUNCHED

IN 2001 AND COMPLETED AT THE END OF 2005, BROUGHT IN \$200,783,407,

EXCEEDING OUR \$200 MILLION GOAL. POST'S ACQUISITION OF 97.5 ACRES

(DESCRIBED ABOVE) ALONG SKYLINE RIDGE NEAR LA HONDA PUT US OVER THE

GOAL.

IN MAY 2011, CONGRESS APPROVED THE FINAL \$4 MILLION IN APPROPRIATIONS

FROM THE FEDERAL LAND AND WATER CONSERVATION FUND TOWARD THE PENDING

TRANSFER OF RANCHO CORRAL DE TIERRA, ONE OF POST'S COASTAL CAMPAIGN

PROPERTIES, TO THE GOLDEN GATE NATIONAL RECREATION AREA (GGNRA). SIX

YEARS AGO, CONGRESS APPROVED A BOUNDARY EXPANSION TO INCLUDE THE VAST

MAJORITY OF THE 4,262-ACRE PROPERTY AS PART OF THE GGNRA, WHICH IS

OWNED AND MANAGED BY THE NATIONAL PARK SERVICE. THIS FINAL

PENINSULA OPEN SPACE TRUST

Employer identification number 94-2392007

APPROPRIATION CAME ON TOP OF THREE PREVIOUS INSTALLMENTS, FOR A TOTAL

OF APPROXIMATELY \$15 MILLION AWARDED BY CONGRESS, CLEARING THE WAY FOR

POST TO TRANSFER RANCHO CORRAL DE TIERRA TO THE GGNRA BY THE END OF

2011.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AFTER DELAYS DUE TO STATE BUDGET CUTS AND A BOND FREEZE. THE FINAL

PHASE OF CONSTRUCTION INCLUDING INSTALLATION OF THREE BRIDGES WAS

COMPLETED AT THE END OF FISCAL YEAR 2011. (THE TRAIL OPENED TO THE

PUBLIC IN JULY 2011). POST ALSO CONTINUES TO PLAY A LEADERSHIP ROLE AS

PART OF A WORKING GROUP OF ORGANIZATIONS AND AGENCIES ADDRESSING THE

THREAT POSED BY HYPERICUM CANARIENSE, A HIGHLY DAMAGING AND AGGRESSIVE

INVASIVE EXOTIC PLANT THAT IS SPREADING ALONG THE SAN MATEO COAST.

POST CONTINUES TO HOLD AND MANAGE 5,777-ACRE CLOVERDALE COASTAL RANCHES. POST ACQUIRED THIS LAND COMPLEX IN 1997. AT THE TIME, THE PROPERTY TOTALED 6,743 ACRES; OVER THE YEARS, POST HAS TRANSFERRED PORTIONS OF THE PROPERTY SUBJECT TO CONSERVATION EASEMENT TO OTHER OWNERS. A RESIDENT RANCH MANAGER IS ON SITE TO MANAGE EROSION CONTROL, COORDINATE FUELS REDUCTION PROJECTS, PERFORM HABITAT RESTORATION ACTIVITIES, MANAGE NON-NATIVE PLANT SPECIES REMOVAL PROJECTS, AND OPERATE A PUBLIC TRAIL. IN THE PAST FISCAL YEAR, POST CONTINUES TO WORK TO ELIMINATE THE INVASIVE EXOTIC WEED HYPERICUM CANARIENSE FROM THE PROPERTY, CONTROL PAMPAS GRASS AND IMPROVE CRITICAL POND AND WETLAND HABITAT FOR THREATENED AND ENDANGERED SPECIES ON THE LAND, INCLUDING CALIFORNIA RED-LEGGED FROG AND SAN FRANCISCO GARTER SNAKE. IN FISCAL YEAR 2011, POST ALSO CONTINUED ITS EFFORTS TO CONTROL EROSION PRONE AREAS ON THE PROPERTY. POST ALSO CONTINUES TO CONDUCT SIMILAR RESOURCES 032212 01-24-11 Schedule O (Form 990 or 990-EZ) (2010) PENINSULA OPEN SPACE TRUST

Employer identification number 94-2392007

PROTECTION AND RESTORATION PROJECTS ON ITS OTHER FEE LANDS.

IN FISCAL YEAR 2011, POST MET ITS GOAL FOR RAISING \$3 MILLION FOR ITS

CONSERVATION EASEMENT INITIATIVE (CEI). THIS INITIATIVE WAS SET UP FOR

THE PERMANENT PROTECTION OF CONSERVATION EASEMENTS HELD BY POST, SO AS

TO ENSURE THE FUTURE OF THIS POWERFUL AND COST-EFFECTIVE LAND

PROTECTION TOOL. THE CEI HELPS INCREASE POST'S CAPACITY TO MONITOR

EASEMENTS AND DEFEND POSSIBLE CHALLENGES TO EASEMENTS THAT MAY ARISE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

STEWARDSHIP PROJECTS (AS REPORTED ABOVE). POST ALSO CONTINUED ITS

PARTICIPATION IN THE CALIFORNIA COUNCIL OF LAND TRUSTS, AN ASSOCIATION

OF LAND CONSERVANCIES THROUGHOUT CALIFORNIA AND THE BAY AREA OPEN SPACE

COUNCIL, AN ASSOCIATION OF LAND CONSERVATION ORGANIZATIONS THROUGHOUT

THE SAN FRANCISCO BAY AREA REGION.

FORM 990, PART VI, SECTION B, LINE 11: EACH YEAR, PRIOR TO SUBMISSION, THE

AUDIT COMMITTEE SHALL ENSURE THAT POST'S FORM 990 IS REVIEWED BY A MEMBER

OF THE COMMITTEE OR A DESIGNEE OF THE COMMITTEE WITH APPROPRIATE

QUALIFICATIONS. IN ADDITION, THE DRAFT SUBMISSION WILL BE MADE AVAILABLE

TO THE BOARD FOR REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C: WHEN JOINING THE ORGANIZATION'S

BOARD OR STAFF, AND ON AN ANNUAL BASIS, BOARD MEMBERS, MEMBERS OF THE

FINANCE AND AUDIT COMMITTEE NOT CURRENTLY SERVING ON THE BOARD, AND TOP

STAFF FILL OUT A CONFLICT OF INTEREST STATEMENT. IF A CHANGE IN A PERSON'S

MATERIAL INTEREST IN A MATTER THAT COULD AFFECT POST OCCURS, THAT PERSON

MUST AMEND THE CONFLICT OF INTEREST STATEMENT. ALL DISCLOSURE STATEMENTS

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Schedule O (Form 990 or 990-EZ) (2010)

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Page 2

Name of the organization

PENINSULA OPEN SPACE TRUST

Employer identification number 94-2392007

SHALL BE SUBMITTED TO THE PRESIDENT AND FILED WITH THE MINUTES. THE CHAIR

OF THE BOARD GOVERNANCE COMMITTEE AND PRESIDENT SHALL REVIEW THESE

STATEMENTS WITHIN A MONTH OF THEIR SUBMISSION DATE.

FORM 990, PART VI, SECTION B, LINE 15: IT IS THE POLICY OF THE

COMPENSATION COMMITTEE TO ANNUALLY REVIEW THE COMPENSATION OF ALL OFFICERS

UTILIZING A COMPENSATION STUDY WITH MARKET DATA FROM BAY AREA COMPANIES.

THE COMMITTEE ALSO REVIEWS PUBLICLY REPORTED COMPENSATION INFORMATION FROM

FORM 990 OF RELEVANT NON-PROFITS. THE COMMITTEE CONSIDERS MULTIPLE FACTORS

THAT AFFECT COMPENSATION COMPARISONS SUCH AS GEOGRAPHICAL COST OF LIVING,

EXPERIENCE, QUALIFICATIONS, AND PERFORMANCE ACHIEVEMENTS. THIS REVIEW IS

CONTEMPORANEOUSLY DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES GOVERNING

DOCUMENTS AND THE CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON

REQUEST. THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE

MADE AVAILABLE VIA THE ORGANIZATION'S WEBSITE EACH YEAR.

FORM 990 PART VII PART A

OFFICER COMPENSATION AND CHANGE IN PRESIDENT

ON JUNE 30, 2011 AUDREY C. RUST RETIRED AS PRESIDENT OF POST AND WAS SUCCEEDED BY WALTER T. MOORE. MS. RUST'S COMPENSATION FOR THE PERIOD ENDING JUNE 30, 2011 INCLUDED \$47,018 OF ACCRUED VACATION PAYOUT UPON HER RETIREMENT.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

10,389,901.

Name of the organization	PENINSULA OPEN SPACE T	RUST	Employer identification number 94-2392007
		<u> </u>	
FORM 990 PART	XI LINE 2C		
AUDIT COMMITT	EE OVERSIGHT		
THE ORGANIZAT	ION HAS AN AUDIT COMMIT	TEE THAT HAS OVERSIGH	T OF THE AUDIT
AND THE INDEP	ENDENT AUDITORS. THIS	PROCESS HAS NOT CHANG	ED FROM PRIOR
YEAR.			<u>.</u>
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Schedule O (Form 990 or 990-EZ) (2010)

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Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

# Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990.

OMB No 1545-0047 •

2010 Open to Public Inspection

Employer identification number 94-2392007Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> Total income € Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity PENINSULA OPEN SPACE TRUST Name, address, and EIN of disregarded entity Name of the organization Part II Part

(g) Section 512(b)(13) Š × controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) e Exempt Code 501(C)(12) section Legal domicile (state or foreign country) CALIFORNIA DISTRIBUTION OF WATER Primary activity 94-2689518, 222 HIGH STREET, PALO ALTO, CA LAKE LUCERNE MUTUAL WATER COMPANY Name, address, and EIN of related organization 94301

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

Schedule R (Form 990) 2010

94-2392007

Page 2

Schedule R (Form 990) 2010 PENINSULA OPEN SPACE TRUST

General or Percentage managing ownership partner? 3 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Yes No Code V-UBI camount in box 20 of Schedule K-1 (Form 1065) N  $\equiv$ ate allocations? Disproportion-Yes Ξ (g)
Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization **a** Part III

Part IV	Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	oration or Trust (Complete if tyear.)	the organization	on answered "Yes"	to Form 990, Part	IV, line 34 because	e it had one or m	re related
	(a)	(Q)	(2)	(p)	(e)	€	(6)	E)
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile   Direct controlling (state or foreign country)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
								-
					_			

Schedule R (Form 990) 2010

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes No
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed i	n Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	:::::::::::::::::::::::::::::::::::::::			1a	×
b Gift, grant, or capital contribution to other organization(s)				<b>1</b>	×
c Gift, grant, or capital contribution from other organization(s)	•			2	×
d Loans or loan guarantees to or for other organization(s)		:		Þ	×
e Loans or loan guarantees by other organization(s)			: :	<b>1e</b>	×
f Sale of assets to other organization(s)	:			<b>=</b>	×
g Purchase of assets from other organization(s)	:::::::::::::::::::::::::::::::::::::::	: :::::::::::::::::::::::::::::::::::::		19	×
h Exchange of assets	:	•	:	ŧ	×
i Lease of facilities, equipment, or other assets to other organization(s)	•	: : : :		<b>;=</b>	×
				:	
J Lease of facilities, equipment, of other assets from other organization(s)			***************************************	=	4
k Performance of services or membership or fundraising solicitations for other organi	ner organization(s)	•		¥	×
I Performance of services or membership or fundraising solicitations by other organi	er organization(s)			=	×
m Shanng of facilities, equipment, mailing lists, or other assets			: : : : : : : : : : : : : : : : : : : :	돈	×
n Sharing of paid employees	į			ŧ	×
o Reimbursement paid to other organization for expenses			:	9	×
Reimbursement paid by other organization for expenses				đ	×
	•				_
q Other transfer of cash or property to other organization(s)	:	:	: : : : : : : : : : : : : : : : : : : :	19	×
(s)				11	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	nis line, including covered r	elationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
		,			
(1) LAKE LUCERNE MUTUAL WATER COMPANY	Q	40,497.			
(2)					
(3)					
(4)	-				
(9)					
. 19 <b>.</b> 032163 12-21-10			Schedule R (Form 990) 2010	Form 9	90) 2010

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Schedule R (Form 990) 2010 PENINSULA OPEN SPACE TRUST

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	A		5	3	٤	3	1
(a)	(a)	2	2	(a)			
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schediile K-1	General or managing partner?
		country)	Yes No			(Form 1065)	1 1
	:						
						****	
					_		_

Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010	PENINSULA	OPEN	SPACE	TRUST	94-2392007 Pa	age 5
Part VII	(Form 990) 2010 Supplemental II	nformation					
			ation for r	esponses to	questions on Sch	edule R (see instructions).	
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Schedule R (Form 990) 2010

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