DLN: 93493301014036

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A F	or the 20	015 ca	lendar year, or tax year be	eginning 04-01-2015     , and ending 03-31	-2016			
	eck if appl dress chan		C Name of organization THE TRUST FOR PUBLIC LAN	ID			-	entification number
_	me chang	_	Dawa kususasa				2223	33
	ine chang tial return	e	Doing business as					
Fin			Number and street (or P O 1	box if mail is not delivered to street address) Room	m/suite	E Teleph	one nu	mber
	urn/termır	nated	101 MONTGOMERY STREET I	NO 900		(415	) 495-	4014
Am	ended ret	urn	City or town, state or proving SAN FRANCISCO, CA 94104	nce, country, and ZIP or foreign postal code		<b>6</b> Cross		. # 220 127 <i>176</i>
Ap	plication p	ending	SANT RANCISCO, CA 94104			<b>G</b> Gross	receipts	s \$ 220,127,476
			F Name and address	of principal officer	H(a)	Is this a group		
			WILLIAM B ROGERS 101 MONTGOMERY S	STREET NO 900	ЦСЬ	subordinates?		ΓYes <b>Γ</b> Nο
			SAN FRANCISCO, CA		П(В)	Are all subord included?	inates	S TYes TNo
<b>r</b> Ta	x-exempt	status	▼ 501(c)(3)	(insert no )				t (see instructions)
			/W TPL ORG		П(С)	Group exemp	tion ni	umber <b>►</b> 2659
			Corporation Trust As		l Va		072	M State of least democrate. Co
	rt I		mary	sociation   Other F	<b>L</b> rea	ar of formation 1	972	<b>M</b> State of legal domicile C
ince				nission or most significant activities S LAND FOR PEOPLE, ENSURING HEALT	ΓΗΥ, LIVAB	LE COMMUNI	TIES	
Governance	<b>2</b> Ch	eck th	ıs box দ ıf the organızat	cion discontinued its operations or dispos	ed of more t	:han 25% of its	neta	ssets
్ త	3 Nu	mbero	of voting members of the q	poverning body (Part VI, line 1a)			з	19
Activities &				nbers of the governing body (Part VI, line			4	18
È	<b>5</b> To	tal nun	mber of individuals employ	ed in calendar year 2015 (Part V, line 2a	n)		5	434
្ឋ	<b>6</b> To	tal nun	nber of volunteers (estima	ate if necessary)			6	279
•	<b>7a</b> To	tal unr	elated business revenue f	from Part VIII, column (C), line 12			7a	0
	<b>b</b> Net	unrela	ited business taxable inco	ome from Form 990-T, line 34	<u> </u>		7b	(
						Prior Year		Current Year
Q)			butions and grants (Part V	,	•	111,595		115,166,995
Revenue			rogram service revenue (Part VIII, line 2g)				,321	21,216,159
Š Č				column (A), lines 3, 4, and 7d)		4,900		2,345,267
								-727,665
		12)	revenue—aud illies o tillou	ign II (must equal Fait VIII, column (A)	, iiie	136,141	,221	138,000,756
	13	Grants	s and similar amounts paid	d (Part IX, column (A), lines 1-3)		40,441	,786	38,418,611
			•	(Part IX, column (A), line 4)			0	(
8		Salarıe 5–10)		mployee benefits (Part IX, column (A), lır	nes	37,264	,247	39,793,560
Expenses				art IX, column (A), line 11e)		766	,533	917,462
ठ	1			lumn (D), line 25) ▶ <mark>11,711,588</mark>	_			
				n (A), lines 11a-11d, 11f-24e)		37,380	$\overline{}$	42,164,498
	1			.7 (must equal Part IX, column (A), line 2		115,853	-	121,294,131
<u>८</u> १० १०	19	Reven	ue less expenses Subtrac	ct line 18 from line 12		20,287		16,706,625 End of Year
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)		. 🗀	269,276	,336	287,302,891
#B #B						90,781	-	97,266,680
žĒ	22	Net as	sets or fund balances Sul	btract line 21 from line 20		178,495	,233	190,036,211
Unde my k	r penalt nowledg arer has	es of pe and be any kr	belief, it is true, correct, an nowledge	ave examined this return, including accom nd complete Declaration of preparer (oth				
		Туре	or print name and title		Te :		T	
D-:			rint/Type preparer's name IAGA E KISRIEV	Preparer's signature MAGA E KISRIEV	Date	Check If self-employed	PTIN P010	08919
Paid		F	irm's name ► HOOD & STRON	I NG LLP		Firm's EIN 🕨 9		
	parer	F	irm's address ► 275 BATTERY S			Phone no (41		
USE	Only	1						

SAN FRANCISCO, CA 94111

May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓ Yes ☐ No

Form 990 (2015)							
Part III	Stat	ter	ne	nt	of	Р	

1 0111	Page
Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
FO R	UST FOR PUBLIC LAND CREATES PARKS AND PROTECTS LAND FOR PEOPLE, ENSURING HEALTHY, LIVABLE COMMUNITIE NERATIONS TO COME IN THE PAST YEAR, WE HELPED COMMUNITIES TO PLAN FOR PARKS AND CONSERVATION, FUND AND CONSERVATION, PROTECT LAND, AND CREATE NEW PARKS
_	
2	ıd the organization undertake any significant program services during the year which were not listed on ne prior Form 990 or 990-EZ?
	"Yes," describe these new services on Schedule O
3	ıd the organization cease conducting, or make significant changes in how it conducts, any program ervices?
	"Yes," describe these changes on Schedule O
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured by xpenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, ne total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 46,835,329 including grants of \$ 34,346,293 ) (Revenue \$ 6,461,350 )
	PROTECT - WE COMPLETED 75 CONSERVATION TRANSACTIONS THAT PROTECTED 62,134 ACRES FOR RECREATION, TO PROTECT DRINKING WATER, AND TO PRESERVE CRITICALLY IMPORTANT WILDLIFE HABITAT
4b	(Code ) (Expenses \$ 42,193,929 including grants of \$ 3,397,893 ) (Revenue \$ 13,959,672 )
	CREATE - WE COMPLETED 21 PROJECTS, INCLUDING 10 NEW PLAYGROUNDS, 3 GARDENS AND 8 FITNESS ZONE EXERCISE AREAS WE EXPANDED OUR PARKSCOF INDEX, A MEASURE OF HOW WELL THE LARGEST U S CITIES ARE MEETING THE NEED FOR PARKS, BY 10 CITIES
4c	(Code ) (Expenses \$ 2,971,615 including grants of \$ 44,250 ) (Revenue \$ 230,640 )
	PLAN - WE COMPLETED 30 PROJECTS TO HELP AGENCIES AND COMMUNITIES DEFINE CONSERVATION PRIORITIES, IDENTIFY LAND TO BE PROTECTED, AND PLAN AND DESIGN PARKS AND NATURAL SPACES THESE INCLUDED 10 PROJECTS TO HELP CITIES NATIONWIDE REDUCE THE EFFECTS OF CLIMATE CHANGE
	See Additional Data
	Other program services (Describe in Schedule O )

630,175 ) (Revenue \$

(Expenses \$

2,494,228 including grants of \$

564,497)

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Par	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🚨	10	Yes	
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.  I	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	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		No
	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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part $IV$	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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	Yes	
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

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Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	Check if Schedule O contains a response of note to any line in this raft V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   391			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		.,	
2-	gaming (gambling) winnings to prize winners?	1c	Yes	
Zđ	Tax Statements, filed for the calendar year ending with or within the year covered			
_	by this return		V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u> </u>
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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?	<b>-</b>		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the example then receive any funds directly or indirectly to now promiting an a nexample contract?			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $\cdot$ .	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	5 7g		
h	required?	79		<u> </u>
	Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	facilities  Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
4.0	year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1/2015
		F	orm <b>99</b> 0	<b>0</b> (2015)

Form	990 (2015)			Page <b>6</b>
	Governance, Management, and Disclosure  For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check If Schedule O contains a response or note to any line in this Part VI			w, ▽
Se	ection 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 19			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  18			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			ĺ

D	Each committee with authority to act on behalf of the governing body?	8D	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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 arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			

### Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

AL, AK, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA,  $\mathsf{MA}$  ,  $\mathsf{MD}$  ,  $\mathsf{ME}$  ,  $\mathsf{MI}$  ,  $\mathsf{MN}$  ,  $\mathsf{MS}$  ,  $\mathsf{NC}$  ,  $\mathsf{ND}$  ,  $\mathsf{NH}$  ,  $\mathsf{NJ}$  ,  $\mathsf{NM}$  ,  $\mathsf{NY}$  ,  $\mathsf{OH}\,,\mathsf{OK}\,,\mathsf{OR}\,,\mathsf{PA}\,,\mathsf{RI}\,,\mathsf{SC}\,,\mathsf{TN}\,,\mathsf{UT}\,,\mathsf{VA}\,,\mathsf{WA}\,,\mathsf{WV}\,,\mathsf{WI}\,,\mathsf{HI}$ MO TX, DC, NV

16b

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply 

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►CYNTHIA SCHERER 101 MONTGOMERY STREET STE 900 SAN FRANCISCO, CA 94104 (415) 495-4014

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

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

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

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

- 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, or 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

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

(A)	(B)			(C)				(D)	(E)	(F)
Name and Title	Average hours per week (list any hours	Average hours per week (list any hours  Position (do not of more than one box, person is both an and a director/tru				unless officer		Reportable compensation from the organization (W-	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
						<u> </u>				Form <b>990</b> (2015)

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o n is	ne l both	oox, an d	officer stee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		α.	91 0			B				
						2				
See Additional Data Table										
				_						
1b Sub-Total	<del>'</del>		٠.		٠.	<u></u>			<u> </u>	
c Total from continuation sheet	s to Part VII, S	ection A	٠.		•	. 🕨				
d Total (add lines 1b and 1c) .						Þ		3,851,850	0	586,130
Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	no received more th	an	

			Yes	N
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1 a? If "Yes," complete Schedule J for such individual	3		Ν
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		N

	Yes	No
3		Νo
4	Yes	
5		No

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
WE O'NEIL CONSTRUCTION COMPANY OF CALI	CONSTRUCTION	2,911,889
909 N SEPULVEDA SUITE 400		
EL SEGUNDO, CA 90145		
CONSOLIDATED CONTRACTING SERVICES INC	CONSTRUCTION	2,250,140
181 AVENIDA LA PLATA 200		
SAN CLEMENTE, CA 92673		
MSM EMPIRE CONSTRUCTION CORP	CONSTRUCTION	1,572,757
128 ROSELLE ST		
MINEOLA, NY 11501		
LOS ANGELES ENGINEERING	CONSTRUCTION	995,812
633 N BARRANCA AVE		
COVINA, CA 91723		
JD JAMES INC DBA NATURE BRIDGES	CONSTRUCTION	819,743
1568 SEVEN BRIDGES RD		
MONTICELLO, FL 32344		
	·	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\blacktriangleright$  50

Part V	111	Statement o						_
		Check if Sched	ule O contains a respon	se or note to any lin	e in this Part VIII (A)	(B)	(C)	<u> </u>
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
. s	1a	Federated cam	paigns 1a					
ınts	ь	Membership du	ies <b>1b</b>					
ons, Gifts, Grants Similar Amounts	С	Fundraising ev	ents <b>1c</b>	846,630				
Giffs, iilar A	d	Related organiz	zations 1d	1,888,688				
s, G mil	e	Government grant	es (contributions) <b>1e</b>	14,402,686				
Contributions, and Other Sim	f	All other contributi	ons, gifts, grants, and <b>1f</b>	98,028,991				
tributio Other	g		ions included in lines	16,869,069				
Cont and	h	Total. Add line	s1a-1f		115,166,995			
				Business Code				
in.	2a	GOVT COST REIME	BURSEMENTS	900099	9,361,440	9,361,440		
ke ve	ь	GOVT CONTRACT	FEES	900099	4,661,670	4,661,670		
e F	С	LANDOWNER FEE		531190	4,484,251	4,484,251		
ተሃደ	d	TECHNICAL ASSIST	TANCE	541900	899,673	899,673		
8	e	PROJECT REIMBUI		900099	483,889	483,889		
ran L	f		am service revenue	500039	1,325,236	1,325,236		
Program Service Revenue						1,323,230		
	g 3		s 2a-2f		21,216,159			
			ome (including dividend ar amounts)		2,293,734			2,293,734
	4	Income from inves	stment of tax-exempt bond p	proceeds 🕨				
	5	Royalties .	<u> </u>	🕨				
	6a	Gross rents	(ı) Real	(II) Personal				
	J.	Less rental						
	b	expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	_	Cross amount	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	77,618,692	3,721,944				
	b	Less cost or other basis and	77,580,949	3,708,154				
	c	sales expenses Gaın or (loss)	37,743	13,790				
	d		ss)		51,533			51,533
Other Revenue	8a	events (not inc \$846	s reported on line 1c) ne 18					
ţţ	ь	1000 dun=+ :	a penses b	109,952				
0	C		penses <b>b</b> [ (loss) from fundraising e	837,617 events	-727,665			-727,665
		Gross income f	from gaming activities ne 19					
	h	Loca dimanti	a h					
	С		rpenses <b>b</b> [ (loss) from gaming activ	vities -				
		Gross sales of	г					
		returns and allo						
	ь	Less costofa	oods sold <b>b</b>					
	С	_	ı loss) from sales of ınve)	entory 🛌				
		Mıscellaneou	s Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other reven	ue		+	+		
	e	Total. Add line	L	🕨				
	12		See Instructions	· · · · .				
		iotai ievellue.	See The Cuchons	• • • •	138,000,756	21,216,159	0	1,617,602

Part					
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A )	
	Check if Schedule O contains a response or note to any line in t	hıs Part IX		<u></u>	<u> </u>
	ot include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	38,407,611	38,407,611		
2	Grants and other assistance to domestic individuals See Part IV, line 22	11,000	11,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	11,000	11,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,611,050	1,833,940	837,079	940,031
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	28,977,620	16,721,521	6,187,371	6,068,728
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	584,611	339,439	123,802	121,370
9	Other employee benefits	4,230,619	2,431,949	903,447	895,223
10	Payroll taxes	2,389,660	1,362,529	514,407	512,724
11	Fees for services (non-employees)				
а	Management				
b	Legal	140,804	93,494	47,310	
c	Accounting	205,027		205,027	
d	Lobbying	268,720	268,720		
e	Professional fundraising services See Part IV, line 17	917,462			917,462
f	Investment management fees	141,858		141,858	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,906,261	4,056,425	428,850	420,986
12	Advertising and promotion	2,145,199	211,663	1,908,483	25,053
13	Office expenses	1,633,408	827,311	497,292	308,805
14	Information technology	546,101	126,061	396,270	23,770
15	Royalties				
16	Occupancy	3,545,018	2,114,873	721,539	708,606
17	Travel	2,384,708	1,187,564	548,468	648,676
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,458,204	1,108,882	97,827	251,495
20	Interest	640,591	640,591		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	231,568	57,922	151,850	21,796
23	Insurance	796,219	453,986	171,397	170,836
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DESIGN & CONSTRUCTION	18,910,918	18,910,918		
b	PRINTING/REPRODUCTION	1,353,949	771,991	291,456	290,502
c	APPRAISAL SERVICES	1,310,395	1,310,395		
d	ENVIRONMENTAL ASSESSMEN	711,435	711,435		
e	All other expenses	834,115	534,881	913,709	-614,475
25	Total functional expenses. Add lines 1 through 24e	121,294,131	94,495,101	15,087,442	11,711,588
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ✓ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	(	Check if Schedule O contains a response or note to any	line in this	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			864,022	1	183,114
	2	Savings and temporary cash investments			589,708	2	4,435,702
	3	Pledges and grants receivable, net			18,446,020	3	31,699,184
	4	Accounts receivable, net			13,902,602	4	13,759,460
	5	Loans and other receivables from current and former off trustees, key employees, and highest compensated em II of Schedule L	•	,			
						5	
Assets	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins Part II of Schedule L	3(c)(3)(B), f section 5	and 01(c)(9)		6	
<u>ج</u>	7	Notes and loans receivable, net			0	7	3,000,000
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			171,848	9	353,311
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,104,622			
	ь	Less accumulated depreciation	10b	4,383,729	836,866	10c	720,893
	11	Investments—publicly traded securities	· · · ·		21,208,183	11	22,339,565
	12	Investments—other securities See Part IV, line 11 .			81,004,537	12	62,782,857
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			132,252,550	15	148,028,805
	16	Total assets.Add lines 1 through 15 (must equal line 34			269,276,336	16	287,302,891
	17	Accounts payable and accrued expenses			17,934,001	17	17,756,178
	18	Grants payable				18	
	19	Deferred revenue			5,085,860	19	5,917,731
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV	of Schedu	le D		21	
Liabilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and o	, directors	, trustees,			
<u> </u>		persons Complete Part II of Schedule L				22	
ï	23	Secured mortgages and notes payable to unrelated thir	d parties		550,243	23	432,203
	24	Unsecured notes and loans payable to unrelated third p	arties .		22,536,803	24	26,086,126
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to related	third parties,	44,674,196	25	47,074,442
	26	Total liabilities. Add lines 17 through 25			90.781.103	26	97,266,680
رم do	20	Organizations that follow SFAS 117 (ASC 958), check h		and complete	30,701,103	20	37,200,000
ğ	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets			27,143,378	27	27,769,594
<u>ದ</u> ದ	28				134,975,471	28	144,631,902
<u> </u>	28 29	Temporarily restricted net assets		• • •	16,376,384		17,634,715
Assets of Fund Balance	29	Organizations that do not follow SFAS 117 (ASC 958),	 check here	 	10,370,304	29	17,004,710
ŏ		complete lines 30 through 34.					
2	30	Capital stock or trust principal, or current funds				30	
ž,	31	Paid-in or capital surplus, or land, building or equipmen				31	
	32	Retained earnings, endowment, accumulated income, or	r other fun	is	470 405 000	32	400 000 011
ž	33	Total net assets or fund balances			178,495,233	33	190,036,211
	34	Total liabilities and net assets/fund balances			269,276,336	34	287,302,891

Dar	t XI Reconcilliation of Net Assets				age ==			
Fai	Check if Schedule O contains a response or note to any line in this Part XI				. ৮			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		138,0	000,756			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2 121,294,13					
3	Revenue less expenses Subtract line 2 from line 1	3		16,7	706,625			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		178,4	195,233			
5	Net unrealized gains (losses) on investments	5		-1,7	90,697			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-3,3	374,950			
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		190,0	36,211			
Par	t XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII			 Yes	. I No			
1	Accounting method used to prepare the Form 990			res	No			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on						
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate						
	Separate basis Consolidated basis Both consolidated and separate basis							
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes				
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n						
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За	Yes				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes				

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 23-7222333

Name: THE TRUST FOR PUBLIC LAND

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 2,494,228 including grants of \$ 630,175 ) (Revenue \$ 564,497 )
FUND - WE HELPED PASS 12 STATE AND LOCAL BALLOT MEASURES, AN 86% SUCCESS RATE, THAT GENERATED \$329,396,000

IN PUBLIC FUNDS FOR PARKS AND NATURAL SPACES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	ependent Coi	ntracto	rs			, .	,	ı	I	1 1
(A) Name and Title	(B) Average hours per week (list	Posit more t perso	tion (d han o n is b	ne bo	ox, ι an o	ınless fficer	i	( <b>D</b> ) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related organizations below dotted line)	and Individual trustae or director	Institutional Trustee			Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the organization and related organizations
STEPHEN BAIRD	1 00	х						0	0	0
DIRECTOR  BRIAN M BEITNER  DIRECTOR (THRU 10/1/15)	1 00	Х						0	0	0
GEORGE BELL	1 00	х						0	0	0
DIRECTOR	0 00									
PAGE KNUDSEN COWLESDIRECTOR	2 00	×						0	0	0
WILLIAM J CRONON	1 00								0	
DIRECTOR	0 00	Х						0	0	0
DOUGLAS DURST	1 00	x						0	0	0
DIRECTOR F WHITNEY HATCH	1 00 1 00									
DIRECTOR	1 00	X						0	0	0
IGNACIA S MORENO	1 00	x						0	0	0
DIRECTOR	1 00	^						0	0	0
CAROLINE NIEMCZYK	1 00	x						0	0	0
DIRECTOR  MICHAEL E PATTERSON	1 00									
DIRECTOR	0 00	х						0	0	0
TOM REEVE	1 00	x						0	0	0
DIRECTOR	0 00							0		
JEFFREY RESNICK	1 00	x						0	0	0
DIRECTOR  LAURA RICHARDS	0 00 1 00									
DIRECTOR	0 00	Х						0	0	0
ROY RICHARDS JR	1 00	х						0	0	0
DIRECTOR	1 00							0	•	
ALEXIS G SANT	1 00	x						0	0	О
DIRECTOR  SHERYL TISHMAN	1 00									
DIRECTOR	0 00	Х						0	0	0
F JEROME TONE	1 00	х						0	0	0
DIRECTOR	1 00							-		
ANA VALDEZDIRECTOR		x						0	0	0
SUSAN D WHITING	1 00									
DIRECTOR	0 00	Х						0	0	0
WILLIAM B ROGERS PRESIDENT & CEO	40 00	х		х				452,074	0	137,335
D MALCOLM CARSON FROM 11115	3 00 40 00									
SECRETARY & GENERAL COUNSEL	1 00			Х				27,053	0	1,931
HOLLY HAUGH SECRETARY & GENERAL COUNSEL	40 00			х				194,474	0	24,236
CYNTHIA SCHERER	40 00			,				214 224	2	20.004
TREASURER & CFO	3 00			X				214,221	0	29,801
ADRIAN BENEPE SENIOR VP	40 00				х			238,437	0	29,458
MARGIE BERMEO	0 00				<u> </u>			_,		
CHIEF PHILANTHROPY OFFICER	0 00				Х			240,889	0	30,568

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)	(B)			(C)				(D)	(E)	(F)
Name and Title	A verage hours per week (list	Posit more th perso	nan o n ıs b	ne bo	ox, u an of	nless ficer	;	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	any hours for related	and a	i aire				I	organization (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	, ,		related organizations
RAY CHRISTMAN	40 00				×			202,114	0	37,661
SENIOR VP	0 00				^			202,114	0	37,001
SEAN CONNOLLY	40 00				х			211,134	0	29,792
CHIEF MARKETING OFFICER	0 00									
ERNEST COOK	40 00				x			199,462	0	31,776
SENIOR VP	2 00				^			177,402	Ŭ	31,770
JEFF DANTER	40 00				.,			104 500		27.424
SENIOR VP	0 00				X			191,683	0	37,431
KATHY DECOSTER	40 00				х			167,703	0	16,311
DIRECTOR OF FEDERAL AFFAIRS	0 00				^			107,703	0	10,311
DEBORAH LOVE	40 00				V			215.055	0	6.627
SENIOR VP	0 00				Х			215,055	0	6,637
BRENDA SCHICK	40 00				.,			466 722		5.407
VICE PRESIDENT	0 00				Х			166,723	0	5,187
BARBARA SMITH	40 00							152 540		27.004
VICE PRESIDENT	0 00				Х			152,518	0	27,991
TIMOTHY WOHLGENANT	40 00							106 201		25 200
SENIOR VP	0 00				X			186,384	0	35,309
TILY SHUE	40 00								_	
LEGAL COUNSEL	1 00					×		161,743	0	26,844
GINA FROMMER	40 00					,,		454.400		44.007
STATE DIRECTOR	0 00					X		161,433	0	11,837
JOHN DAVIS CONTROLLER	40 00					х		156,962	0	28,090
MAGGIE MADDEN	40 00									
ASST GENERAL COUNSEL	0 00					х		156,229	0	15,958
DON MORROW	40 00					х		155,559	0	21,977
TRANSACTION DIRECTOR	0 00							133,337		21,51,

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As Filed Data -

DLN: 93493301014036

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

THE T	RUST F	OR PUBLIC LAND					722222	
Da	rt I	Peacon for Dubli	c Charity S	tatus (All organiza	tions must co	mnlete this r	23-7222333	nc .
		zation is not a private fo						7115.
1	rigain.	A church, convention		·		•	•	
	<u>'</u>	A school described in	-			=		
2 3	<u>'</u>		•		•		• •	
	<u></u>	A hospital or a cooper						<b>&gt;</b>
4	ı	A medical research or hospital's name, city,	-	erated in conjunction v	vitn a nospitai d	escribed in <b>sec</b>	Tion 170(D)(1)(A)(III	). Enter the
5	Γ		ted for the be	nefit of a college or un I)	iversity owned	or operated by	a governmental unit o	described in <b>section</b>
6	$\Gamma$	A federal, state, or loc			described in <b>se</b>	ection 170(b)(1	L)(A)(v).	
7	<u>-</u>	An organization that n described in <b>section 1</b>	70(b)(1)(A)(v	<b>/i).</b> (Complete Part II	)		ental unit or from the g	jeneral public
8	<u>_</u>	A community trust de						
9	Γ	receipts from activition from gross investmen	es related to it it income and	ves (1) more than 33 is exempt functions—s unrelated business talleesection 509(a)(2).	ubject to certa kable income (le	in exceptions, ess section 51	and (2) no more than	331/3% of its suppor
10	$\Gamma$	An organization organ					າ 509(a)(4).	
11	$\Gamma$	An organization organ	zed and opera	ited exclusively for the	e benefit of, to p	erform the fund	ctions of, or to carry o	ut the purposes of
		one or more publicly s						
_	_	the box in lines 11a th						
а	ı	<b>Type I.</b> A supporting of supported organization						
		organization You mus				cy or the uncer	ors or crustees or the	Jupporting
b	Γ	Type II. A supporting				with its suppo	rted organization(s), b	y having control or
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) <b>You</b>
С	_	must complete Part IV Type III functionally			n operated in c	onnoction with	and functionally into	aratod with its
	'	supported organization						grated with, its
d	$\Gamma$	Type III non-function						anızatıon(s) that ıs
		not functionally integr					ement and an attentiv	eness requirement
_	_	(see instructions) Yo					T., - I T., - II T	III functionally
е	ļ	Check this box if the contegrated, or Type II:					s a Type I, Type II, T	ype III functionally
f	Ente	r the number of support						
g		Provide the following i					_	
_		_		.,				
Nan	ne of s	(i) upported organization	(ii)EIN	(iii)  Type of  organization (described on lines 1- 9 above (see	(iv) Is the organ Isted in your docume	nization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
				ınstructions))				
					Yes	No		

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 **(e)**2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 96,398,195 101,906,077 119,434,191 111,595,050 115,166,995 544,500,508 membership fees received (Do not include any unusual grants ) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 96,398,195 101,906,077 119,434,191 111,595,050 115,166,995 544,500,508 **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 16,031,386 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 528,469,122 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 Amounts from line 4 96,398,195 101,906,077 119,434,191 111,595,050 115,166,995 544,500,508 Gross income from interest, dividends, payments received 1,389,990 1,224,095 1,306,617 2,044,520 2,293,734 8,258,956 on securities loans, rents, royalties and income from sımılar sources 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 60,187 133,512 184,326 124,154 109,952 612,131 capital assets (Explain in Part VI) 11 Total support. Add lines 7 553,371,595 through 10 Gross receipts from related activities, etc (see instructions) 12 12 99,249,355 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 95 500 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 95 450 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test -2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**□ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction	Δ ΔΙΙ	Sunno	rtina	Orgai	nizations
Je	CUUII	A. A.	Suppu	, una	Ol uai	IILAGUUIIS

	··		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3с		
<b>4</b> a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5 <b>a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)												
Se	ection B. Type I Supporting Organizations												
			Yes	No									
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1											
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2											
Se	Section C. Type II Supporting Organizations												
			Yes	No									
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1											
Se	ection D. All Type III Supporting Organizations												
			Yes	No									
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1											
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2											
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3											
Se	ection E. Type III Functionally-Integrated Supporting Organizations												
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below												
2	Activities Test Answer (a) and (b) below.		Yes	No									
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a											
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b											
3	Parent of Supported Organizations Answer (a) and (b) below.												
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a											
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each												

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			

#### Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10,	SPECIAL EVENT REVENUE - 2011 AMOUNT \$ 60,187 2012 AMOUNT \$ 127,819 2013
EXPLANATION OF OTHER	AMOUNT \$ 182,396 2014 AMOUNT \$ 124,154 2015 AMOUNT \$ 109,952 SALES - 2012
INCOME	AMOUNT \$ 5,693 2013 AMOUNT \$ 1,930

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493301014036

# OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Inspection** 

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** THE TRUST FOR PUBLIC LAND Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter-0-

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

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b> □	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN	Ι,
		expenses, and share of excess lobbying expenditures)	

**B** Check ► If the filing organization checked box A and "limited control" provisions apply

		ying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	59,802		
b	Total lobbying expenditures to influence a legis	lative body (direct lobbying)	799,795	
c	Total lobbying expenditures (add lines 1a and 1	b)	859,597	
d	Other exempt purpose expenditures		117,486,526	
e	Total exempt purpose expenditures (add lines 1	118,346,123		
f	Lobbying nontaxable amount Enter the amount	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, en	ter -0-	0	
i	Subtract line 1f from line 1c If zero or less, ent	er -0-	o	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

	Υ	е	s		No
--	---	---	---	--	----

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total				
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
_с	Total lobbying expenditures	974,719	884,076	955,637	859,597	3,674,029				
_d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000				
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				
f_	Grassroots lobbying expenditures	60,952	42,785		59,802	222,610				

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				ige <b>S</b>
<i></i>	1	(	a)		(b)	
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Tes				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	01(c	)(5), o	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493301014036

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements** ► Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

rnal Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ir</u>	s.gov/f	orm990. Inspection
Name of the org			Empl	oyer identification number
THE TROST FOR FO	BLC DAND		23-7	222333
		r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds c	or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
Total nun	nber at end of year			
A ggregat year)	e value of contributions to (during			
Aggregat	e value of grants from (during year)			
Aggregat	e value at end of year			
_		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advis	ed <b>┌ Yes ┌ No</b>
used only fo		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		purpose <b>Yes No</b>
art II Con	<b>servation Easements.</b> Compl	ete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
Preserva Protecti Preserva Complete lii	ation of land for public use (e g , recro on of natural habitat ation of open space		certified	cally important land area historic structure of a conservation
easement o	if the last day of the tax year			Held at the End of the Year
<b>a</b> Total numbe	er of conservation easements		2a	10
<b>b</b> Total acrea	ge restricted by conservation easem	ents	2b	1,428 00
<b>c</b> Number of c	onservation easements on a certified	d historic structure included in (a)	2c	1
	onservation easements included in ( acture listed in the National Register	c) acquired after 8/17/06, and not on a	2d	0
Number of c tax year ►_	•	nsferred, released, extinguished, or terminat	ed by the	e organization during the
Number of s	tates where property subject to cons	servation easement is located 🛌 6		
	ganization have a written policy rega and enforcement of the conservation	rding the periodic monitoring, inspection, har easements it holds?	ıdlıng of	✓ Yes
year	-	inspecting, handling of violations, and enforc	ing cons	ervation easements during the
▶ 89 0	00			
A mount of e ► \$	expenses incurred in monitoring, insp 6,898	ecting, handling of violations, and enforcing o	onserva	tion easements during the year
	conservation easement reported on li ection 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4)
balance she		rts conservation easements in its revenue ar t of the footnote to the organization's financia asements		
		ctions of Art, Historical Treasures,	or Oth	er Similar Assets.
	<u>-</u>	red "Yes" on Form 990, Part IV, line 8.		
works of art	, historical treasures, or other simila	FAS 116 (ASC 958), not to report in its rever r assets held for public exhibition, education, note to its financial statements that describe	or resea	arch in furtherance of public
works of art		FAS 116 (ASC 958), to report in its revenue r assets held for public exhibition, education, o these items		
(i) Revenue ir	ncluded on Form 990, Part VIII, line	1	<b>-</b> \$_	
(ii) Assets incl	luded in Form 990, Part X			
If the organ	ızatıon received or held works of art,	historical treasures, or other similar assets f SFAS 116 (ASC 958) relating to these items	or financ	
<b>a</b> Revenue inc	cluded on Form 990, Part VIII, line 1			<b>▶</b> \$

**b** Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	Art, His	torical	Treasures	s, or O	ther Simila	r Ass	ets	
3		the organization's acquisition, accition items (check all that apply)	ession, and other re	cords, ch					nt use o	fits	
а	┌ P	ublic exhibition		d	┌ Loa	ın or exchanç	ge progr	ams			
b	Γs	cholarly research		e	┌ oth	ner					
С	ГР	reservation for future generations									
4	Provide Part >	de a description of the organization' (III	s collections and ex	oplain hov	v they furt	ther the orga	nızatıon	's exempt purp	ose in		
5	Durin	g the year, did the organization soli	cit or receive donati	ons of ar	t, hıstorıc	al treasures	or othe			_	
		s to be sold to raise funds rather th		as part o	of the orga	nization's co	llection	17	Yes	No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Par	t IV, line 9,	or rep	oorted an am	ount o	on Forn	n 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other inte	rmediary	for contri	butions or ot	her ass:		Yes	<b>▽ No</b>	
b	If"	Yes," explain the arrangement in P	art XIII and complet	te the fol	lowing tab	ole			Amou	nt	
С	Ве	ginning balance					1c				
d	A d	ditions during the year					1d				
е		tributions during the year					1e				
f		ding balance					1f				
2a		ne organization include an amount o	n Form 990, Part X,	line 21,	for escrov	v or custodia	laccou	nt liability?	Yes	┌ No	
b Pa	If"Ye	s," explain the arrangement in Part  Endowment Funds. Comple									
L C	I C V	Eliaoville i alias. Comple	(a)Current year		or year	<b>b</b> (c)Two yea		(d)Three years I		<b>e)</b> Four ye	ars back
1a	Begin	ning of year balance	7,501,631		3,140,028		979,729		,006		20,006
b	Contr	ributions	1,366,574		4,361,603	1	160,299	2,959	,723		
c	Net ir losse	nvestment earnings, gains, and s									
d		s or scholarships · · · ·									
e		r expenditures for facilities rograms 									
f	A dmı	nistrative expenses									
g	End o	f year balance	8,868,205		7,501,631	3,1	140,028	2,979	,729		20,006
2	Provi	de the estimated percentage of the	current year end bal	lance (lın	e 1g, colu	ımn (a)) held	as				
а	Board	designated or quasi-endowment 🕨	0 %								
b	Perma	anent endowment 🛌 100 000 %									
c	•	orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	0 % should equal 100%								
3a		nere endowment funds not in the pos			that are h	eld and admi	nistered	d for the			
		ization by								Yes	No
	<b>(i)</b> un	related organizations							3a(i)		No
		lated organizations							3a(ii)	<u> </u>	No
b		s" on 3a(II), are the related organiz				R?			3b		
4 Dat	rt VI	The In Part XIII the Intended uses of Land, Buildings, and Equip		endowm	ent runas						
Fa	r AT	Complete if the organization a		Form 9	90, Part	IV, line 11a	a.See F	orm 990, Pa	art X, I	ıne 10.	ı
		Description of property			(a) ost or other	hasis Cost or	(b) other ba	Accumu		( <b>d</b> )Boo	k value
	Land				(investmer	I	other)	sis (C)depreci	lation		
		gs		. $\vdash$			2,729,0	141 2	304,088		424,953
		old improvements		. —			319,3	<del>-  </del>	142,674		176,661
		nent					1,799,7		712,763		87,027
				. $\vdash$			256,4		224,204		32,252
		ines 1a through 1e (Column (d) mus			mn (B), lın	e 10(c).)					720,893

(a) Description of security or category (including name of security)		(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives			·
(2)Closely-held equity interests (3)O ther			
(A) DEBT SECURITIES		62,782,857	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>*</b>	62,782,857	
Part VIII Investments—Program Related. Complete if the organization answered	'Yes' on Form 990	Part IV line 11c c	Farms 000 Part V Iva 13
(a) Description of investment	100 011 101111 330	(b) Book value	(c) Method of valuation
(2)		(5, 500), (4,40	Cost or end-of-year market value
	+		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	1.1%		15 5 000 0 1 1 1 1 5
Part IX Other Assets. Complete if the organization (a) Descri		orm 990, Part IV, line 11	(b) Book value
(1) DEPOSITS ON LAND TRANSACTIONS	•		980,850
(2) INVESTMENT IN AFFILIATES			300,690
(3) OTHER DEPOSITS (4) OPEN SPACE HOLDINGS			261,771 85,870,024
(5) ASSETS HELD IN CHARITABLE TRUSTS			54,525,470
(6) INTEREST RECEIVABLE			60,000
(7) ESCROW CLEARING			6,030,000
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5)		• 148,028,805
Part X Other Liabilities. Complete if the orga			
See Form 990, Part X, line 25.	T		,
1. (a) Description of liability	(b) Book value	<u>:</u>	
Federal income taxes			
LIABILITIES TO BENEFICIARIES OF CHARITABLE			
TRUSTS	34,997,	095	
MITIGATION ADVANCES	10,850,	336	
ODITION DAYMENTS	4 226	0.50	
OPTION PAYMENTS	1,226,	968	
GARNISHMENTS		43	
		_	
Total. (Column (h) must equal Form 990. Part X. col (B) line 25.)	47.074.	442	

	Mic 5 (101111 550) 2013		rage
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per F	Return
1	Total revenue, gains, and other support per audited financial statements	1	132,068,930
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments   2a   -1,790,697		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-4,880,755
3	Subtract line <b>2e</b> from line <b>1</b>	3	136,949,685
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,051,071
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	138,000,756
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s pe	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	120,527,952
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-766,179
3	Subtract line <b>2e</b> from line <b>1</b>	3	121,294,131
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0

#### Part XIII Supplemental Information

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Return Reference	Explanation
PART II, LINE 9	EASEMENTS ACQUIRED BY THE TRUST ARE CONSERVATION EASEMENTS AND REPRESENT NUMEROUS RESTRICTIONS OVER THE USE AND DEVELOPMENT OF LAND NOT OWNED BY THE TRUST THESE EASEMENTS GENERALLY PROVIDE THAT THE LAND WILL BE MAINTAINED UNIMPAIRED IN ITS CURRENT NATURAL, AGRICULTURAL, SCENIC OR RECREATIONAL STATE DURING THE YEAR ENDED MARCH 31, 2016, EASEMENTS VALUED AT \$44,556,000 WERE ACQUIRED AND \$55,631,000 CONVEYED DURING THE YEAR ENDED MARCH 31, 2015, EASEMENTS VALUED AT \$28,991,000 WERE ACQUIRED AND \$61,796,000 CONVEYED
PART X, LINE 2	THE FINANCIAL STATEMENTS ARE PART OF THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TRUST FOR PUBLIC LAND (THE TRUST), COAST DAIRIES & LAND COMPANY, AND THE CONSERVATION CAMPAIGN THE FOLLOWING IS THE FOOTNOTE TO THE CONSOLIDATED FINANCIAL STATEMENTS THE INTERNAL REVENUE SERVICE HAS CLASSIFIED THE TRUST AS A PUBLICLY SUPPORTED, TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CONTRIBUTIONS TO THE TRUST ARE DEDUCTIBLE AS ALLOWED UNDER SECTION 170(B)(1)(A)(VI) OF THE CODE ALL AFFILIATED ORGANIZATIONS OF THE TRUST ARE ALSO QUALIFIED UNDER SECTION 501(C)(3) OF THE IRS CODE WITH THE EXCEPTION OF THE CONSERVATION CAMPAIGN, WHICH IS CLASSIFIED AS A 501(C)(4) ORGANIZATION CONTRIBUTIONS TO THE CONSERVATION CAMPAIGN ARE NOT TAX DEDUCTIBLE MANAGEMENT EVALUATED THE TRUST'S TAX POSITIONS AND CONCLUDED THAT THE TRUST HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD NOT TAKEN UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT INTEREST TRUSTS -922,933 CHANGE IN VALUE OF LAND HOLDINGS -20,000 INVESTMENT IN AFFILIATES -1,789,903 UNCOLLECTIBLE GRANTS -642,114
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENTS DIRECT EXPENSES NETTED WITH REVENUE -837,617 RECLASS TRANSFER FROM CDLC DURING MERGER TO REVENUE 1,888,688
PART XII, LINE 2D - OTHER	SPECIAL EVENTS DIRECT EXPENSES NETTED WITH REVENUE 837,617 RECLASS TRANSFER FROM CDLC DURING MERGER TO REVENUE -1,888,688

5

121,294,131

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

DLN: 93493301014036

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

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public **Inspection** 

Name of the organization THE TRUST FOR PUBLIC LAND

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 

23-7222333 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Indicate whether the organization raised funds through any of the following activities Check all that apply

Form 990-EZ filers are not required to complete this part.

Mail solicitations

Internet and email solicitations

Phone solicitations

In-person solicitations

- e 🔽 Solicitation of non-government grants
- Solicitation of government grants
- ▼ Special fundraising events

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1 SIMONCINI STRATEGIES 94 LENORD WOOD SOUTH STE 201 HIGHLAND PARK, IL	PROJECT FUNDRAISING	Yes	No No	3,846,045	60,000	3,786,045														
CHAPMAN CUBINE ADAMS HUSSEY 1600 WILSON BLVD STE 300	ANNUAL FUND		No	1,878,000	357,216	1,520,784														
ARLINGTON, VA 22209  3 CARE2COM INC 275 SHORELINE DR 300  REDWOOD CITY, CA 94065	LIST MAINTENANCE		No	604,000	183,040	420,960														
BLACKBAUD INC 2000 DANIEL ISLAND DR  CHARLESTON, SC 29492	DO NO R RESEARCH		No	208,600	109,714	98,886														
5 CIVITAS PUBLIC AFFAIRS GROUP 409 7TH ST NW STE 350 WASHINGTON, DC	CIVIC ENGAGEMENT		No	0	40,000	-40,000														
20004 6 MARTS & LUNDY INC 1200 WALL ST WEST LYNDHURST, NJ 07071	FEASIBILITY & RESEARCH		No	0	38,695	-38,695														
7 PETER MATTAIR CONSULTING 2501 WEST ZIA RD 9- 206	PROJECT FUNDRAISING		No	0	30,000	-30,000														
SANTA FE, NM 87505  8 THE STELTER COMPANY 10435 NEW YORK AVE DES MOINES, IA 50322	ANNUAL FUND		No	0	28,296	-28,296														
9 FACEBOOK 1 HACKER WAY  MENLO PARK, CA 94025	ONLINE FUNDRAISING		No	0	18,344	-18,344														
10 PHYLLIS SHAPIRO 25 CHAMBERLAIN RD  FLEMINGTON, NJ 08822	GRANT WRITING		No	0	14,000	-14,000														
Total	•		<b>&gt;</b>	6,536,645	879,305	5,657,340														

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 o
fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross
receipts greater than \$5,000

	receipts greater than \$5,000	).	•		
		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)O ther events	(d)
		ABOVE THE RAILS (CHICAGO) (event type)	PROCTOR CREEKCLEARWATER REVIVAL (event type)	(total number)	Total events (add col <b>(a)</b> through col <b>(c)</b> )
Revenue	<b>1</b> Gross receipts	713,705		73,008	956,582
	2 Less Contributions	666,320 47,385		34,998	846,630 109,952
	4 Cash prizes	47,303	24,337	30,010	103,332
	<b>5</b> Noncash prizes		3,016	2,661	5,677
မွာ	<b>6</b> Rent/facility costs		20,231	3,262	23,493
ense	<b>7</b> Food and beverages		14,427	5,973	20,400
Expenses	8 Entertainment		2,400		2,400
	9 Other direct expenses	760,948	13,577	11,122	785,647
Direct	10 Direct expense summary Add lines	4 through 9 ın column (d	)		837,617
	<b>11</b> Net income summary Subtract line :	10 from line 3, column (d	)	🛌	-727,665
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	n answered "Yes" on F	orm 990, Part IV, line	19, or reported mor	e than \$15,000 on
Revenue		(a)Bıngo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
Ä	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	<b>6</b> Volunteer labor	│ Yes % No	│ Yes <u>%</u> │ No	│ Yes <u>%</u> │ No	
	7 Direct expense summary Add lines	2 through 5 in column (d	)		
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organization licensed to conduct				☐Yes ☐No
b	If "No," explain				
10a	Were any of the organization's gaming				
b	If "Yes," explain				

Schedule	G (Form	990	or 990-EZ)	201

Page	3
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L1	Does the organization conduct gaming	activities with nonmember	ers?	Yes   N	0
12	Is the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnership or other entit	ty	
	formed to administer charitable gaming	g?		┌Yes ┌N	0
13	Indicate the percentage of gaming acti	ıvıty conducted ın			
а	The organization's facility			13a	%
b	An outside facility			13b	%
<b>L4</b>	Enter the name and address of the pers	son who prepares the orga	anızatıon's gamıng/specıal events books	s and records	
	Name 🟲				
	Address ►				
.5a	Does the organization have a contract				
	revenue?			┌Yes ┌N	0
b	If "Yes," enter the amount of gaming re	evenue received by the or	ganızatıon 🟲 \$ a	and the	
	amount of gaming revenue retained by	the third party 🟲 \$			
c	If "Yes," enter name and address of th	e thırd party			
	Name 🟲				
	Address ►				
L <b>6</b>	Gaming manager information				
	Name 🕨				
	Gaming manager compensation * \$				
	Description of services provided				
	Director/officer	Employee	☐ Independent contractor		
.7	Mandatory distributions				
а	Is the organization required under stat	e law to make charitable o	distributions from the gaming proceeds t	to	
	retain the state gaming license?			ΓYes ΓΝ	0
b	Enter the amount of distributions requi	red under state law distril	buted to other exempt organizations or s	spent	
	in the organization's own exempt activ				
Pai	rt IV Supplemental Information	<b>on.</b> Provide the explar 5b, 15c, 16, and 17b, a	nations required by Part I, line 2b, one applicable. Also complete this pa		); and
	Return Reference		Explanation		
		•			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493301014036 OMB No 1545-0047

Open to Public **Inspection** 

**Employer identification number** 

# **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

THE TRUST FOR PUBLIC LAND

(Form 990)

						23-7222333	
Part I General Information	n on Grants and	d Assistance				<u>.</u>	
<ul> <li>Does the organization maintain r</li> <li>the selection criteria used to awa</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or as	sıstance?			for the grants or assis	tance, and	√Yes
Part III Grants and Other Assistanthat received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	l, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
See Additional Data Table							
2 Enter total number of section 50	1 (c)(3) and govern	ment organizations lis	sted in the line 1 table			•	6.8

Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	
(1) HONROARIUM	4	1,000				
(2) PROJECT SUPPORT	1	10,000				
Part IV Supplemental Informa	Part IV Supplemental Information Provide the information required in Part I line 2. Part III, column (b), and any other additional information					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTEES ADHERE TO MONITORING AND REPORTING REQUIREMENTS ASSOCIATED WITH GRANTS FROM THE TRUST FOR PUBLIC LAND

Schedule I (Form 990) 2015

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 23-7222333

Name: THE TRUST FOR PUBLIC LAND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> Amount of cash grant	1 ` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF WHITEFISH 1005 BAKER AVE POB 158 WHITEFISH,MT 59937		CITY OF WHITEFISH		1,640,000	ATTRAISAE	BARGAIN SALE OF HALF INTEREST IN 3022 06 ACRES OF LAND IN MT	LAND CONSERVATION
MT DEPT OF FISH WILDLIFE & PARKS PO 200701 HELENA,MT 59620		MT FW&P DEPT		1,640,000	ATTRAISAE	BARGAIN SALE OF HALF INTEREST IN 3022 06 ACRES OF LAND IN MT	LAND CONSERVATION
LAND TRUST FOR SANTA BARBARA COUNTY PO 91830 SANTA BARBARA, CA 93190	95-3797404	501(C)(3)		750,000	MIINAIDAL	BARGAIN SALE OF 779 67 ACRES OF LAND IN CA	LAND CONSERVATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ALOHA KUAMO'O AINA PO BOX 10784 LAHAINA,HI 96761	46-4864386	501(C)(3)		1,240,000		BARGAIN SALE OF 47 16 ACRES OF LAND IN HI	LAND CONSERVATION			
AMMONOOSUC CONSERVATION TRUST 107 GLESSNER ROAD BETHLEHEM,NH 03574	02-6121209	501(C)(3)		187,500	MIINMIOME	ACDEC OF LAND IN NU	LAND CONSERVATION			
ARAPAHOE COUNTY 5334 S PRINCE ST LITTLETON,CO 80120		ARAPAHOE COUNTY		107,500	MIINMIOME	ACDEC OF LAND IN CO	LAND CONSERVATION			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CA WILDLIFE CONSERVATION BOARD 1416 9TH ST ROOM 1266 SACRAMENTO,CA 95814		CA WCB		100,000	MILIKAISAE	BARGAIN SALE OF 1477 4 ACRES OF LAND IN CA	LAND CONSERVATION			
CARVER COUNTY 11360 HWY 212 WEST COLOGNE,MN 55322		CARVER COUNTY		350,000	MIINAIDAE	BARGAIN SALE OF 36 5 ACRES OF LAND IN MN	LAND CONSERVATION			
CITY OF SAINT PAUL 1000 CITY HALL ANNEX 2500 WEST KELLOGG BLVD ST PAUL,MN 55102		CITY OF SAINT PAUL		1,961,999	MIINAIDAE	BARGAIN SALE OF 5 30 ACRES OF LAND IN MN	LAND CONSERVATION			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CITY OF SANTA BARBARA PO BOX 1980 SANTA BARBARA, CA 93102		CITY SANTA BARBARA		1,300,000		BARGAIN SALE OF 14 74 ACRES OF LAND IN CA	LAND CONSERVATION			
CO STATE UNIVERSITY FOR BENEFIT OF CO STATE FOREST SERVICE 5060 CAMPUS DELIVERY FORT COLLINS, CO 80523		CSU		3,869,000	P 11 1 10/11 0/12	OF LAND IN CO.	LAND CONSERVATION			
COLORADO CATTLEMEN'S AGRICULTURAL LAND TRUST 8833 RALSTON ROAD ARVADA,CO 80002	84-1317592	501(C)(3)		1,550,400	P 11 1 10/11 0/12	LAND IN CO	LAND CONSERVATION			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
COLORADO OPEN LANDS TRUST 355 STELLER ST STE 210 LAKEWOOD,CO 80226	84-0866211	501(C)(3)		450,000	APPRAISAL	DONATION OF 37 67 ACRES OF LAND IN CO	LAND CONSERVATION			
FRANKLIN COUNTY BOARD OF COMMISSIONERS 34 FORBES ST STE 1 APALACHICOLA,FL 32320		FRANKLIN COUNTY		78,000	P ( 1   1   1   1   1   1   1   1   1   1	OF LAND IN FL	LAND CONSERVATION			
KAISHA BAND OF POMO INDIANS OF THE STEWARTS POINT RANCHERIA 1420 GUERNEVILLE ROAD STE 1 SANTA ROSA,CA 95403		TRIBAL GOV		3,101,986	MI I KAISAL	ACDEC OF LAND IN CA	LAND CONSERVATION			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LAND TRUST OF THE UPPER ARKANSAS 128 E FIRST ST SUITE 201 SALIDA,CO 81201	84-1594923	501(C)(3)		1,200,000	P 11 1 10/11 2/12	OF LAND IN CO.	LAND CONSERVATION			
MA DIVISION OF FISHERIES & WILDLIFE DEPT OF FISH & GAME 251 CAUSEWAY ST BOSTON, MA 02114		MA DFG		7,000		BARGAIN SALE OF 25 34 ACRES OF LAND IN MA	LAND CONSERVATION			
MN DNR DEPT OF FISH & WILDLIFE 500 LAFAYETTE ROAD BOX 25 ST PAUL, MN 55155		MN DNR DEPT		1,165,000	KIIKAISAL	DONATION OF 705 75 ACRES OF LAND IN MN	LAND CONSERVATION			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	1 101	(h) Purpose of grant or assistance			
MOUNTAINS RECREATION & CONSERVATION AUTHORITY 570 WEST AVE 26 STE 100 LOS ANGELES,CA 90065		MRCA		1,275,000		BARGAIN SALE OF 47 68 ACRES OF LAND IN CA	LAND CONSERVATION			
NATIONAL PARK SERVICE 1924 BLDG 100 ALABAMA STE SW ATLANTA,GA 30303		NPS		1,315,000		BARGAIN SALE OF 46 ACRES OF LAND IN GA	LAND CONSERVATION			
OR DEPT OF FISH & WILDLIFE 4034 FAIRVIEW INDUSTRIAL DRIVE SE SALEM, OR 97302		ODFW		525,000		DONATION OF 10198 26 ACRES OF LAND IN OR	LAND CONSERVATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance			
REGENTS OF UNIVERSTY OF CALIFORNIA 1111 FRANKLIN ST 6TH FL OAKLAND,CA 94607		UNIV OF CA		340,000	P 11 1 11/11 2/12	LAND IN CA	LAND CONSERVATION			
SAN LUIS VALLEY LOCAL FOODS COALITION 412 STATE AVE PO BOX 181 ALAMOSA,CO 81101	45-3837878	501(C)(3)		300,000		DONATION OF 37 67 ACRES OF LAND IN CO	LAND CONSERVATION			
STATE OF MAINE BUREAU OF PARKS & LANDS 22 STATE HOUSE STATION AUGUSTA,ME 04333		STATE OF ME		335,000	P 11 1 11/11 2/12	OF LAND IN ME	LAND CONSERVATION			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 , ,	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
STATE OF TN 24TH FL TN TOWER 312 ROSA PARKS AVE NORTH NASHVILLE,TN 37243		STATE OF TN		1,720,000	P 11 1 11/12/12	LAND IN TH	LAND CONSERVATION		
STATE OF VT DEPT OF FOREST PARKS & RECREATION 103 SOUTH MAIN ST WATERBURY, VT 05671		STATE OF VT		1,218,000	P 11 1 11/12/12	OF LAND IN AT	LAND CONSERVATION		
SUMMIT METRO PARKS 975 TREATY LINE ROAD AKRON,OH 44313		SUMMIT METRO PARKS		50,000		BARGAIN SALE OF 36 28 ACRES OF LAND IN OH	LAND CONSERVATION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance			
TECHUMSEH LAND TRUST POB 417 YELLOW SPRINGS, OH 45387	31-1313236	501(C)(3)		872,199	MI I NAISAL	ACDEC OF LAND IN OU	LAND CONSERVATION			
THE NATURE CONSERVANCY 5245 NORTH FAIRFAX DR STE 100 ARLINGTON,VA 22209	53-0242652	501(C)(3)		6,040,000		DONATION OF 891 9 ACRES OF LAND IN CT	LAND CONSERVATION			
TOWN OF CUMBERLAND 290 TUTTLE ROAD CUMBERLAND,ME 04021		TOWN OF CUMBERLAND		460,000		BARGAIN SALE OF 164 5 ACRES OF LAND IN ME	LAND CONSERVATION			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
TOWN OF OLD SAYBROOK 302 MAIN ST OLD SAYBROOK, CT 06475		TOWN OF OLD SAYBROOK		260,000	MIIKAISAL	LAND IN CT	LAND CONSERVATION			
TOWN OF STURBRIDGE 308 MAIN ST STURBRIDGE, MA 01566		TOWN OF STURBRIDGE		221,060	V (	ACDEC OF LAND IN MA	LAND CONSERVATION			
TOWN OF WEST WINDSOR PO BOX 6 BROWNSVILLE,UT 05037		TOWN OF WEST WINDSOR		548,830	MILIKAISAL	ACDEC OF LAND THAT	LAND CONSERVATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	(f) Method of valuation (book, FMV, appraisal, other)	, (5)	(h) Purpose of grant or assistance			
US NAVY 1101 TAUTOG CIRCLE SILVERDALE, WA 98315		US NAVY		762,550	V 1 1 10/11 2/11 1	A CDEC OF LAND THUMA	LAND CONSERVATION			
STATE OF HAWAII 1151 PUNCHBOWL ST HONOLULU,HI 96813		STATE OF HI	2,500,000				PROJECT SUPPORT			
CITY OF CHICAGO 30 N LASALLE ST 1100 CHICAGO,IL 60602	1	CITY OF CHICAGO	1,909,520				PROJECT SUPPORT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CITY OF JOHNS CREEK 12000 FINDLEY RD STE 400 JOHNS CREEK, GA 30097		CITY OF JOHNS CREEK	1,500,000				PROJECT SUPPORT			
CLEVELAND METROPARKS 4101 FULTON PARKWAY CLEVELAND,OH 44144		CLEVELAND METROPARKS	1,240,778				PROJECT SUPPORT			
THE CONSERVATION CAMPAIGN 10 MILK ST STE 810 BOSTON,MA 02108	04-3515341	501(C)(4)	657,750				GENERAL SUPPORT - LOBBYING			

Form 990,Schedule I, Par	t II, Grants and	l Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance										
WYOMING WILDSHEEP FOUNDATION 6722 HIGHWAY 28 LANDER,WY 82520	83-0264363	501(C)(3)	140,000				PROJECT SUPPORT										
THE NATURE CONSERVANCY INC 4245 NORTH FAIRFAX DR STE 100 ARLINGTON,VA 22209	53-0242652	501(C)(3)	115,000				PROJECT SUPPORT										
TRUCKEE DONNER LAND TRUST PO BOX 8816 TRUCKEE,CA 96162	68-0245327	501(C)(3)	61,597				PROJECT SUPPORT										

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
UPPER VALLEY LAND TRUST 19 BUCK RD HANOVER,NH 03755	02-0387997	501(C)(3)	52,000				PROJECT SUPPORT				
BACK COUNTRY LAND TRUST OF SAN DIEGO COUNTY PO BOX 1148 ALPINE,CA 91903	93-1060214	501(C)(3)	50,000				PROJECT SUPPORT				
LAND TRUST ALLIANCE 1660 L ST NW STE 1100 WASHINGTON, DC 20036	04-2751357	501(C)(3)	46,500				EVENT SPONSORSHIP				

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
LAND TRUST OF SANTA BARBARA 1530 CHAPALA ST SANTA BARBARA, CA 93101	95-3797404	501(C)(3)	45,000				PROJECT SUPPORT				
JEFFERSON LAND TRUST 1033 LAWRENCE ST PORT TOWNSEND, WA 98368	91-1465078	501(C)(3)	37,606				EVENT SPONSORSHIP				
LAND TRUST OF THE UPPER ARKANSAS 128 E FIRST ST STE 201 SALIDA,CO 81201	84-1594923	501(C)(3)	37,500				PROJECT SUPPORT				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AMMONOOSUC CONSERVATION TRUST 107 GLESSNER RD BETHLEHEM,NH 03574	02-6121209	501(C)(3)	37,250				PROJECT SUPPORT				
COLORADO CATTLEMEN'S AGRICULTURAL LAND TRUST 8833 RALSTON RD ARVADA,CO 80002	84-1317592	501(C)(3)	36,000				EVENT SPONSORSHIP				
MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DR HOUGHTON,MI 49931		мти	35,000				PROJECT SUPPORT				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
COLORADO OPEN LANDS 355 SOUTH TELLER ST STE 210 LAKEWOOD, CO 80226	84-0866211	501(C)(3)	32,423				PROJECT SUPPORT				
CITY OF NOVATO 922 MACHIN AVE NOVATO,CA 94945		CITY OF NOVATO	30,000				PROJECT SUPPORT				
CITY OF ST PAUL DEPARTMENT OF PARKS & REC 25 W 4TH ST 400 CHA ST PAUL,MN 55102		CITY OF ST PAUL	30,000				PROJECT SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 2 2	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STATE OF VERMONT 1 NATIONAL LIFE DR DAVIS 2 MONTPELIER, VT 05620		STATE OF VT	30,000				PROJECT SUPPORT			
ALOHA KUAMOO AINA 1695 AINAKEA RD LAHAINA,HI 97861	46-4864386	501(C)(3)	25,110				PROJECT SUPPORT			
COLORADO STATE UNIVERSITY FOUNDATION 2527 RESEARCH BLVD FORT COLLINS, CO 80526	23-7098397	501(C)(3)	20,000				PROJECT SUPPORT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GREEN MOUNTAIN CLUB INC 4711 WATERBURY-STOWE RD WATERBURY CENTER,VT 05677	03-0162865	501(C)(3)	18,750				PROJECT SUPPORT			
THE NEW YORK BOTANICAL GARDEN 200TH ST SOUTHERN BOULEVARD BRONX,NY 10458	13-1693134	501(C)(3)	17,500				PROJECT SUPPORT			
MILDRED HELMS PARK RESURRECTION COMMITTEE PO BOX 3583 NEWARK,NJ 07103	01-0619649	501(C)(3)	16,982				PROJECT SUPPORT			

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	e to Domestic Orga	anizations and D	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance									
THE NORTHERN FOREST CENTER 18 NORTH MAIN ST STE 204 CONCORD, NH 03301	22-3458955	501(C)(3)	15,000				PROJECT SUPPORT									
THE OKANOGAN LAND TRUST PO BOX 293 416 1/2 S WHITCOMB 3 TONASKET, WA 98855	94-3112454	501(C)(3)	14,776				PROJECT SUPPORT									
FUND FOR CITY OF BOSTON PARKS & RECREATION 1010 MASSACHUSETTS BOSTON, MA 02118	04-2784811	501(C)(3)	12,500				PROJECT SUPPORT									

Form 990,Schedule I, Par	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
CITY PARKS ALLIANCE INC 2121 WARD CT NW 5TH FLR WASHINGTON, DC 20037	80-0015566	501(C)(3)	10,000				PROJECT SUPPORT					
MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL ISLAND 201 TOPSHAM, ME 04086	23-7099105	501(C)(3)	10,000				PROJECT SUPPORT					
MONTANA CONSERVATION CORPS INC 206 N GRAND BOZEMAN,MT 59715	81-0467431	501(C)(3)	10,000				PROJECT SUPPORT					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON ST PO BOX 807 HARPERS FERRY, WV 25425	52-6046689	501(C)(3)	7,500				EVENT SPONSORSHIP				
GREENBIZ GROUP INC 350 FRANK H OGAWA PLAZA 800 OAKLAND,CA 94612	20-5602725		7,500				EVENT SPONSORSHIP				
LAND TRUST OF THE TREASURE VALLEY PO BOX 106 BOISE,ID 83701	84-1380693	501(C)(3)	7,500				PROJECT SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	* *	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance			
NEW JERSEY CONSERVATION FOUNDATION 170 LONGVIEW RD FAR HILLS,NJ 07931	22-6065456	501(C)(3)	6,500				EVENT SPONSORSHIP			

DLN: 93493301014036

# **Schedule J**

## **Compensation Information**

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

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

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service Name of the organization THE TRUST FOR PUBLIC LAND

(Form 990)

Department of the Treasury

**Employer identification number** 

Pa	rt I Questions	Regarding Compensatio	n				
						Yes	No
1a				ny of the following to or for a person listed on Form vide any relevant information regarding these items			
	First-class or ch	arter travel	$\Gamma$	Housing allowance or residence for personal use			
	▼ Travel for compa	nions	Г	Payments for business use of personal residence			
	Tax idemnification	on and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary sp	ending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	,	•	_	ion follow a written policy regarding payment or d above? If "No," complete Part III to explain	1b	Yes	
2	<del>_</del>	·		sing or allowing expenses incurred by all Director, regarding the items checked in line 1a?			
	directors, trustees, o	incers, including the CLO/LXE	cutive D	offector, regarding the items checked in line 1a.	2		No
3	organization's CEO/E	xecutive Director Check all t	hat appl	used to establish the compensation of the y Do not check any boxes for methods f the CEO/Executive Director, but explain in Part III			
	Compensation c	ommittee	Г	Written employment contract			
	✓ Independent con	npensation consultant	Г	Compensation survey or study			
	Form 990 of other	er organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did a		Part VI	II, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance	payment or change-of-control	paymer	nt?	4a		Νo
b	Participate in, or rece	eive payment from, a suppleme	ntal non	nqualified retirement plan?	4b		No
c	Participate in, or rece	eive payment from, an equity-b	ased co	ompensation arrangement?	4c		No
				ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(	c)(4), and 501(c)(29) organiza	tions m	ust complete lines 5-9.			
5		Form 990, Part VII, Section Agent on the revenues of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?				5a		Νo
b	Any related organiza	tion?			5b		No
	If "Yes," on line 5a o	r 5b, describe in Part III					
6		Form 990, Part VII, Section Agent on the net earnings of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?				6a		No
b	Any related organiza	tion?			6b		Νο
	If "Yes," on line 6a o	r 6b, describe in Part III					
7	•	Form 990, Part VII, Section Apped in lines 5 and 6? If "Yes,"	•	a, did the organization provide any non-fixed e in Part III	7		No
8				accured pursuant to a contract that was ations section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" on line 8, did	=	ie rebutt	table presumption procedure described in Regulations	٩		INU

#### 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 on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	` '	(E) Total of columns	
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2015

#### Part III Supplemental Information

Schedule J (Form 990) 2015

(11)

# Software ID: Software Version:

**EIN:** 23-7222333

Name: THE TRUST FOR PUBLIC LAND Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (A) Name and Title (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) (ii) compensation reported as deferred Base Bonus & Other on prior Form 990 Compensation ıncentive reportable compensation compensation 1WILLIAM B ROGERS 352,074 100,000 113,680 23,65! 589,409 PRESIDENT & CEO (11) 1HOLLY HAUGH (1) 194,474 0 5,982 18,254 218,710 SECRETARY & GENERAL COUNSEL (11) 2CYNTHIA SCHERER (1) 214,221 0 0 6,562 23,239 244,022 TREASURER & CFO (11) 3ADRIAN BENEPESENIOR VP (1) 238,437 0 0 267,895 29,458 0 (II)4MARGIE BERMEO 240,889 (1) 7,392 271,457 0 0 23,176 CHIEF PHILANTHROPY **OFFICER** 5RAY CHRISTMANSENIOR VP 202,114 (1) 6,184 31,477 239,775 (II)6SEAN CONNOLLY (1) 211,134 0 271 29,521 240,926 CHIEF MARKETING OFFICER (II)7ERNEST COOKSENIOR VP (1) 199,462 0 6,124 25,652 231,238 (11) 8JEFF DANTERSENIOR VP 191,683 (1) 0 5,954 31,477 229,114 9KATHY DECOSTER (1) 167,703 5,113 11,198 184,014 DIRECTOR OF FEDERAL AFFAIRS (II)0 10 DEBORAH LOVESENIOR VP 215,055 (1) 0 6,452 185 221,692 (11) 11BRENDA SCHICK 166,723 (1) 0 5,002 185 171,910 VICE PRESIDENT (11) 12BARBARA SMITH (1) 152,518 ol 0 4,752 23,239 180,509 VICE PRESIDENT (II)13TIMOTHY WOHLGENANT (1) 186,384 0 5,788 29,521 221,693 (II)**14**TILY SHUELEGAL COUNSEL (1) 161,743 0 5,062 21,782 188,587 (11) 15GINA FROMMER (1) 161,433 11,837 173,270 STATE DIRECTOR (11) **16**JOHN DAVISCONTROLLER (1) 156,962 0 0 4,851 23,239 185,052 (11) 17MAGGIE MADDEN (1) 156,229 0 4,760 11,198 172,187 ASST GENERAL COUNSEL (11) 18DON MORROW 155,559 (١) 0 195 21,782 177,536 TRANSACTION DIRECTOR

ol

0

0

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DLN: 93493301014036

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

**Noncash Contributions** 

Open to Public Inspection

	ie of the organization FRUST FOR PUBLIC LAND				Employer identificati	on num	ber	
пс	TRUST FOR PUBLIC LAIND				23-7222333			
Pa	rt I Types of Property			<b>'</b>				
		<b>(a)</b> Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	( <b>d)</b> Method of de noncash contribu	termını	_	s
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	96	3 062 590	FAIR MARKET VALI	LE		
	Securities—Closely held stock .		70	3,002,330	TAIR MARKET VAL	<u> </u>		
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—O ther	Х	24	13,806,479	APPRAISAL			
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other • ()							
	Other ► () Other ► ()							
	Other ► ()							
	Number of Forms 8283 received	hy the oras	I Anization during the tay year	r for contributions	<u> </u>			
	for which the organization comple				29		res	5 <b>No</b>
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1 through 28, that			
	it must hold for at least three ye	ars from th	e date of the initial contribu	tion, and which is not requi				
	for exempt purposes for the enti	re holding p	period?			30a		Νo
b	If "Yes," describe the arrangeme	ent in Part 1	II		ļ			
31	Does the organization have a gif	t acceptan	ce policy that requires the r	eview of any non-standard	contributions?	<b>31</b> Y	es ]	
32a	Does the organization hire or us contributions?	e third part	<del>-</del>	to solicit, process, or sell	noncash 	225		N a
j.	If "Yes," describe in Part II		·	·	-	32a		Νo
	If the organization did not report	an amount	: in column (c) for a type of	property for which column (	a) is checked,			

describe in Part II

_	•	•			 ٧.	 ••••	_		•	ν-		-,		
			a	rt		S	ìL	ın	D	le	m	e	ni	ta

Supplemental Information.

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

Return Reference	Explanation
,	THE NUMBER OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS, NOT THE NUMBER OF ITEMS DONATED

Schedule M (Form 990) (2015)

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### DLN: 93493301014036

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

OMB No 1545-0047

Open to Public Inspection

	www.irs.gov/form990.	
Name of the organization THE TRUST FOR PUBLIC LAND		Employer identification number
		23-7222333
990 Schedule O, Supplementa		
Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 2	ROY RICHARDS AND LAURA RICHARDS ARE SIBLINGS	
FORM 990, PART VI, SECTION B, LINE	THE DRAFT FORM 990 IS INITIALLY REVIEWED BY THE ORGAI CONTROLL	NIZATION'S CFO AND TREASURER,
	ER AND GENERAL COUNSEL AFTER ANY CLARIFICATIONS O	R QUESTIONS ARE RESOLVED THE
	DRAFT FORM 990 IS FORWARDED TO THE AUDIT COMMITTEE OF THE BOAR	D OF DIRECTORS AND A MEETING IS
	SCHEDUL ED WITH TPL'S ACCOUNTING FIRM, CFO & TREASURER AND C	ONTROLLER ANY QUESTIONS FROM
	THE AUDI T COMMITTEE ARE ANSWERED AND CHANGES INCORPORATE	
	BY THE A  UDIT COMMITTEE AND FORWARDED TO THE FULL BOARD FOR	
FORM 990, PART VI, SECTION B, LINE	THE ORGANIZATION HAS A COMPREHENSIVE CONFLICT OF IN	
12C	REQUIRES PO	,
	TENTIAL CONFLICTS OF INTEREST TO BE BROUGHT TO THE A	
	E GENERAL COUNSEL DETERMINES THAT A POTENTIAL CONFIS R	·
	EVIEWED BY THE CONFLICT REVIEW COMMITTEE, A COMMITTI STAFF,	EE COMPOSED OF DESIGNATED SENIOR
	OR, IF THE MATTER INVOLVES A MEMBER OF THE BOARD OF AFFILIAT	DIRECTORS OR THEIR FAMILY OR
	ED ENTITY, IT IS REVIEWED BY THE FULL BOARD POTENTIAL OF	CONFLICTS INVOLVING THE PURCHASE
	GOODS AND SERVICES WITH A VALUE THAT DOES NOT EXC GENERA	EED \$5,000 MAY BE REVIEWED BY THE
	L COUNSEL THE POLICY APPLIES TO EMPLOYEES, MEMBERS ADVISORY BO	OF THE BOARD OF DIRECTORS,
	ARD MEMBERS, MAJOR DONORS, AND CERTAIN FORMER EMP AS THEIR IM	PLOYEES AND DIRECTORS, AS WELL
	MEDIATE FAMILIES AND AFFILIATED ENTITIES THE POLICY IS I	PROVIDED TO ALL STAFF AS WELL AS
	HE MEMBERS OF THE BOARD OF DIRECTORS AND ADVISORY	BOARD MEMBERS, IS CONTAINED IN
	THE HUMAN RESOURCES MANUAL, AND REMINDERS OF THE POLICY ARE	ISSUED PERIODICALLY THE POLICY IS
	DISC USSED IN ORIENTATION MEETINGS WITH NEW STAFF AND BO	ARD MEMBERS, AND IN MEETINGS OF
	LEGAL A ND PROJECT STAFF, THE TWO GROUPS MOST LIKELY TO ENO	COUNTER POTENTIAL CONFLICTS OF
	INTEREST ADDITIONALLY, POTENTIAL CONFLICTS OF INTEREST ARE ON	I THE CHECKLIST OF MATTERS TO BE
	DISCL OSED IN FACT SHEETS SUBMITTED TO THE PROJECT REVIEW	
	COMMIT  TEE OF THE BOARD OF DIRECTORS FOR THE APPROVAL OF (	
	TRANSACTIONS O	
	NCE A YEAR ALL BOARD MEMBERS ARE POLLED ABOUT TRA	
	IZATION AWARENESS OF THE POLICY IS HIGH, AS EVIDENCE OFFIC	
	E OF THE GENERAL COUNSEL IF A MATTER IS BROUGHT TO TREVIEW, THE	THE BOARD OF DIRECTORS FOR
	BOARD MEMBER WHO IS THE SUBJECT OF THE REVIEW IS REIDISCUSSIO	QUIRED TO BE ABSENT FROM THE
	N AND VOTE ON THE MATTER, AND WITH RESPECT TO ALL C	ONFLICTS REVIEWS, THE INTERESTED
	MUST BE FOUND TO HAVE HAD NO ROLE IN OR INFLUENCE O IS F	VER THE DECISION IF A TRANSACTION
	OUND TO PRESENT AN UNACCEPTABLE CONFLICT OF INTERE	ST, THE TRANSACTION IS PROHIBITED
	OR ITS TERMS MUST BE REVISED SUCH THAT IT CAN MEET THE STAN	NDARDS REQUIRED UNDER THE POLICY,
	NAME LY (A) ALL MATERIAL INTEREST HAVE BEEN DISCLOSED, (B)	THE TRANSACTION IS DEEMED TO BE
	FAIR AND REASONABLE TO TPL AND IN TPL'S BEST INTERESTS, (C	) THE TRANSACTION DOES NOT
	CONFER AN Y SPECIAL BENEFIT ON THE INTERESTED PARTY, AND (D) THE	E INTERESTED PARTY DOES NOT HAVE
	ANY ROLE IN THE DECISION AND HAS NOT INFLUENCED THE DECIS	ION
FORM 990, PART VI, SECTION B, LINE		
15A	WHO PROV IDED COMPARABILITY DATA AND ANALYSIS FOR THE CEO T	HIS INFORMATION WAS PROVIDED TO
	THE BOA RD OF DIRECTORS, WHO APPROVED THE CEO COMPENSATIO	N IN EXECUTIVE SESSION
FORM 990, PART VI, SECTION C, LINE	ANNUAL AUDITED FINANCIAL STATEMENTS AND FORM 990 A	
19	LAND'S WEBSITE (WWW TPL ORG) ARTICLES OF INCORPORATION AI	RE AVAILABLE ON THE CALIFORNIA
	SECRETAR Y OF STATE WEBSITE FORM 990, AUDITED FINANCIAL STATE	MENTS, ARTICLES OF INCORPORATION
	AND  DETERMINATION LETTER ARE ALSO MADE AVAILABLE UPON	·
	TIME SET  FORTH IN SEC 6104(D) THE CONFLICT OF INTEREST POLICY I	
FORM 990, PART VII	TPL OFFICERS OR KEY EMPLOYEES CYNTHIA SCHERER, ERNE	
,	B ROGE	,

RS, AND D MALCOLM CARSON SERVED IN VARIOUS CAPACITIES FOR RELATED ORGANIZATIONS

CHANGE IN VALUE OF SPLIT INTEREST TRUSTS -922,933 CHANGE IN VALUE OF LAND HOLDINGS -

0 UNCOLLECTIBLE GRANTS -642,114 INVESTMENT IN AFFILIATES -1,789,903

AS DID SE

20,00

FORM 990, PART XI, LINE 9

VERAL BOARD MEMBERS

#### DLN: 93493301014036

OMB No 1545-0047

2015

Open to Public Inspection

**Employer identification number** 

23-7222333

## **SCHEDULE R** (Form 990)

Name of the organization THE TRUST FOR PUBLIC LAND

# **Related Organizations and Unrelated Partnerships**

► Attach to Form 990.

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) End-of-year assets Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling Primary activity or foreign country) entity

Part II	Identification of Related	Tax-Exempt Organ	izations Co	omplete ıf	the organization	answered "Y	es" on Form	990, Part IV,	line 34	because it	: had one
	or more related tax-exempt	organizations during	the tax yea	r.							

or more related tax-exempt organizations during th	<u>e tax year.</u>						
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	<b>g)</b> 512(b) ontrolled tity?
						Yes	No
(1)COAST DAIRIES & LAND COMPANY 101 MONTGOMERY STREET STE 900  SAN FRANCISCO, CA 94104 94-0392095	TO SUPPORT THE TRUST FOR PUBLIC LAND	CA	501(C)(3)		THE TRUST FOR PUBLIC LAND	Yes	
(2)THE CONSERVATION CAMPAIGN 101 MONTGOMERY STREET STE 900  SAN FRANCISCO, CA 94104 04-3515341	TO SUPPORT FUNDING MEASURES FOR PARKS AND CONSERVATION	CA	501(C)(4)		THE TRUST FOR PUBLIC LAND		No

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	, Part IV,	line 34
 because it had one or more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ox managin partner?		(k) Percentage ownership
				514)				T	· '	<del></del>	<del></del>	<del></del>
							Yes	No		Yes	No	j
									<del></del>	$\vdash$	$\vdash$	
Part TV Identification of Polated Organizations Tayable a	Councu	4:	T	ananlata if th		tion once		"\\ o o !!	on Form 0	·00 F	) - ++ ·	TV lung

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	)
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	Direct controlling	Type of entity (C corp, S corp, or trust)	Share of total	Share of end-of- year assets	Percentage ownership	(i Sectio (b)( contr enti	13) olled ty?
								Yes	No
CHARITABLE REMAINDER (1)TRUSTS (28)	INVESTMENTS	CA	THE TRUST FOR PUBLIC LAND	T				Yes	
(2) POOLED INCOME FUND (4)	INVESTMENTS	CA	THE TRUST FOR PUBLIC LAND	Т				Yes	

Part V Transactions With Related Organizations Complete if the organiza	tion answered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with on	e or more related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Yes	
f c Gıft, grant, or capital contribution from related organization(s)				1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
<b>f</b> Dividends from related organization(s)				1f		No
<b>g</b> Sale of assets to related organization(s)				<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization	n(s)			11		No
m Performance of services or membership or fundraising solicitations by related organization	n(s)			1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
• Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
<b>s</b> Other transfer of cash or property from related organization(s)				1s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who mu	st complete this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining am	ount in	volved	
1)COAST DAIRIES & LAND COMPANY	S	2,040,000	FAIR MARKET VALUE			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		( <b>k</b> ) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											l	1	I

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015

Page **5**