			** PUH	BLIC DISCLOSURE	COPY **		
	0	00		anization Exemp			OMB No. 1545-0047
Forn	<b>9</b>	90	Under section 501(c), 527, or 4	947(a)(1) of the Internal Reve	enue Code (exc	cept private foundation	<sup>(ns)</sup> 2015
Depar	Department of the Treasury Do not enter social security numbers on this form as it may be made pub						Open to Public
Intern	al Reve	nue Service	Information about	Form 990 and its instruction	ns is at www.ir	s.gov/form990.	Inspection
AF	or the		lar year, or tax year beginning	APR 1, 2015 a	and ending 1	IAR 31, 2016	
Bc	heck If plicabl	C Name o	f organization			D Employer identifi	cation number
	Addre	e THE	TRUST FOR PUBLIC	LAND			
	Name chang	Doing b	usiness as			23-7	222333
	]Initial return		r and street (or P.O. box if mail is not			E Telephone number	r 405 4014
	Final return/		MONTGOMERY STREET		900		495-4014 220,127,476.
	termin ated Ameno		town, state or province, country, a	and ZIP or foreign postal code	001	G Gross receipts \$	
-	Applic tion	I DAN	FRANCISCO, CA 94 and address of principal officer:W	TILLIAM B. ROGER	OPY	for subardinate	
-	pendir		AS C ABOVE		DIO		ngluded? Yes No
TT	ax-ex		X 501(c)(3) 501(c) (	) < (insert no.) 4947(a	)(1) = 27	L No attach a	neieded? Yes No
JV	Vebsi	te: 🕨 WWW .	TPL.ORG			H(c) Group exemption	n number 🕨 2009
			X Corporation Trust	Association Other >	L Year	of formation: 1972	A State of legal domicile: CA
Pa	rt I	Summary		(D)		DEC AND DDC	MECHC IAND
Activities & Governance	1	Briefly describ	be the organization's mission or m DPLE,ENSURING HEA	NOST SIGNIFICANT ACTIVITIES: CR.	COMMUNIT	IES.	TECIS LAND
nar			ox  if the organization dis				ssets.
ovel			ting members of the governing bo			3	19
Ğ			dependent voting members of the		1b)	4	18
es	5	Total number	434				
iviti		Total number	279				
Act			ed business revenue from Part VIII				0.
_	b	Net unrelated	I business taxable income from Fo	orm 990-1, line 34		Prior Year	Current Year
		Contributions	and grants (Part VIII, line 1h)			.11,595,050.	115,166,995.
Revenue						19,810,321.	21,216,159.
evei		-	icome (Part VIII, column (A), lines (			4,900,615.	2,345,267.
ä			e (Part VIII, column (A), lines 5, 6d			-164,765.	-727,665.
_	12	Total revenue	e - add lines 8 through 11 (must eq	ual Part VIII, column (A), line 1	2) 1	.36,141,221.	
			imilar amounts paid (Part IX, colun			40,441,786.	38,418,611.
			to or for members (Part IX, colum		and the second se	37,264,247.	39,793,560.
ses			er compensation, employee benefi		10)	766,533.	
Expens	168	Protessional 1	fundraising fees (Part IX, column ( sing expenses (Part IX, column (D)	A), line (1e)	.588.	,00,000	
Ĕ	17	Other expens	ses (Part IX, column (A), lines 11a-	11d. 11f-24e)		37,380,685.	42,164,498.
			es. Add lines 13-17 (must equal Pa			15,853,251.	121,294,131.
			expenses. Subtract line 18 from l			20,287,970.	16,706,625.
Fund Balances						eginning of Current Year	End of Year
sset						269,276,336. 90,781,103.	287,302,891. 97,266,680.
et A			A 49400000 100 1000000			78,495,233.	190,036,211.
	22 rt II	Net assets or	r fund balances. Subtract line 21 f	rom line 20	······································	.10,495,255.	190,090,211.
			, I declare that I have examined this ret	urn, including accompanying sch	dules and statem	ients, and to the best of n	y knowledge and belief, it is
true,	correc	ct, and complete	e. Declaration of preparer (other than o	officer) is based on all information	of which prepare	r has any knowledge. 🌈	
		N In	mthia 8hr			10/3:11 Date	6
Sigr	1 I		re df officer			Date	
Her	e		THIA SCHERER, CFO print name and title	& TREASURER			
-	-	Print/Type pre	eparer's name	Preparer's signature	ľ	Date Check	PTIN
Paid			KISRIEV	Ma	-	10/25/16 II self-emplo	
Preparer		Et als serves					
	arer	Firm's name	HOOD & STRONG	LLP		Firm's EIN ▶	94-1254756
Ргер	oarer Only	Firm's name Firm's addres	► HOOD & STRONG S ► 275 BATTERY ST SAN FRANCISCO,	REET, STE. 900			94-1254756

May the IRS dis	scuss this return with the preparer shown above? (see instructions)
532001 12-16-15	LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No Form 990 (2015)

Form <b>8868</b>	}
------------------	---

(Rev. January 2014)

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Department of the	e Treasur
Internal Revenue	Service

• It	f you are filing fo	or an Automatic 3-M	onth Extension,	complete only P	art I and check this box	
------	---------------------	---------------------	-----------------	-----------------	--------------------------	--

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)**. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

# Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.
Enter filer's identifying number

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) c		
print	THE TRUST FOR PUBLIC LAND	23-7222333		
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 101 MONTGOMERY STREET, NO. 900	Social security number (SSN)		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			

Enter the Return code for the return that this application is for (file a separa	arate application for each return)	Τ:	Π

Application	Return	Application			Return	
Is For	Code	Is For				
Form 990 or Form 990-EZ	rm 990 or Form 990-EZ 01 Form 990-T (corporation)					
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
• The books are in the care of ► 101 MONTGOMERY Telephone No.► 415-495-4014		ET, STE 900 - SAN FR Fax No. ▶ 415-495-4103		ISCO, CA	94104	
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)</li> <li>If this is for the whole group, check this box</li> <li>If it is for part of the group, check this box</li> <li>and attach a list with the names and EINs of all members the extension is for.</li> </ul>						
NOVEMBER       15, 2016       , to file the exemption is for the organization's return for:         ▶ calendar year or       ↓ X tax year beginning APR 1, 2015		tion return for the organization named a	bove.	The extension		
2 If the tax year entered in line 1 is for less than 12 months, cl	heck reas	on: 🗌 Initial return 🔲 Fina	ıl retur	n		
<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	or 6069,	enter the tentative tax, less any	3a	\$	0.	
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and				
estimated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,				
by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.	
Caution. If you are going to make an electronic funds withdrawal instructions. LHA For Privacy Act and Paperwork Reduction Act Notice,			-EO ai		for payment Rev. 1-2014)	

523841 04-01-15

	990 (2015) THE TRUST FOR PUBLIC LAND	23-7222333	Page <b>2</b>
Pai	t III Statement of Program Service Accomplishments		
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: THE TRUST FOR PUBLIC LAND CREATES PARKS AND PROTECTS	LAND FOR PEOP	LE.
	ENSURING HEALTHY, LIVABLE COMMUNITIES FOR GENERATIONS		-
	PAST YEAR, WE HELPED COMMUNITIES TO PLAN FOR PARKS AN		N,
	FUND PARKS AND CONSERVATION, PROTECT LAND, AND CREATE	E NEW PARKS.	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Ye	s 🛛 No
•	If "Yes," describe these new services on Schedule O.		s 🛛 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi If "Yes," describe these changes on Schedule O.		SIAINO
4	Describe the organization's program service accomplishments for each of its three largest program service	es as measured by expens	es
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.	· · ·	,
4a	(Code:) (Expenses \$ 46,835,329. including grants of \$ 34,346,293. ) (		
	PROTECT - WE COMPLETED 75 CONSERVATION TRANSACTIONS T		
	62,134 ACRES FOR RECREATION, TO PROTECT DRINKING WATE	R, AND TO PRE	SERVE
	CRITICALLY IMPORTANT WILDLIFE HABITAT.		
41-	(Code: )(Expenses \$ 42,193,929. including grants of \$ 3,397,893.)	(Revenue \$ 13,959	672
4b	(Code:) (Expenses \$ 42,193,929. including grants of \$ 3,397,893.) ( CREATE - WE COMPLETED 21 PROJECTS, INCLUDING 10 NEW F		,072•
	GARDENS AND 8 FITNESS ZONE EXERCISE AREAS. WE EXPAND		ORE
	INDEX, A MEASURE OF HOW WELL THE LARGEST U.S. CITIES	ARE MEETING T	HE
	NEED FOR PARKS, BY 10 CITIES.		
4c	(Code:) (Expenses \$ 2,971,615. including grants of \$ 44,250. ) (		,640.
	PLAN - WE COMPLETED 30 PROJECTS TO HELP AGENCIES AND		
	CONSERVATION PRIORITIES, IDENTIFY LAND TO BE PROTECTE DESIGN PARKS AND NATURAL SPACES. THESE INCLUDED 10 PR	ROJECTS TO HEL	
	CITIES NATIONWIDE REDUCE THE EFFECTS OF CLIMATE CHANG		F
		• •	
44	Other program services (Describe in Schedule O.)		
40	(Expenses \$ 2,494,228 · including grants of \$ 630,175 ·) (Revenue \$	564,497.)	
4e	Total program service expenses ► 94,495,101.		
		Form	<b>990</b> (2015
532002 12-16-	15		
			0.01
41	021 759146 89300 2015.04030 THE TRUST FOR PUB	LIC LAND 893	3001

Form 990 (2015)

THE TRUST FOR PUBLIC LAND

Pa	rt IV Checklist of Required Schedules			0
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	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			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign examination? If "Yes," complete Schedule F. Parts II and IV.	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 22
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
47		16		- 17
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G. Part III	19		x

Form **990** (2015)

532003 12-16-15

Form	000	(2015)
Form	990	(2015)

THE TRUST FOR PUBLIC LAND

Part IV Checklist of Required Schedules (continued)

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

Form **990** (2015)

532004 12-16-15

Form	990 (2015) THE TRUST FOR PUBLIC LAND 23-7222	333	Р	age 5
Pa			-	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   391		100	
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 gaming			
Ŭ	(gambling) winnings to prize winners?	1c	х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
20	filed for the calendar year ending with or within the year covered by this return 2a 434			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
20		3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
44		4a		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	<del>4</del> a		
D				
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Fa		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		- 23
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6		x
h	,	6a		- 23
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<b>Ch</b>		
7	were not tax deductible?	6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70	Х	
a L		7a 7b	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	21	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x
	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c		
	, , , , , , , , , , , , , , , , , , , ,	70		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			- 23
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a L				
b				
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a			
a L	Gross income from members or shareholders <b>11a</b> Gross income from other sources (Do not net amounts due or paid to other sources against			
b				
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
۰.	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c	14-		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	(2015)

Form **990** (2015)

532005 12-16-15

### THE TRUST FOR PUBLIC LAND

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

A. Governing Body and Management         eer the number of voting members of the governing body at the end of the tax year       1a       19         iere are material differences in voting rights among members of the governing body, or if the governing by delegated broad authority to an executive committee or similar committee, explain in Schedule 0.       1b       18         ier the number of voting members included in line 1a, above, who are independent       1b       18         i any officer, director, trustee, or key employee have a family relationship or a business relationship with any other       1e       18         i the organization delegate control over management duties customarily performed by or under the direct supervision       56       56         officers, directors, or trustees, or key employees to a management company or other person?       11       18       18         the organization make any significant changes to its governing documents since the prior Form 990 was filed?       11       11       18         the organization have members, stockholders, or other persons who had the power to elect or appoint one or       11       12		Yes X X X X
here are material differences in voting rights among members of the governing body, or if the governing by delegated broad authority to an executive committee or similar committee, explain in Schedule 0.       1b       18         iser the number of voting members included in line 1a, above, who are independent       1b       18         iany officer, director, trustee, or key employee have a family relationship or a business relationship with any other       1b       18         cer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision officers, directors, or trustees, or key employees to a management company or other person?       10       18         the organization become aware during the year of a significant diversion of the organization's assets?       11       11       18         the organization have members or stockholders, or other persons who had the power to elect or appoint one or       11       18         the organization have members, stockholders, or other persons who had the power to elect or appoint one or       11       12       12         e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or       12       12       13       13         e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the anization's mailing address? If "Yes," provide the names and addresses in Schedule O       10       10       10       10       10       10       10 <t< th=""><th>2 3 4 5 6 7a 7b 8a 8b 9</th><th>x</th></t<>	2 3 4 5 6 7a 7b 8a 8b 9	x
here are material differences in voting rights among members of the governing body, or if the governing by delegated broad authority to an executive committee or similar committee, explain in Schedule 0.       1b       18         iser the number of voting members included in line 1a, above, who are independent       1b       18         iany officer, director, trustee, or key employee have a family relationship or a business relationship with any other       1b       18         cer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision officers, directors, or trustees, or key employees to a management company or other person?       10       18         the organization become aware during the year of a significant diversion of the organization's assets?       11       11       18         the organization have members or stockholders, or other persons who had the power to elect or appoint one or       11       18         the organization have members, stockholders, or other persons who had the power to elect or appoint one or       11       12       12         e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or       12       12       13       13         e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the anization's mailing address? If "Yes," provide the names and addresses in Schedule O       10       10       10       10       10       10       10 <t< td=""><td>2 3 4 5 6 7a 7b 8a 8b 9</td><td>x</td></t<>	2 3 4 5 6 7a 7b 8a 8b 9	x
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<b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Revenue Code.</i> ) I the organization have local chapters, branches, or affiliates? Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		
the organization have local chapters, branches, or affiliates?	10a	
Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	
Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	Yes
d branches to ensure their operations are consistent with the organization's exempt purposes?		
	10b	
s the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х
scribe in Schedule O the process, if any, used by the organization to review this Form 990.		
the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
re officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		
Schedule O how this was done	12c	X
the organization have a written whistleblower policy?	13	X
		X
	<u> </u>	
	45-	x
	15b	
, , , , , , , , , , , , , , , , , , , ,	16a	
Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		
pint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		
empt status with respect to such arrangements?	16b	
n C. Disclosure		
t 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
	d finan	Icial
	a mial	Giai
נכוווכוונס מימוומטוב נט נווב ףטטווג טטוווש נווב נמג אַכמו.		
te the name, address, and telephone number of the person who possesses the organization's books and records:		
INTHIA SCHERER - 415-495-4014		
INTHIA SCHERER - 415-495-4014 D1 MONTGOMERY STREET, STE 900, SAN FRANCISCO, CA 94104		
	Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation point venture arrangements under applicable federal tax law, and take steps to safeguard the organization's mpt status with respect to such arrangements? <b>C. Disclosure</b> The states with which a copy of this Form 990 is required to be filed ▶ AL , AK , AR , AZ , CA , CO , CT , FL , GA et al. (and the states are an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) apublic inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website       X Upon request       Other (explain in Schedule O)         Scribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and te the name, address, and telephone number of the person who possesses the organization's books and records: ▶	the process for determining compensation of the following persons include a review and approval by independent   sons, comparability data, and contemporaneous substantiation of the deliberation and decision?   er organization's CEO, Executive Director, or top management official   er officers or key employees of the organization   (res" to line 15a or 15b, describe the process in Schedule O (see instructions).   the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   able entity during the year?   (res," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   point venture arrangements under applicable federal tax law, and take steps to safeguard the organization's <b>16a 16b 16c 16c 16c 16c 16c 16c 16d 16d 16e 16e</b>

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensat	ec
	mployees, and Independent Contractors	

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

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)         (B)         (C)         (D)         (D)         (E)         (F)           Name and Title         Average Nours per versions both and week         Average Nours per versions both and the under periods both and the under periods both and the under versions both and the under version both a		1	l	21 1120			npe	ioui			(E)
Name and the     Aussign of the up per low of the up per l	(A)	(B)					<b>`</b>		(D)	(E)	(F)
week intervention of the arteric trutter in the organization (W2/1099-MISC)from related other organization (W2/1099-MISC)ormer setup organizations (W2/1099-MISC)(1) STEPHEN BAIRD1.001.00X0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	Name and Title		(do not check r			ck more than one					
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(1)         STEPHEN BAIRD         1.00         X         0.         0.         0.         0.           DIRECTOR         0.000         X         0.00         0.         0.         0.         0.           DIRECTOR         (100)         X         0.000         X         0.         0.         0.           (3)         GRORGE BELL         1.000         X         0.         0.         0.         0.           (4)         PAGE NNUDSEN COWLES         1.000         X         0.         0.         0.         0.           DIRECTOR         2.000         X         0.         0.         0.         0.         0.           (5)         WILLIAM J. CRONON         1.000         X         0.         0.         0.         0.         0.           DIRECTOR         1.000         X         0.			٩					, T			
(1)         STEPHEN BAIRD         1.00         X         0.         0.         0.         0.           DIRECTOR         0.000         X         0.00         0.         0.         0.         0.           DIRECTOR         (100)         X         0.000         X         0.         0.         0.           (3)         GRORGE BELL         1.000         X         0.         0.         0.         0.           (4)         PAGE NNUDSEN COWLES         1.000         X         0.         0.         0.         0.           DIRECTOR         2.000         X         0.         0.         0.         0.         0.           (5)         WILLIAM J. CRONON         1.000         X         0.         0.         0.         0.         0.           DIRECTOR         1.000         X         0.		(list any bours for	lirect				_			•	•
(1)         STEPHEN BAIRD         1.00         X         0.         0.         0.         0.           DIRECTOR         0.000         X         0.00         0.         0.         0.         0.           DIRECTOR         (100)         X         0.000         X         0.         0.         0.           (3)         GRORGE BELL         1.000         X         0.         0.         0.         0.           (4)         PAGE NNUDSEN COWLES         1.000         X         0.         0.         0.         0.           DIRECTOR         2.000         X         0.         0.         0.         0.         0.           (5)         WILLIAM J. CRONON         1.000         X         0.         0.         0.         0.         0.           DIRECTOR         1.000         X         0.		related	e or c	stee			sated			(00-2/1033-10100)	
(1)         STEPHEN BAIRD         1.00         X         0.         0.         0.         0.           DIRECTOR         0.000         X         0.00         0.         0.         0.         0.           DIRECTOR         (100)         X         0.000         X         0.         0.         0.           (3)         GRORGE BELL         1.000         X         0.         0.         0.         0.           (4)         PAGE NNUDSEN COWLES         1.000         X         0.         0.         0.         0.           DIRECTOR         2.000         X         0.         0.         0.         0.         0.           (5)         WILLIAM J. CRONON         1.000         X         0.         0.         0.         0.         0.           DIRECTOR         1.000         X         0.		organizations	truste	al trus		yee	mper				U
(1)         STEPHEN BAIRD         1.00         X         0.         0.         0.         0.           DIRECTOR         0.000         X         0.00         0.         0.         0.         0.           DIRECTOR         (100)         X         0.000         X         0.         0.         0.           (3)         GRORGE BELL         1.000         X         0.         0.         0.         0.           (4)         PAGE NNUDSEN COWLES         1.000         X         0.         0.         0.         0.           DIRECTOR         2.000         X         0.         0.         0.         0.         0.           (5)         WILLIAM J. CRONON         1.000         X         0.         0.         0.         0.         0.           DIRECTOR         1.000         X         0.		below	d ual 1	utiona	_	mplo	est co oyee	5			
(1)         STEPHEN BAIRD         1.00         X         0.         0.         0.         0.           DIRECTOR         0.000         X         0.00         0.         0.         0.         0.           DIRECTOR         (100)         X         0.000         X         0.         0.         0.           (3)         GRORGE BELL         1.000         X         0.         0.         0.         0.           (4)         PAGE NNUDSEN COWLES         1.000         X         0.         0.         0.         0.           DIRECTOR         2.000         X         0.         0.         0.         0.         0.           (5)         WILLIAM J. CRONON         1.000         X         0.         0.         0.         0.         0.           DIRECTOR         1.000         X         0.		line)	ndivi	nstitu	Office	key el	Highe	orme			0
(2) BRIAN M. BEITNER       1.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(1) STEPHEN BAIRD		_	_	_			_			
DIRECTOR (THRU 10/1/15)         0.000 X	DIRECTOR	0.00	x						0.	0.	0.
(3) GEORGE BELL         1.00         X         0.         0.         0.           DIRECTOR         0.000         X         0.         0.         0.         0.           (4) PAGE KNUDSEN COWLES         1.00         X         0.         0.         0.         0.           (5) WILLIAM J. CRONON         1.00         X         0.         0.         0.         0.           (6) DOUGLAS DURST         1.000         X         0.         0.         0.         0.           DIRECTOR         1.000         X         0.         0.         0.         0.         0.           (6) DOUGLAS DURST         1.000         X         0.         0.         0.         0.         0.         0.           DIRECTOR         1.000         X         0.	(2) BRIAN M. BEITNER	1.00									
DIRECTOR         0.00         X         0.00         0.00         0.00           (4) PAGE KNUDSEN COWLES         1.00         0.00	DIRECTOR (THRU 10/1/15)		X						0.	0.	0.
(4) PAGE KNUDSEN COWLES         1.00         X         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(3) GEORGE BELL										
DIRECTOR         2.00         X         0.         0.         0.         0.           (5)         WILLIAM J. CRONON         1.00         0.00         X         0.00         0.00         0.00         X         0.00         0.00         0.00         X         0.00	DIRECTOR		Х						0.	0.	0.
(5) WILLIAM J. CRONON       1.00       X       0.00       0.00         DIRECTOR       0.000       X       0.00       0.00         (6) DUGLAS DURST       1.00       X       0.00       0.00         DIRECTOR       1.00       X       0.00       0.00         (7) F. WHITNEY HATCH       1.00       X       0.00       0.00         DIRECTOR       0.00       X       0.00       0.00         DIRECTOR       0.000       X	(4) PAGE KNUDSEN COWLES										
DIRECTOR         0.00         X         0.00         0.00           (6)         DOUGLAS DURST         1.00         X         0.00         0.00           DIRECTOR         1.00         X         0.00         0.00         0.00           (7)         F. WHITNEY HATCH         1.00         X         0.00         0.00         0.00           (7)         F. WHITNEY HATCH         1.00         X         0.00         0.00         0.00           DIRECTOR         1.000         X         0.00	DIRECTOR		Х						0.	0.	0.
(6)         DUGLAS DURST         1.00         X         0.	(5) WILLIAM J. CRONON										_
DIRECTOR         1.00         X         0.         0.         0.           (7)         F. WHITNEY HATCH         1.00         X         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           (8)         IGNACIA S. MORENO         1.00         X         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           DIRECTOR         0.00         X         0.         0.         0.         0.           DIRECTOR         0.00         X         0.         0.         0.         0.           (10)         MIEEVE         1.00         X         0.         0.         0.         0.           DIRECTOR         0.000         X         0.         0.         0.         0.         0.           DIRECTOR         0.000         X         0.         0.         0.         0.         0.	DIRECTOR		Х						0.	0.	0.
(7) F. WHITNEY HATCH       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         (8) IGNACIA S. MORENO       1.00       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.       0.         (9) CAROLINE NIEMCZYK       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       1.000       X       0.       0.       0.       0.       0.       0.         DIRECTOR       1.000       X       0.	(6) DOUGLAS DURST										_
DIRECTOR         1.00         X         0.         0.         0.           (8) IGNACIA S. MORENO         1.00         X         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           (9) CAROLINE NIEMCZYK         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           (10) MICHAEL E. PATTERSON         1.000         X         0.         0.         0.         0.           DIRECTOR         0.000         X         0.         0.         0.         0.         0.         0.         0.           (11) TOM REEVE         1.000         X         0.			Х						0.	0.	0.
(8)         IGNACIA S. MORENO         1.00         X         0. <td>(7) F. WHITNEY HATCH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td>	(7) F. WHITNEY HATCH										-
DIRECTOR         1.00         X         0.         0.         0.           (9)         CAROLINE NIEMCZYK         1.00         X         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           (10)         MICHAEL E. PATTERSON         1.00         X         0.         0.         0.           DIRECTOR         0.000         X         0.         0.         0.         0.           (11)         MCHAEL E. PATTERSON         1.00         X         0.         0.         0.           DIRECTOR         0.000         X         0.         0.         0.         0.         0.           (11)         TOM REEVE         1.00          0.         0.         0.         0.           DIRECTOR         0.000         X         0. <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.
(9) CAROLINE NIEMCZYK       1.00       X       0.0.0.0.         DIRECTOR       1.00       X       0.0.0.0.         (10) MICHAEL E. PATTERSON       1.00       X       0.0.0.0.         DIRECTOR       0.000       X       0.0.0.0.       0.0.0.         (11) TOM REEVE       1.00       X       0.0.0.0.       0.0.0.         DIRECTOR       0.000       X       0.0.0.0.       0.0.0.         (12) JEFFREY RESNICK       1.00       X       0.0.0.0.       0.0.0.         DIRECTOR       0.000       X       0.0.0.0.       0.0.0.       0.0.         (13) LAURA RICHARDS       1.00       X       0.0.0.0.       0.0.       0.0.       0.0.         DIRECTOR       0.000       X       0.0.0.0.       0											
DIRECTOR         1.00         X         0.0.0.0.         0.0.0.           (10) MICHAEL E. PATTERSON         1.00         X         0.00.0.0.         0.0.0.0.           DIRECTOR         0.000         X         0.0.0.0.0.         0.0.0.0.           (11) TOM REEVE         1.00         X         0.0.0.0.0.         0.0.0.0.           DIRECTOR         0.000         X         0.0.0.0.0.         0.0.0.0.           (12) JEFFREY RESNICK         1.00         X         0.0.0.0.0.         0.0.0.0.           DIRECTOR         0.000         X         0.0.0.0.0.         0.0.0.0.           DIRECTOR         0.000         X         0.0.0.0.0.         0.0.0.0.           (13) LAURA RICHARDS         1.000         X         0.0.0.0.0.         0.0.0.0.           DIRECTOR         1.000         X         0.0.0.0.0.         0.0.0.0.           (14) ROY RICHARDS, JR.         1.000         X         0.0.0.0.0.         0.0.0.0.           DIRECTOR         1.000         X         0.0.0.0.0.0.         0.0.0.0.           (15) ALEXIS G. SANT         1.000         X         0.0.0.0.0.0.         0.0.0.0.           DIRECTOR         0.000         X         0.0.0.0.0.0.0.         0.0.0.0.0. <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			X						0.	0.	0.
(10) MICHAEL E. PATTERSON       1.00       0.00											<u> </u>
DIRECTOR         0.00         X         0.0         0.0         0.0           (11) TOM REEVE         1.00         0.000         X         0.00         0.0         0.0           DIRECTOR         0.000         X         0.00         0.0         0.0         0.0           (12) JEFFREY RESNICK         1.00         0.000         X         0.00         0.0         0.0           DIRECTOR         0.000         X         0.000         0.0         0.0         0.0           (13) LAURA RICHARDS         1.00         0.000         X         0.0         0.0         0.0           DIRECTOR         0.000         X         0.0         0.0         0.0         0.0           (14) ROY RICHARDS, JR.         1.000         X         0.0         0.0         0.0         0.0           DIRECTOR         1.000         X         0.0			X						0.	0.	0.
(11) TOM REEVE       1.00       0.00 X       0.0.0.0.0.         DIRECTOR       0.00 X       0.0.0.0.0.       0.0.0.0.         (12) JEFFREY RESNICK       1.00       0.00 X       0.0.0.0.0.         DIRECTOR       0.00 X       0.0.0.0.0.       0.0.0.0.         (13) LAURA RICHARDS       1.00       0.0.0.0.0.       0.0.0.0.         DIRECTOR       0.00 X       0.0.0.0.0.       0.0.0.0.         DIRECTOR       1.00 X       0.0.0.0.       0.0.0.         DIRECTOR       1.00 X       0.0.0.0.       0.0.0.         DIRECTOR       0.00 X       0.0.0.0.       0.0.0.											
DIRECTOR         0.00         X         0.			X						0.	0.	0.
(12) JEFFREY RESNICK         1.00         0.000 <td></td> <td>•</td>											•
DIRECTOR         0.00         X         0.			X						0.	0.	0.
(13) LAURA RICHARDS       1.00       0.00 X       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0											
DIRECTOR         0.00         X         0.			X						0.	0.	0.
(14) ROY RICHARDS, JR.       1.00       0.0.0.0.         DIRECTOR       1.00       X       0.0.0.0.0.         (15) ALEXIS G. SANT       1.00       X       0.0.0.0.0.         DIRECTOR       1.00       X       0.0.0.0.0.         DIRECTOR       1.00       X       0.0.0.0.0.         DIRECTOR       1.00       X       0.0.0.0.0.         (16) SHERYL TISHMAN       1.00       0.0.0.0.0.         DIRECTOR       0.000       X       0.0.0.0.0.         DIRECTOR       1.00       X       0.0.0.0.0.         DIRECTOR       1.00       X       0.0.0.0.0.	(13) LAURA RICHARDS										
DIRECTOR         1.00         X         0.			Х						0.	0.	0.
(15) ALEXIS G. SANT       1.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(14) ROY RICHARDS, JR.										
DIRECTOR         1.00         X         0.         0.         0.           (16) SHERYL TISHMAN         1.00               0.	DIRECTOR		X						0.	0.	0.
(16)         SHERYL TISHMAN         1.00         0.00											
DIRECTOR         0.00 X         0.00 O.         0.00								<u> </u>	0.	0.	0.
(17) F. JEROME TONE         1.00         0. </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td>•</td>										_	•
DIRECTOR 1.00 X 0. 0. 0.						<u> </u>		<u> </u>	0.	0.	U.
										_	<b>^</b>
		L T.00	Ă						0.	0.	

532007 12-16-15

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7 2015.04030 THE TRUST FOR PUBLIC LAND Form 990 (2015)

Part VII	Section A. Officers, Directors, Trust	ees, Key Em	oloy	ees,	an	d Hi	ghe	st C	Compensated Employe	es (continued)											
(A) (B) (C)							(D)	Τ	(F	)											
	Name and title	Average Position							Reportable	<b>(E)</b> Reportable		Estim									
		hours per					is bot			compensation		amou									
	week	offic	cer an	d a d	irecto	or/trus	tee)	from	from related		oth	er									
		(list any	ector						the	organizations		comper	nsation								
		hours for	or dire				ted		organization	(W-2/1099-MISC)		from	the								
		related	stee c	ustee			en sa		(W-2/1099-MISC)			organiz	zation								
		organizations	al trus	nal tr		loyee	comp e					and re									
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	ations								
(18) ANA V	VALDEZ	1.00			0	×	чə	ш.			+										
DIRECTOR		0.00	Х						0.	0	•		Ο.								
(19) SUSAN	N D. WHITING	1.00									╈										
DIRECTOR		0.00	х						0.	0			0.								
(20) WILL:	IAM B. ROGERS	40.00									+										
PRESIDENT	& CEO	3.00	х		х				452,074.	0		137,	335.								
(21) D. MA	ALCOLM CARSON (FROM 11/1/15	40.00									+										
SECRETARY	& GENERAL COUNSEL	1.00			х				27,053.	0		1,	931.								
(22) HOLL	Y HAUGH	40.00									+										
SECRETARY	& GENERAL COUNSEL	1.00			х				194,474.	0		24,	236.								
	HIA SCHERER	40.00							- ,	-	+										
TREASURER		3.00			х				214,221.	0		29.	801.								
(24) ADRIA		40.00							,	-	+										
SENIOR VP		0.00				x			238,437.	0		29,	458.								
(25) MARG	IE BERMEO	40.00								-	+										
	LANTHROPY OFFICER	0.00				x			240,889.	0		30.	568.								
(26) RAY (		40.00									+										
SENIOR VP		0.00				x			202,114.	0		37.	661.								
1b Sub-to									1,569,262.	0			990.								
	rom continuation sheets to Part VI								2,282,588.	0			140.								
	add lines 1b and 1c)								3,851,850.	0			130.								
	number of individuals (including but no										-	,									
	ensation from the organization		030	11310	u ai	0000	<i></i>	101					87								
compe												Ye									
3 Did the	e organization list any former officer,	director or tru	ister	- ke	v er	nnlc	Wee	or	highest compensated e	mplovee on											
	? If "Yes," complete Schedule J for su		0101						nighteet compensated c			3	x								
	y individual listed on line 1a, is the su		 e.cc																		
	lated organizations greater than \$150	-								and organization		4 X	:								
	y person listed on line 1a receive or a			•						dual for services		-	-								
	red to the organization? If "Yes," com	-				-			-			5	x								
	Independent Contractors			0/ 00		porc					<u> </u>	<u> </u>									
	ete this table for your five highest cor	npensated inc	lene	ende	nt c	onti	racto	orst	that received more than	\$100 000 of compe	nsa	tion from	<u></u>								
•	ganization. Report compensation for t	•	•							· ·	nou										
		ne oalondar y		Jildii	<u>'9 '</u>	vicii						(C)									
(A) (B) Name and business address Description of services								Со	mpensa	tion											
W.E. O	'NEIL CONSTRUCTION	COMPANY		)F	CZ	۲Ľ	IFC	)R													
W.E. O'NEIL CONSTRUCTION COMPANY OF CALIFOR 909 N. SEPULVEDA, SUITE 400, EL SEGUNDO, CA									2.	911.	889.										
	909 N. SEPULVEDA, SUITE 400, EL SEGUNDO, CACONSTRUCTION 2,911,889. CONSOLIDATED CONTRACTING SERVICES, INC.,																				
181 AVENIDA LA PLATA, #200, SAN CLEMENTE, CONSTRUCTION 2,250,140							140.														
MSM EMPIRE CONSTRUCTION CORP.																					
128 ROSELLE ST., MINEOLA, NY 11501 CONSTRUCTION 1,572,757						757.															
	LOS ANGELES ENGINEERING																				
	BARRANCA AVE., COV	'INA, CA	4 9	917	23	3			CONSTRUCTION			995,	812.								
	ES, INC. DBA NATURE																				
SEVEN 1	BRIDGES RD., MONTIC	ELLO, E	Ъ	32	234	14			CONSTRUCTION												

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

### SEE PART VII, SECTION A CONTINUATION SHEETS Form **990** (2015) <sup>532008</sup> <sup>12-16-15</sup>

Form	000
Form	990

Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	oyee	es, ai	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	(C)						(D)	(F)	
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(c	(check all th			app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any hours for	lirect				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or	stee			nsate		(** 2/1000 10100)		and related
	organizations	truste	al tru		yee	eduu				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer			C C
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) SEAN CONNOLLY	40.00									
CHIEF MARKETING OFFICER	0.00				Х			211,134.	0.	29,792.
(28) ERNEST COOK	40.00									
SENIOR VP	2.00				Х			199,462.	Ο.	31,776.
(29) JEFF DANTER	40.00									
SENIOR VP	0.00				Х			191,683.	0.	37,431.
(30) KATHY DECOSTER	40.00									
DIRECTOR OF FEDERAL AFFAIRS	0.00				Х			167,703.	0.	16,311.
(31) DEBORAH LOVE	40.00									
SENIOR VP	0.00				Х			215,055.	0.	6,637.
(32) BRENDA SCHICK	40.00									
VICE PRESIDENT	0.00				Х			166,723.	0.	5,187.
(33) BARBARA SMITH	40.00									
VICE PRESIDENT	0.00				Х			152,518.	0.	27,991.
(34) TIMOTHY WOHLGENANT	40.00									
SENIOR VP	0.00				Х			186,384.	0.	35,309
(35) TILY SHUE	40.00									
LEGAL COUNSEL	1.00					Х		161,743.	0.	26,844
(36) GINA FROMMER	40.00									
STATE DIRECTOR	0.00					Х		161,433.	0.	11,837.
(37) JOHN DAVIS	40.00									
CONTROLLER	0.00					Х		156,962.	0.	28,090.
(38) MAGGIE MADDEN	40.00							156 000		4 - 6 - 6
ASST GENERAL COUNSEL	0.00					X		156,229.	0.	15,958.
(39) DON MORROW	40.00								0	01 000
TRANSACTION DIRECTOR	0.00					X		155,559.	0.	21,977
				$\left  \right $						
				$\left  \right $						

532201 04-01-15

Form 990 (20				TRU
Part VIII	Statement	t of	Rev	enue

# THE TRUST FOR PUBLIC LAND

Other         Other <th< th=""><th></th><th></th><th>Check if Schedule O cont</th><th>ains a resp</th><th>onse</th><th>or note to any line</th><th>e in this Part VIII</th><th></th><th></th><th></th></th<>			Check if Schedule O cont	ains a resp	onse	or note to any line	e in this Part VIII			
Productive Register				·			(A)			
Sector         1 a         Federated campages         1 a           b         Mombership dues         1 a         5/2*5/4           b         Mombership dues         1 a         5           c         Feddating events         1 a         5           c         Feddating events         1 a         1 4         485.630           c         Generated campages         1 a         1 4         426.630           g         Membership dues         1 a         1 5         650.700           g         Membership dues         5 1130         4,484.251.         4 442.21.           d         TEXTRALACI Instant REMENTS         900399         433.889.         433.889.           d         TEXTRALACI Instant REMENTS         90039         1 325.236.         1 325.236.           g         Total Add Inse 28.27         2 1 326.155.         1 325.236.1         1 325.236.1           g         Total Add Inse 28.27         2 37.23.734.1         2 233.734							Total revenue			from tax under
Bar Forderated campagns         1a           b         Arrowship dues         1a           c         Fundhaling events         1a           c         Fundhaling events         1a           c         Fundhaling events         1a           d         All after contributions, pits, grants, and the fundhalins, pits, grants, and the fundhaling events         115, 166, 995.           generation         2 a GOVT CONT EXERGENERYIS         900039         4, 643, 670.         4, 644, 251.           d         DOVT CONT EXERCE         531130         4, 99, 673.         999, 673.         999, 673.           generation         PRODECT REIMBORGENERYS         900039         1, 225, 236.         1, 225, 236.         1, 225, 236.           generation         Total Acid Ines 32.2*         >         2, 203, 734.         2, 203, 734.         2, 203, 734.           generation         Generation control fundation generation for the acid events in the one for the form thore fundation generation for the acid events in the one form the form the fundation generation for the form the fundation generation form the form the fundation genenet form fundation generation form fundating events f										sections 512 - 514
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Business Code         Business Code         Page 1         Page 2         COVT COST REIMBURGEMENTS         Business Code         Page 2	ا کې کې					846,630.				
Business Code         Business Code         Page 1         Page 2         COVT COST REINFURREMENTS         Business Code         Page 2	ar /				_					
Business Code         Business Code         Page 1         Page 2         COVT COST REINFURREMENTS         Business Code         Page 2	s, o				_					
Business Code         Business Code         Page 1         Page 2         COVT COST REINFURREMENTS         Business Code         Page 2	<u>i</u> Si		<b>3</b> (	· ·						
Business Code         Business Code         Page 1         Page 2         COVT COST REINFURREMENTS         Business Code         Page 2	ihel					98,028,991.				
Business Code         Business Code         Page 1         Page 2         COVT COST REINFURREMENTS         Business Code         Page 2	Ē	a								
Business Code         Business Code         Page 1         Page 2         COVT COST REINFURREMENTS         Business Code         Page 2	and	-					115,166,995.			
9000000000000000000000000000000000000							, , -			
Degregation         b         COVT         CONTRACT         FEES         900099         4, 661, 670,         4, 641, 570,	Ð	2 a	GOVT COST REIMBURSEMEN	rs			9,361,440.	9,361,440.		
g       Total. Add lines 2a.21       21,216,159       2,223,734         3       Investment income (including dividends, interest, and other similar amounts)       2,293,734       2,293,734         4       Income from investment of tax-exempt bond proceeds           5       Royatties       (i) Real       (i) Personal         6 a Gross rents       (ii) Real       (iii) Personal         7       Gross amount from sales of asses other than inventory asses other than inventory asses other than inventory asses other than inventory asses in the inventory asses in the inventory asses in the inventory asses income from invertory asses income from fundraising events (not including \$       64,630, or contributions reported on line 10, See Part IV, line 18         9       Gross income from gaming activities. See Part IV, line 18       a       109,952.         9       Less: direct expenses       b       b       537,617.         •       Net income or (loss) from gaming activities. See Part IV, line 18       a       109,952.         9       Gross sold of thornaging activities. See Part IV, line 19       a       -727,665.       -727,665.         9       Gross sold of thornaging activities. See Part IV, line 19       a       a       -727,665.       -727,665.         9       Gross sold of inventory.       b       a       a       a       a	, vic					900099				
g       Total. Add lines 2a.21       21,216,159       2,223,734         3       Investment income (including dividends, interest, and other similar amounts)       2,293,734       2,293,734         4       Income from investment of tax-exempt bond proceeds           5       Royatties       (i) Real       (i) Personal         6 a Gross rents       (ii) Real       (iii) Personal         7       Gross amount from sales of asses other than inventory asses other than inventory asses other than inventory asses other than inventory asses in the inventory asses in the inventory asses in the inventory asses income from invertory asses income from fundraising events (not including \$       64,630, or contributions reported on line 10, See Part IV, line 18         9       Gross income from gaming activities. See Part IV, line 18       a       109,952.         9       Less: direct expenses       b       b       537,617.         •       Net income or (loss) from gaming activities. See Part IV, line 18       a       109,952.         9       Gross sold of thornaging activities. See Part IV, line 19       a       -727,665.       -727,665.         9       Gross sold of thornaging activities. See Part IV, line 19       a       a       -727,665.       -727,665.         9       Gross sold of inventory.       b       a       a       a       a	Sel	- C				531190				
g       Total. Add lines 2a.21       21,216,159       2,223,734         3       Investment income (including dividends, interest, and other similar amounts)       2,293,734       2,293,734         4       Income from investment of tax-exempt bond proceeds           5       Royatties       (i) Real       (i) Personal         6 a Gross rents       (ii) Real       (iii) Personal         7       Gross amount from sales of asses other than inventory asses other than inventory asses other than inventory asses other than inventory asses in the inventory asses in the inventory asses in the inventory asses income from invertory asses income from fundraising events (not including \$       64,630, or contributions reported on line 10, See Part IV, line 18         9       Gross income from gaming activities. See Part IV, line 18       a       109,952.         9       Less: direct expenses       b       b       537,617.         •       Net income or (loss) from gaming activities. See Part IV, line 18       a       109,952.         9       Gross sold of thornaging activities. See Part IV, line 19       a       -727,665.       -727,665.         9       Gross sold of thornaging activities. See Part IV, line 19       a       a       -727,665.       -727,665.         9       Gross sold of inventory.       b       a       a       a       a	e S	b b						, ,		
g       Total. Add lines 2a.21       21,216,159       2,223,734         3       Investment income (including dividends, interest, and other similar amounts)       2,293,734       2,293,734         4       Income from investment of tax-exempt bond proceeds           5       Royatties       (i) Real       (i) Personal         6 a Gross rents       (ii) Real       (iii) Personal         7       Gross amount from sales of asses other than inventory asses other than inventory asses other than inventory asses other than inventory asses in the inventory asses in the inventory asses in the inventory asses income from invertory asses income from fundraising events (not including \$       64,630, or contributions reported on line 10, See Part IV, line 18         9       Gross income from gaming activities. See Part IV, line 18       a       109,952.         9       Less: direct expenses       b       b       537,617.         •       Net income or (loss) from gaming activities. See Part IV, line 18       a       109,952.         9       Gross sold of thornaging activities. See Part IV, line 19       a       -727,665.       -727,665.         9       Gross sold of thornaging activities. See Part IV, line 19       a       a       -727,665.       -727,665.         9       Gross sold of inventory.       b       a       a       a       a	Bag	۵ ۵					-			
g Total. Add lines 2a:2f       21, 216, 159         3       Investment income (including dividends, interest, and other similar amounts)       2, 293, 734         4       Income from investment of tax exempt bond proceeds       2, 293, 734         5       Royatties       0         6 a Gross rents       0       0         0       Here strental expenses       0         1       Rental income or (loss)       0         4       Not ental income or (loss)       0         7 a Gross amount from sales of assets other than inventory and sales expenses       0         8 a Gross income from fundraising events (not including \$	Pro	f		nue			-			
3       Investment income (including dividends, interest, and other similar amounts)       2,293,734.       2,293,734.         4       Income from investment of tax exempt bond proceeds        2,293,734.       2,293,734.         6       Gross rents       (i) Real       (ii) Personal        2,293,734.         6       Gross rents       (ii) Real       (iii) Personal           7       Gross rents       (iii) Securities       (iii) Other           7       Gross amount from sales of assets other than inventory       (iii) Securities       (iii) Other           7, 518, 692, 3, 724, 13, 790.       (iii) Securities       (iii) Other            7, 518, 692, 3, 724, 13, 790.       (iii) Securities       (iii) Other            8       Gross income from fundraising events (not including 5						· · · · · · · · · · · · · · · · · · ·		_ / /		
other similar amounts)       2,293,734.       2,293,734.         4       income from investment of tax-exempt bond proceeds          5       Royatiles          6       a Gross rents           b       Less: rental expenses           c       Rental income or (loss)           7       Gross amount from sales of assets other than inventory           0       Necurities       (i) Other assets other than inventory          7       Gross amount from sales of assets other than inventory           7       Gross anount from sales of assets other than inventory           7       A gross income from fundraising events (not including S method on line 1c). See           Part IV, line 18       a Gross income from gaming activities. See            9       Gross sales of inventory, less returns and allowances       a            10       Gross sales of inventory, less returns and allowances       a            9       Gross sales of inventory, less returns and allowances       a            11       b	-						,,			
4       Income from investment of tax-exempt bond proceeds       Image: Construct the second proceed proceed proceed second proceed proceed proceed proceed proceed pro		U					2 293 734			2 293 734
5       Royatties       (i) Real       (ii) Personal         6 a Gross rents       (iii) Real       (iii) Personal         b Less: rental expenses       (iii) Other         c Rental income or (loss)       (iii) Other         7 a Gross amount from sales of assets other than inventory       (iii) Securities       (iii) Other         7 a Gross amount from sales of assets other than inventory       (iii) Securities       (iii) Other         7 a Gross income from fundraising events (not including \$		4					_,,			_,
6 a Gross rents       (i) Real       (ii) Personal         b Less: rental expenses				•						
6 a Gross rents       0       0         b Less: rental expenses       0       0         c Rental income or (loss)       0       0         d Net rental income or (loss)       10       0         b Less: cost or other basis and sales expenses       17, 580, 949, 3, 708, 154, 37, 743, 13, 790, 3       51, 533.         8 a Gross income from fundraising events (not including \$       846, 630, of contributions reported on line 1c). See Part IV, line 18       109, 952.         b Less: direct expenses       b       837, 617.       -727, 665.         c Net income or (loss) from gaming activities. See Part IV, line 19       a       -727, 665.         b Less: direct expenses       b       -727, 665.       -727, 665.         9 a Gross income from gaming activities. See Part IV, line 19       a       -727, 665.       -727, 665.         10 a Gross sales of inventory.        -       -       -         a Less: cost of goods sold       b       -       -       -         b Less: cost of goods sold       b       -       -       -       -         11 a		5	noyanes							
b Less: rental expenses		6 3	Gross rents	() 1102	u					
c       Rental income or (loss) <ul> <li>Met rental income or (loss)</li> <li>Met rental income or (loss)</li> <li>Gross amount from sales of assets other than inventory</li> <li>Descurities</li> <li>(i) Securities</li> <li>(ii) Other</li> <li>(iii) Other</li> <li>(iiii) Other</li> <li>(iiiii) Other</li> <li>(iiiiii) Other</li> <li>(iiiiiiiiii) Other</li> <li>(iiiiiiiii) Other</li> <li>(iiiiiiiiiii) Other</li> <li>(iiiiiiiiiii) Other</li> <li>(iiiiiiiiiiiiiiii) Other</li> <li>(iiiiiiiiiiiiiiii) Other</li> <li>(iiiiiiiiiiiii) Other</li> <li>(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>										
d       Net rental income or (loss)       (i) Other         7 a       Gross amount from sales of assets other than inventory       (i) Other         b       Less: cost or other basis and sales expenses       (ii) Other         a d Net gain or (loss)       7, 580, 949, 3, 708, 154, 37, 743, 13, 790, 37, 75, 31, 51, 533, 51, 51, 533, 51, 514, 524, 514, 514, 514, 514, 514, 514, 51										
7 a Gross amount from sales of assets other than inventory <u>(i) Securities</u> ((i) Other             77, 618, 692, 3, 721, 944,             77, 518, 692, 3, 721, 944,             77, 518, 692, 3, 721, 944,             77, 518, 692, 3, 721, 944,             77, 518, 692, 3, 7721, 944,             77, 518, 692, 3, 7721, 944,             77, 518, 692, 3, 7721, 944,             77, 518, 692, 3, 7721, 944,             77, 518, 692, 3, 7721, 944,             77, 518, 692, 3, 7721, 944,             77, 518, 692, 3, 7721, 944,             77, 518, 692, 3, 7721, 944,             77, 518, 692, 3, 7721, 944,             77, 518, 692, 3, 7721, 944,             37, 743, 13, 790,             d Net gain or (loss)          8 a Gross income from fundraising events (not including \$_846, 630, or contributions reported on line 1c). See Part IV, line 18             8 a Gross income from gaming activities. See Part IV, line 18             8 a Gross income from gaming activities. See Part IV, line 19             8 a Gross scales of inventory, less returns and allowances             and										
assets other than inventory       77, 618, 692       3, 721, 944.         b Less: cost or other basis and sales expenses       77, 618, 692       3, 708, 154.         c Gain or (loss)       37, 743       13, 790.         d Net gain or (loss)       51, 533.       51, 533.         8 a Gross income from fundraising events (not including \$										
b       Less: cost or other basis and sales expenses       77,580,949.       3,708,154.         c       Gain or (loss)       37,743       13,790.         d       Net gain or (loss)       51,533.       51,533.         8       Gross income from fundraising events (not including \$846,630. of contributions reported on line 1c). See Part IV, line 18       109,952.       837,617.         b       Less: direct expenses       b       837,617.       -727,665.         9       Gross income from gaming activities. See Part IV, line 19       a       -727,665.       -727,665.         9       Gross sales of inventory, less returns and allowances       a       -727,665.       -727,665.         10       Gross sales of inventory, less returns and allowances       a       -       -         b       Less: cost of goods sold       b       -       -         Miscellaneous Revenue       Business Code       -       -       -         11		/ a								
and sales expenses       77,580,949.       3,708,154.         c       Gain or (loss)       37,743.       13,790.         d       Net gain or (loss)       51,533.       51,533.         a       Gross income from fundraising events (not including \$ 846,630. of contributions reported on line 1c). See Part IV, line 18       a       109,952.         b       Less: direct expenses       b       837,617.       -727,665.         c       Net income or (loss) from fundraising events ing events of a Gross income from gaming activities. See Part IV, line 19       a       -727,665.         g       Gross income from gaming activities. See Part IV, line 19       a       -727,665.       -727,665.         10 a       Gross sales of inventory, less returns and allowances       a       -       -       -         b       Less: cost of goods sold       b       -       -       -       -         Miscellaneous Revenue       Business Code       -		h		,,,,,,,,,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
c       Gain or (loss)       37,743       13,790.         d       Net gain or (loss)       51,533       51,533         8       Gross income from fundraising events (not including \$\stackstring 46,630. of contributions reported on line 1c). See Part IV, line 18       109,952.       109,952.         b       Less: direct expenses       b       837,617.       -727,665.       -727,665.         9       Gross income from gaming activities. See Part IV, line 19       a       b       -727,665.       -727,665.         9       Gross sales of inventory, less returns and allowances       a       b       -727,665.       -727,665.         10       a Gross sales of inventory, less returns and allowances       a       b       -727,665.       -727,665.         11       a		b		77 580	949	3 708 154				
d       Net gain or (loss)       51,533.       51,533.         8 a       Gross income from fundraising events (not including \$ 846,630. of contributions reported on line 1c). See Part IV, line 18       109,952.       109,952.         b       Less: direct expenses       b       837,617.       -727,665.       -727,665.         9 a       Gross income from gaming activities. See Part IV, line 19       a       b       -727,665.       -727,665.         9 a       Gross sincome from gaming activities. See Part IV, line 19       a       b       -       -727,665.       -727,665.         10 a       Gross sales of inventory, less returns and allowances       a       b       -       -       -         10 a       Gross from sales of inventory       Image: Sole Sole Sole Sole Sole Sole Sole Sole		~								
8 a Gross income from fundraising events (not including \$846,630. of contributions reported on line 1c). See Part IV, line 18b       a 109,952.         9 a Gross income from gaming activities. See Part IV, line 19a       b Less: direct expensesb       -727,665.         9 a Gross sincome from gaming activities. See Part IV, line 19a       ab       -727,665.       -727,665.         10 a Gross sales of inventory, less returns and allowancesa       bb      b							51 533			51 533
including \$       846,630. of contributions reported on line 1c). See Part IV, line 18       a       109,952.         b       Less: direct expenses       b       837,617.         c       Net income or (loss) from fundraising events       -727,665.       -727,665.         9 a       Gross income from gaming activities. See Part IV, line 19       a       -727,665.       -727,665.         9 a       Gross sales of inventory, less returns and allowances       a       -       -       -         10 a       Gross sales of inventory, less returns and allowances       a       -       -       -         b       Less: cost of goods sold       b       -       -       -       -         Miscellaneous Revenue       Business Code       -       -       -       -         11 a			•				51,555.			51,555.
Contributions reported on line 1c). See       109,952.         Part IV, line 18       a         b       Less: direct expenses       b         c       Net income or (loss) from fundraising events       -727,665.         9 a       Gross income from gaming activities. See       -727,665.         Part IV, line 19       a       -727,665.         9 a       Gross sincome from gaming activities. See       -727,665.         Part IV, line 19       a       -727,665.         10 a       Gross sales of inventory, less returns and allowances       a         a       b       Less: cost of goods sold       b         c       Net income or (loss) from sales of inventory.       -         Miscellaneous Revenue       Business Code       -         11 a       -       -       -         b       -       -       -         c       -       -       -         d       All other revenue       -       -       -         e       Total revenue. See instructions.       138,000,756.       21,216,159.       0.       1,617,602		0 a			01					
c       Net income or (loss) from fundraising events       -727,665.       -727,665.         9 a       Gross income from gaming activities. See       a       -         Part IV, line 19       a       -       -         b       Less: direct expenses       b       -         c       Net income or (loss) from gaming activities       -       -         10 a       Gross sales of inventory, less returns and allowances       a       -         b       Less: cost of goods sold       b       -         C       Net income or (loss) from sales of inventory       -       -         Miscellaneous Revenue       Business Code       -       -         11 a	ver									
c       Net income or (loss) from fundraising events       -727,665.       -727,665.         9 a       Gross income from gaming activities. See       a       -         Part IV, line 19       a       -       -         b       Less: direct expenses       b       -         c       Net income or (loss) from gaming activities       -       -         10 a       Gross sales of inventory, less returns and allowances       a       -         b       Less: cost of goods sold       b       -         C       Net income or (loss) from sales of inventory       -       -         Miscellaneous Revenue       Business Code       -       -         11 a	å		-	-	2	109 952				
c       Net income or (loss) from fundraising events       -727,665.       -727,665.         9 a       Gross income from gaming activities. See       a       -         Part IV, line 19       a       -       -         b       Less: direct expenses       b       -         c       Net income or (loss) from gaming activities       -       -         10 a       Gross sales of inventory, less returns and allowances       a       -         b       Less: cost of goods sold       b       -         C       Net income or (loss) from sales of inventory       -       -         Miscellaneous Revenue       Business Code       -       -         11 a	her	h								
9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   and allowances   and allowances   a b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   b   c   d All other revenue   e Total. Add lines 11a-11d   12   Total revenue. See instructions.	δ						-727 665			-727 665
Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   b b     C Net income or (loss) from sales of inventory     Miscellaneous Revenue   Business Code     11 a   b   C   d   All other revenue   e   Total. Add lines 11a-11d     12   Total revenue. See instructions.     138,000,756.   21,216,159.   0.							,			,
b Less: direct expenses b b b b b b b b b b b b b b b b b b		5 d								
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b		h								
10 a Gross sales of inventory, less returns and allowances   and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   b   c   d All other revenue   e Total. Add lines 11a-11d   12   Total revenue. See instructions.     138,000,756.   21,216,159.   0.										
and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   b   c   d   All other revenue   e   Total revenue. See instructions.     138,000,756.   21,216,159.   0.										
b Less: cost of goods soldb  c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code    11 a		10 0			2					
c       Net income or (loss) from sales of inventory       ▶         Miscellaneous Revenue       Business Code          11 a		ь								
Miscellaneous Revenue       Business Code       Image: Code       Image: Code         11 a										
11 a	ŀ				<i></i> y					
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d All other revenue										
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions.       ▶         138,000,756.       21,216,159.         0.       1,617,602						<b>├</b> ────┤				
12         Total revenue. See instructions.         ▶         138,000,756.         21,216,159.         0.         1,617,602										
							138,000,756.	21,216,159.	0.	1,617,602.
	53200					F	, , , - •	, , , – , – ,	- •	Form <b>990</b> (2015)

Part IX Statement of Functional Expenses

THE TRUST FOR PUBLIC LAND

	Check if Schedule O contains a respo	/ /			(=)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	38,407,611.	38,407,611.		
2	Grants and other assistance to domestic		11 000		
~	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 $\ldots$				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	2 611 050	1 0 2 2 0 4 0	027 070	040 03
	trustees, and key employees	3,611,050.	1,833,940.	837,079.	940,03
3	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	28,977,620.	16,721,521.	6,187,371.	6,068,72
7	Other salaries and wages Pension plan accruals and contributions (include	20,911,020.	10,721,521.	0,107,571.	0,000,72
3	section 401(k) and 403(b) employer contributions)	584,611.	339,439.	123,802.	121,37
9		4,230,619.	2,431,949.	903,447.	895,22
, )	Other employee benefits Payroll taxes	2,389,660.	1,362,529.	514,407.	512,72
,	Fees for services (non-employees):	2,309,000.	1,502,525.	511,107.	512,72
	Management				
a b	Legal	140,804.	93,494.	47,310.	
	Accounting	205,027.		205,027.	
	Lobbying	268,720.	268,720.		
e	Professional fundraising services. See Part IV, line 17	917,462.			917,46
f	Investment management fees	141,858.		141,858.	
g	Other. (If line 11g amount exceeds 10% of line 25,			,	
3	column (A) amount, list line 11g expenses on Sch O.)	4,906,261.	4,056,425.	428,850.	420,98
2	Advertising and promotion	2,145,199.	211,663.	1,908,483.	25,05
3	Office expenses	1,633,408.	827,311.	497,292.	308,80
ŀ	Information technology	546,101.	126,061.	396,270.	23,77
;	Royalties				
5	Occupancy	3,545,018.	2,114,873.	721,539.	708,60
,	Travel	2,384,708.	1,187,564.	548,468.	648,67
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	1,458,204.	1,108,882.	97,827.	251,49
)	Interest	640,591.	640,591.		
	Payments to affiliates				
2	Depreciation, depletion, and amortization	231,568.	57,922.	151,850.	21,79
5	Insurance	796,219.	453,986.	171,397.	170,83
ļ	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 0.)				
а	DESIGN & CONSTRUCTION	18,910,918.	18,910,918.		
þ	PRINTING/REPRODUCTION	1,353,949.	771,991.	291,456.	290,50
c	APPRAISAL SERVICES	1,310,395.	1,310,395.	_ ,	,-•
d	ENVIRONMENTAL ASSESSMEN	711,435.	711,435.		
	All other expenses	834,115.	534,881.	913,709.	-614,47
,	Total functional expenses. Add lines 1 through 24e	121,294,131.	94,495,101.	15,087,442.	11,711,58
;	Joint costs. Complete this line only if the organization			-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Kit if following SOP 98-2 (ASC 958-720)				

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11 2015.04030 THE TRUST FOR PUBLIC LAND Form **990** (2015)

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0				L		0	
9	Prepaid expenses and deferred charges			[	171,848.	9	353,311.
10:	a Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	5,104,622	2.			
1	b Less: accumulated depreciation	10b	4,383,729	9.	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 1		81,004,537.	12	62,782,857.		
13	Investments - program-related. See Part IV, line	[		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 equa				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						20	
21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D	[		21	
22	Loans and other payables to current and former						
	key employees, highest compensated employee						
	Complete Part II of Schedule L			L		22	
23	Secured mortgages and notes payable to unrela	ated thi	rd parties		550,243.	23	432,203.
24	Unsecured notes and loans payable to unrelated	d third	parties		22,536,803.	24	26,086,126.
25	Other liabilities (including federal income tax, pa	yables	to related third				
	parties, and other liabilities not included on lines	<b>17-2</b> 4	). Complete Part X of				
	Schedule D			L	44,674,196.	25	<u>47,074,442.</u> 97,266,680.
26	Total liabilities. Add lines 17 through 25				90,781,103.	26	97,266,680.
	Organizations that follow SFAS 117 (ASC 958	s), cheo	k here ► 🛛 🕺 and	1			
	complete lines 27 through 29, and lines 33 an	d 34.					
27	Unrestricted net assets			L	27,143,378.		27,769,594.
28	Temporarily restricted net assets			L	134,975,471.		144,631,902.
29				". L	16,376,384.	29	17,634,715.
	Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 🔛				
	and complete lines 30 through 34.						
30	Capital stock or trust principal, or current funds			30			
31	Paid-in or capital surplus, or land, building, or ec	L		31			
32	Retained earnings, endowment, accumulated in			32			
33	Total net assets or fund balances		178,495,233.		190,036,211.		
34	Total liabilities and net assets/fund balances				269,276,336.	34	287,302,891.
							Form <b>990</b> (2015)

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

THE TRUST FOR PUBLIC LAND

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net Loans and other receivables from current and former officers, directors,

Part II of Schedule L

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary

employees' beneficiary organizations (see instr). Complete Part II of Sch L .....

Notes and loans receivable, net

Inventories for sale or use

trustees, key employees, and highest compensated employees. Complete

(B)

End of year

183,114.

4,435,702.

31,699,184.

13,759,460.

3,000,000.

(A)

Beginning of year

864,022.

589,708.

18,446,020.

13,902,602.

1

2

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0.

1

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Assets

Liabilities

Net Assets or Fund Balances

Form	1990 (2015) THE TRUST FOR PUBLIC LAND	23-	-7222	333	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2	121	,29	4,1	31.
3	Revenue less expenses. Subtract line 2 from line 1	3	16	,70	6,6	25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	178	,49	5,2	33.
5	Net unrealized gains (losses) on investments	5	-1	,79	0,6	97.
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	, 37	4,9	50.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	190	,03	6,2	11.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	в,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			3a	Х	$\vdash$
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form **990** (2015)

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SCHEDULE A	
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(Form	990	or	990-	·ΕΖ
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Name of the organization

🕨 Ir

# 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.

OMB No. 1545-0047
2015
Open to Public

Department of the Treasury Internal Revenue Service

formation about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/for	m990.	Inspection
	Employer	identification number

				PUBLIC LAND					3-7222333
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The	organ	ization is not a private found	lation because it is: (	(For lines 1 through 11, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in <b>s</b>	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical research organiz					-	(iii). Enter	the hospital's name,
		city, and state:	·					. ,	
5		An organization operated for	or the benefit of a co	lleae or university owne	d or opera	ted by a q	overnmental u	nit descrik	bed in
		section 170(b)(1)(A)(iv). (C		0 ,	•	, ,			
6		A federal, state, or local go		mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma						ne general	public described in
		section 170(b)(1)(A)(vi). (C			J			J- J	
8		A community trust describe		(1)(A)(vi), (Complete Par	+ II )				
9		An organization that norma			-	contributi	ons members	hin fees a	ind aross receipts from
·		activities related to its exen	•	-	-			-	•
		income and unrelated busi							-
		See section 509(a)(2). (Col				,5505 2040		gamzation	
10		An organization organized		ively to test for public s	fety See	section 50	<b>19(a)(4)</b>		
11	$\square$	An organization organized	•		•			rny out the	purposes of one or
		more publicly supported or	•	•	•				• •
		lines 11a through 11d that	-						
		<b>Type I.</b> A supporting orga				-		-	( civina
а			•	•					
		the supported organization	., .	• • • • •	a majonity		clors or truste	es or the s	supporting
		organization. You must o	-		11				
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus							
c		☐ Type III functionally interest.						ly integrate	ed with,
	. —	its supported organizatio							
c		☐ Type III non-functionally		• • •				-	
		that is not functionally int			•		-	an attent	iveness
		requirement (see instruct		-					
e		Check this box if the orga					а Туре I, Туре	II, Type III	
	_	functionally integrated, o		onally integrated support	ing organi	zation.			
f		er the number of supported of							_
<u>c</u>	Prov	vide the following information (i) Name of supported	n about the supporte	ed organization(s).	(iv) is the o	rganization	(v) Amount of	monoton	(vi) Amount of
	(	organization		(described on lines 1-9	listed i	in your	support		(vi) Amount of other support (see
		organization		above (see instructions))	· ·	document?	instructio		instructions)
					Yes	No		,	,
			1	1	1	1			1

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

14

Schedule A (Form 990 or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015 THE TRUST FOR PUBLIC LAND

23-7222333 Page 2

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	96,398,195.	101,906,077.	119,434,191.	111,595,050.	115,166,995.	544,500,508.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	96,398,195.	101,906,077.	119,434,191.	111,595,050.	115,166,995.	544,500,508.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						16,031,386.
6	Public support. Subtract line 5 from line 4.						528,469,122.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	(e) 2015	(f) Total
7	Amounts from line 4	96,398,195.	101,906,077.	119,434,191.	111,595,050.	115,166,995.	544,500,508.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$	1,389,990.	1,224,095.	1,306,617.	2,044,520.	2,293,734.	8,258,956.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	60,187.	133,512.	184,326.	124,154.	109,952.	612,131.
11	Total support. Add lines 7 through 10					_	553,371,595.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 99	,249,355.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u></u>	organization, check this box and stop	here					
	ction C. Computation of Publ						
	Public support percentage for 2015 (I					14	95.50 %
	Public support percentage from 2014					15	95.45 %
<b>1</b> 6a	<b>33 1/3% support test - 2015.</b> If the c	-					
	stop here. The organization qualifies						
k	<b>33 1/3% support test - 2014.</b> If the c	-					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	dule A (Form 990	or 990-EZ) 2015

532022 09-23-15

### Schedule A (Form 990 or 990-EZ) 2015 THE TRUST FOR PUBLIC LAND Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2	015	<b>(f)</b> Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in							
_	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
ı d	3 received from disgualified persons							
h	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
~	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2	015	(f) Total
	Amounts from line 6	(4) 2011	(6) 2012	(0) 2010	(0) 2014	(0)2	010	(1) 10141
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3	3) organiz	ation,
	check this box and stop here							►
Sec	ction C. Computation of Publ	ic Support Pe	ercentage					
	Public support percentage for 2015 (I			column (f))		15		0
	Public support percentage from 2014					16		9
	ction D. Computation of Invest					· · · · ·		· · · · ·
	Investment income percentage for 20					17		ģ
18	Investment income percentage from 2					18		9
	<b>33 1/3% support tests - 2015.</b> If the						and line 1	
194	more than 33 1/3%, check this box a	-						
h								
D	<b>33 1/3% support tests - 2014.</b> If the	•			•			
~	line 18 is not more than 33 1/3%, che							
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t				
3202	23 09-23-15			16	Scho	edule A (l	-orm 990	) or 990-EZ) 201
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## Schedule A (Form 990 or 990-EZ) 2015 THE TRUST FOR PUBLIC LAND

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

# Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** 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.*
- **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.
- **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.*
- 5a 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **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.)

532024 09-23-15

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Schedule A (Form 990 or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015 THE TRUST FOR PUBLIC LAND Part IV Supporting Organizations (continued)

11       Has the organization accepted a gin or controlution from any of the following persons described in (b) and (c) below, the governing body of a supported organization?       11 <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>				Yes	No
A spectra who directly controls, either alone or together with persons described in (b) and (c) term of the support of a person described in (a) alone?     A spectra with person described in (a) alone?     A spectra with the support of the control of (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	11	Has the organization accepted a gift or contribution from any of the following persons?		100	
bit A many member of a person described in (a) or (b) above?)       11					
b A family member of a person described in (a) above?     c A 39% controlled methy of person described in (b) or (b) above?     f         Section B. Type I Supporting Organizations         Section B. Type I Supporting Organization is directors or trustees at a time stump the tax year IN or we be apported organization is directors or trustees during the tax year IN or is becaused and order the supported organization, describe how the powers to apported organization is directors or trustees at all time stupported organization, describe how the powers to apport addre remove directors or trustees are all time stupported organization, describe how the powers to apported organization? If Yes, " avoid is apported organization?         Section C. Type II Supporting Organization         Section C. Type II Supporting Organization         Section C. Type II Supporting Organization         Were anyoth the organization's directors or trustees during the tax year.         Section D. All Type II Supporting Organizations         Supporting organization or trustees during the tax year allo a maintriv of the organization supported organization; by the last day of the IIIn month of the organization supported organization; by the last day of the IIIn month of the organization's directors or trustees alter (II) apported organization; by the last day of the IIIn month of the organization's directors or trustees during the tax year allo a maintriv of the organization or the day of the IIIn month of the organization's directors or trustees during the tax year?         Section D. All Type III Supporting Organization, With we prophored organization; (II) apporting Organization and weleast on the day of the IIIn month	a		110		
e A 35% controlled entry of a period described in (a) or (b) above?/If 'Yes' to a, b, or c, provide detail in Part VI.     Section B. Type II Supporting Organizations     Yes No     regularly appoint or elect at least analority of the organization is directors or trustees at all times during the     tax yea? If 'No.' describe in Part VI how the supported organization of generation or generation or generation and more than one supported organization,     describe how the powers to appoint and/or remove directors or trustees are all times during the     tax yea? If 'No.' describe in Part VI how the supported organization of them the supported     organizations and what conditions. If the organization is directors or trustees were allocated among the supported     organization correlated for the benefit of any supported organization of them the supported     organization correlated for the parenets of appoint and/or remove directors or trustees were allocated among the supported     organization correlated for the parenets or trustees of the supported organization (b)     appointed or controlled the supporting organization how new built generated,     supported or controlled the supportation organization is supported organization for them the supported     organization generation was vested in the same persons that controlled or management of the supporting Organizations     the supported organization support organization was vested in the same persons that controlled or management of the supporting Organizations was vested in the same persons that controlled or management of the supporting Organizations     the organization is allocated organizations (b) the supported     organization's tax, year, (i) a written note control tex supported organization's     the organization is allocated organization, by the last day of the fifth month of the     organization's tax, year, (i) a written note control tex supported organization's     the organization is allocated on the supported organization's     the organizati	<b>b</b>				
Section B. Type I Supporting Organizations    Ves No    Ves No    Ves No    Ves No					
Define directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or otect 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 regularizations and what conditions or restrictors, if any, applied than one supported organization of the supported organization of the anone supported organization and what conditions or restrictors, if any, applied than one supported organization (s) that operated, supervised, or controlled the supported organization other than the supported organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization of the "Supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supporting <b>Organization</b> as supported organization (s) that operated, supervised, or controlled the supporting <b>Organization</b> as supported organization (s) that operated, supervised, or controlled the supporting <b>Organization</b> as supported organization (s) the support organization or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees at all times are persons that controlled or managed the supported organization's directors or trustees at all times are persons that controlled or managed the supported organization's tax year, (i) a written notice describing the type and annount of support provided during the pix year (s) and you of the Grow Solution, and (i) copies of the organization's governing documents in the direct on the date of notification, and (i) copies of the organization's governing documents in the supported organization's tax year (ii) a copies that directors are trust			110		
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organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes," explain in     Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,     supervised, or controlled the supporting organizations  Section C. Type II Supporting Organizations  Yes No Trustees of each of the organization's supported organization(s) If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization is use very fill Supporting Organizations.  Perform D. All Type III Supporting Organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date or notification, the vescent on previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization maintaide a close and contification, the use of the organization's supported organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI there de againzation's supported organization's the regari- Complex line 2 below.  Comparization stay field that the organization used to supported organization's supported organization's supported organization's supported organization supported organization's use of the organization's supported organization is the parent of each of its supported organization's supported organization supported organization used to satisfy the Integral Part Test during the yeafsee Instructions:  Comparise to the method that the organization suce of the organization's supported organization supported organization server the organization's supported organization supported organization server the organiz		organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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Section C. Type II Supporting Organizations          Yes No          9. 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 useported organizations(s)? If 'No,' describe in Part VI how control         or management of the supporting organization was vested in the same persons that controlled or managed         the supported organization supported organizations.           Yes No          9. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the         organization's governing documents in effect on the date of notification, and (iii) copies of the         organization's governing documents in effect on the date of notification, to the extent not previously provided?          2. Were any of the organization's officers, directors, or trustees either (i) appointed organization's provided organization's or the supported organization's income or assets at all times during the tay year? (i) a vorither documents in effect on the date of notification, and (iii) copies of the         organization maintaine a close and continuous working relationship with the supported organization's         income or assets at all times during the tay year? If Yes,' describe in Part VI how         the organization and close and continuous working relationship with the supported organization's         income or assets at all times during the tay year? If Yes,'' describe in Part VI the role the organization's         income or assets at all times during the tay year? If Yes,'' describe in Part VI how the organization's         income or assets at all times during the tay year? If Yes,'' describe in Part VI how the organization's         supported organization's         suported organization's supported organization		organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
Section C. Type II Supporting Organizations       Yes       No.         1       Were a majority of the organization's supported organization(?) // "No," describe in Part VI how control or management of the supporting Organization was vested in the same persons that controlled or managed the supported organization(?).       1       1         Section D. All Type III Supporting Organizations by supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a vortex of the organization's outper other was most recently lifed as of the date of notification, and (ii) copies of the organization's officers, directors, or trustees either (i) appointed organization's provided?       1		Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
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the supported organization(s).       1         Section D. All Type III Supporting Organizations       Yes         1       Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's governing the type and amount of support provided during the prior tax, year, (i) a written notice describing the type and amount of support provided?         2       Were any of the organization's difficure, directors, or trustees either (i) appointed or gelacitation, and (iii) copies of the organization(s) or (ii) serving on the governing body of a supported organization of H No,* explain in Part V how the organization maintained a close and continuous working relationship with the supported organization(s).       2       2         3       By reason of the relationship described in (2), did the organization's supported organization's income or assets at all times during the tax year? If 'Yes,* describe in Part VI the role the organization's supported organization is 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 Part VI there is the organization's supported organization is supported organizations and payed in this regard.       3         Section E. Type III Functionally-Integrated Supporting Organizations       Complete line 3 below.       3         1       The organization supported organization was responsive? If 'Yes,* then in Part VI dientify those supported organization's involvement.       Yes No         2       Activities Test. Answer (e) and (b) below.       2       2         2       Activit					
Section D. All Type III Supporting Organizations   I Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently field as of the date of notification, and (iii) copies of the organization's owning documents in effect on the date of notification, and (iii) copies of the organization's organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (i) or (ii) serving on the governing body of a supported organization? If 'No, "explain in Part V how the organization on the relationship described in (2), did the organization's supported organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI there of the organization's supported organization satisfied the Activities Test. Complete line 3 below.  C Type III Functionally-Integrated Supported organizations. C The organization step or the organization's activities during the tax year? If 'Yes,' tescribe in Part VI how you supported a government entity (see instructions): C The organization stifted the Activities Test. Complete line 3 below.  C The organization step or the organization's activities during the tax year of the responsive of the supported organization s activities of and (b) below.  D D dis substantially all of the organization's activities during the tax year of the organization was responsive? If 'Yes,' tescribe in Part VI the reasons for the organization's novement.  D Did the activities constitute activities that, but for the organization's involvement, one or more of the organization is supported organizations. Answer (a) and (b) below.  D Did the corganization is supported organizations? If 'Yes,' explain in Part VI the reasons for the organization's novement.  D Did the activities constitued activities that, but for the organization's involve			1		
1       Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?         2       Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (i) serving on the governing body of a supported organization? If 'No," explain in <i>Part VI how the organization maintained a close and continuous working relationship with the supported organization's supported organization's investment policies and in directing the use of the organization's supported organization's investment policies and in directing the use of the organization's supported organization supported organization supported organization supported organizations played in this regard.       2         3       3       3         2       3       3         3       5         2       3       3         4       The organization subported in (2), did the organizations is supported organization's supported organization supported organization supported organ</i>	Sec		-		
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activities but for the organization's involvement.       2b         3       Parent of Supported Organizations. Answer (a) and (b) below.         a       Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.         b       Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.       3b         532025       09-23-15       Schedule A (Form 990 or 990-EZ) 2015					
<ul> <li>Barent of Supported Organizations. Answer (a) and (b) below.</li> <li>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? Provide details in Part VI.</li> <li>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.</li> <li>Schedule A (Form 990 or 990-EZ) 2015</li> </ul>			2b		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or       3a         trustees of each of the supported organizations? Provide details in <i>Part VI</i> .       3a         b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <i>Part VI the role played by the organization in this regard</i> .       3b         532025 09-23-15       Schedule A (Form 990 or 990-EZ) 2015	3				
trustees of each of the supported organizations? Provide details in <i>Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <i>Part VI the role played by the organization in this regard.</i> 3a 532025 09-23-15 Schedule A (Form 990 or 990-EZ) 2015					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <i>Part VI the role played by the organization in this regard.</i> 532025 09-23-15 Schedule A (Form 990 or 990-EZ) 2015	u		32		
of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard. 3b 532025 09-23-15 Schedule A (Form 990 or 990-EZ) 2015	h				
532025 09-23-15 Schedule A (Form 990 or 990-EZ) 201	U U		3h		
	E2000			لــــــــــــــــــــــــــــــــــــ	2015
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### Schedule A (Form 990 or 990-EZ) 2015 THE TRUST FOR PUBLIC LAND

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	i		
Sect	ion 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 required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2015 distributable amount			
-	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 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
	Excess from 2013			
-	Excess from 2014			
e	Excess from 2015			(F

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

SCHED	ULE A,	PART	II,	LINE	10,	EXPLANAT	ION	FOR	OTHER	INCOME:	
SPECI	AL EVE	NT RE	VENUI	Ξ							
2011	AMOUNT	: \$	60,3	187.							
2012	AMOUNT	: \$	127	,819.							
2013	AMOUNT	:\$	182	,396.							
2014	AMOUNT	: \$	124	,154.							
2015	AMOUNT	: \$	109	,952.							
SALES											
2012	AMOUNT	: \$	5,69	93.							
2013	AMOUNT	: \$	1,93	30.							

# Schedule A (Form 990 or 990-EZ) 2015 THE TRUST FOR PUBLIC LAND

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,

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Organization type (check one):

Schedule B

(Form 990, 990-FZ.

Department of the Treasury Internal Revenue Service

or 990-PF)

23-7222333

OMB No. 1545-0047

Employer identification number

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

THE TRUST FOR PUBLIC LAND

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

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

### **Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

23-7222333

# THE TRUST FOR PUBLIC LAND

No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>    1                                </u>		\$ <u>8,030,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
2		\$9,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
3		\$4,398,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$3,219,000.	Person Payroll Noncash X (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$ <u>3,280,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$ <u>2,500,000.</u>	Person X Payroll Noncash (Complete Part II for

Employer identification number

23-7222333

THE TRUST FOR PUBLIC LAND

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	BARGAIN SALE 2448 ACRES LAND EASEMENT IN CO		
-		\$3,219,000.	12/17/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	BARGAIN SALE 3022 ACRES LAND EASEMENT IN MT		
-		\$3,280,000.	02/16/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 10-26-1	15	\$Schedule B (Form S	990, 990-EZ, or 990-PF
3433 10-26-1	24		500, 500 °LZ, 01 550 °PT

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Name of orga	anization			Employer identification number
THE TR	UST FOR PUBLIC LAND			23-7222333
Part III	Exclusively religious, charitable, etc., cor the year from any one contributor. Complete completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if additio	columns (a) through (e) and the follow us, charitable, etc., contributions of \$1,000 or	wing line entry. For organization	r (10) that total more than \$1,000 for
(a) No. from			(1) D	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif	 t	
_	Transferee's name, address, a	and ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif	 t	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	 t	
-	Transferee's name, address, a 	and ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		e) Transfer of gif	t	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	Insferor to transferee
523454 10-26-	15	25	Schedule	B (Form 990, 990-EZ, or 990-PF) (2015

2015.04030 THE TRUST FOR PUBLIC LAND 893001

SCHEDULE C (Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527	омв №. 1545-0047 <b>2015</b>
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization is described below.</li> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</li> </ul>	Open to Public Inspection
<ul> <li>Section 501(c)(3) or</li> </ul>	wered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activity) ganizations: Complete Parts I-A and B. Do not complete Part I-C.	vities), then

- 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

<ul> <li>Section 501(c)(4), (5), or (6) organizations: Complete Part III.</li> </ul>
--

Name c	f organization				Emplo	oyer identification number	
	THE TRUST FOR PUBLIC LAND					23-7222333	
Part	Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.						
1 Pr	ovide a description of the organiz	ation's direct and indirect political	campaign activities in	Part IV.			
<b>2</b> Pc	litical expenditures	······			▶\$		
Part	I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	3).			
		incurred by the organization unde			▶\$		
<b>2</b> En	ter the amount of any excise tax	incurred by organization managers	s under section 4955		▶\$		
3 lft	he organization incurred a sectio	n 4955 tax, did it file Form 4720 fo	or this year?			Yes No	
4a Wa	as a correction made?					Yes No	
	Yes," describe in Part IV.						
Part	I-C Complete if the org	ganization is exempt unde	r section 501(c),	except section			
1 En	ter the amount directly expended	d by the filing organization for sect	ion 527 exempt function	on activities	.►\$		
<b>2</b> En	ter the amount of the filing organ	ization's funds contributed to othe	er organizations for sec	ction 527			
ex	empt function activities				🏲 \$		
	· ·	. Add lines 1 and 2. Enter here and	,				
		1120-POL for this year?					
		nployer identification number (EIN)		-			
		tion listed, enter the amount paid				-	
	-	omptly and directly delivered to a s	· · ·		separat	te segregated fund or a	
ро	litical action committee (PAC). If	additional space is needed, provid	le information in Part IV	V.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f		(e) Amount of political	
				filing organizatio		contributions received and promptly and directly	
				indias. In none, ent	0.	delivered to a separate	
						political organization.	
						If none, enter -0	

For Densmutark Deduction Act Nation	and the Instructions for Form 00	0 ar 000 E7	Sahadula C	(Farm 000 ar 000 E7) 0016

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

Schedule C (Form 990 or 990-EZ) 2015

532041 10-05-15

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26 2015.04030 THE TRUST FOR PUBLIC LAND 893001

Part II-A Complete if the organization	on is exempt under section 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).		-	
A Check      if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of exces	s lobbying expenditures).		
B Check ► □ if the filing organization check	ed box A and "limited control" provisions apply.		
	oying Expenditures eans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)	59,802.	
	gislative body (direct lobbying)	799,795.	
	d 1b)	859,597.	
		117,486,526.	
	s 1c and 1d)	118,346,123.	
f Lobbying nontaxable amount. Enter the amo		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% c	f line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	

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?

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.		
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					6,000,000.		
<b>c</b> 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.	59,071.	59,802.	222,610.		

Schedule C (Form 990 or 990-EZ) 2015

Yes

\_\_\_ No

532042 10-05-15

## Schedule C (Form 990 or 990-EZ) 2015 THE TRUST FOR PUBLIC LAND

# 23-7222333 Page 3

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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).	on 501(c)	(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	• •			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	R (b) Par	t III-A, lir	ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
-	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Par	t IV Supplemental Information				
Provi	de 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 I	I-A, lines 1 a	and 2 (see	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2015

532043 10-05-15

Department of the Treasury

Internal Revenue Service

(Form 990)

1 2

3

4

5

6

1

2

а

b

С d

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4 5

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Part II

# 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.

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



Employer identification number 23-7222333

Name of the organization Part I Organizatior

- 1			D	A de la contente	and the second	Other Other Handler	-
ΤH	[E	TRUST	FOR	PUBLIC	LAND		

rt I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds	or Account	S.Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.	(a) Donor advised funds	(b) Funde	and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor advisors in writi	-		
are the organization's property, subject to the organization's exc	lusive legal control?		🗀 Yes 📖 N
Did the organization inform all grantees, donors, and donor advis	sors in writing that grant funds can be u	sed only	
for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose c	onferring	
impermissible private benefit?			🔄 Yes 🔄 N
rt II Conservation Easements. Complete if the organi	zation answered "Yes" on Form 990, Pa	art IV, line 7.	
Purpose(s) of conservation easements held by the organization (	check all that apply).		
X Preservation of land for public use (e.g., recreation or educ	cation) X Preservation of a histor	ically importan	t land area
X Protection of natural habitat	X Preservation of a certifi		
X Preservation of open space			
Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form o	f a conservatio	n easement on the last
day of the tax year.			ld at the End of the Tax Ye
Total number of conservation easements			10
			1,428.00
Number of conservation easements on a certified historic structu			1
Number of conservation easements included in (c) acquired after			
listed in the National Register			0
Number of conservation easements modified, transferred, release			•
•	ed, extinguished, or terminated by the	organization ut	ining the tax
	E Standard E		
Number of states where property subject to conservation easem			
Does the organization have a written policy regarding the period			
violations, and enforcement of the conservation easements it ho			
Staff and volunteer hours devoted to monitoring, inspecting, har 89	Idling of violations, and enforcing conse	ervation easem	ents during the year
Amount of expenses incurred in monitoring, inspecting, handling $\blacktriangleright$ \$ 6,898.	of violations, and enforcing conservati	on easements	during the year
Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170/r	n)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	,		X Yes N

9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
	conservation easements.

### Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
	relating to these items:

	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	de
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA 53205 11-02-		Schedule D (Form 990) 2015

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16441021 759146 89300

2015.04030 THE TRUST FOR PUBLIC LAND 893001

Sche	dule D (Form 990) 2015 THE TRU	ST FOR PUB	LIC LAND			2	3-72	2233	3 Pag	ge <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Ti	reasures, o	r Other	<sup>·</sup> Simila	r Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	are a sigi	nificant u	se of its	collectio	n items	\$
	(check all that apply):									
а	Public exhibition	d	Loan or exc	change progra	ms					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						se in Par	t XIII.		
5	During the year, did the organization solicit o							٦		
Dor	to be sold to raise funds rather than to be m							Yes		No
Far	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organization	on answered "	Yes" on F	orm 990,	Part IV,	line 9, or		
12	Is the organization an agent, trustee, custod		liany for contribution	ns or other ass	ets not in					
Ia	on Form 990, Part X?		•					Yes	X	No
h	If "Yes," explain the arrangement in Part XIII						·····			NO
5		and complete the lo	iowing table.					Amount		
c	Beginning balance					1c		7 thoun	•	
	Additions during the year									
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F					/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	n provided on l	Part XIII					
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on F	orm 990, Part	IV, line 10	).				
		(a) Current year	(b) Prior year	(c) Two years	s back (d	<b>i)</b> Three ye	ars back	(e) Four	years b	ack
1a	Beginning of year balance	7,501,631.	3,140,028	2,979	,729.		20,006.		20,0	)06.
b	Contributions	1,366,574.	4,361,603	. 160	,299.	2,95	59,723.			
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance	8,868,205.	7,501,631	,	,028.	2,97	19,729.		20,0	)06.
2	Provide the estimated percentage of the cur			a)) held as:						
	Board designated or quasi-endowment	.00	_%							
	Permanent endowment ► 100.00	•00 %								
с	Temporarily restricted endowment									
0-	The percentages on lines 2a, 2b, and 2c sho				مما المرب الم					
Sa	Are there endowment funds not in the posse	ssion of the organiza	alion that are new a	and administer	ed for the	eorganiza	ation	Г	Yes	No
	by: (i) unrelated organizations									No X
	(ii) related organizations									X
h	If "Yes" on line 3a(ii), are the related organizations									
4	Describe in Part XIII the intended uses of the							0.0		
Par	t VI Land, Buildings, and Equipm	Y								
	Complete if the organization answere		), Part IV, line 11a.	See Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or of	ther (b) Cos	t or other	(c) Acc	umulated	t l	(d) Bool	< value	
		basis (investn	nent) basis	(other)	depre	eciation				
<b>1</b> a	Land									
	Buildings			29,041.		04,08			4,95	
	Leasehold improvements			9,335.		42,67			6,66	
d	Equipment			9,790.		12,76			7,02	
e	Other			56,456.	22	24,20	4.		2,25	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)				72	0,89	13.
						S	chedule	D (Forn	n 990) 2	2015

Part VII Investme	nte - Othor Se	ocuritios			
Schedule D (Form 990) 20	15 <b>THE</b>	TRUST	FOR	PUBLIC	LAND

Complete if the organization answered "Yes"	on Form QQA Dart IV	ing 11h See Form 000	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				-
(2) Closely-held equity interests				
(3) Other				
(A) DEBT SECURITIES	62,782,85	7. END-OF-Y	EAR MARKET	VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	62,782,85	7.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX Other Assets.				
Complete if the organization answered "Yes"		ine 11d. See Form 990,	Part X, line 15.	
	Description			(b) Book value
(1) DEPOSITS ON LAND TRANSACT	IONS			980,850.
(2) INVESTMENT IN AFFILIATES				300,690.
(3) OTHER DEPOSITS				261,771.
(4) OPEN SPACE HOLDINGS				85,870,024.
(5) ASSETS HELD IN CHARITABLE	TRUSTS			54,525,470.
(6) INTEREST RECEIVABLE				60,000.
(7) ESCROW CLEARING				6,030,000.
(8)				
(9)				1 4 0 0 0 0 0 0
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		►	148,028,805.
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, I		n 990, Part X, line 25	j
<b>1.</b> (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) LIABILITIES TO BENEFICIAR	IES OF	24 007 005		
(3) CHARITABLE TRUSTS		34,997,095. 10,850,336.		
(4) MITIGATION ADVANCES		10,000,300		
(5) OPTION PAYMENTS (6) GARNISHMENTS		1,226,968.		
(-)		43.		
(7)				
(8)				
(9) T-t-L (Column (t) must small Form 2000 Dout X and (D) lin	- 05 )	47,074,442.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	· · · ·			11 - 1
2. Liability for uncertain tax positions. In Part XIII, provide		-		
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Ch	eck here if the text of the	e loothote has been	

Schedule D (Form 990) 2015

532053 09-21-15

Sche	edule D (Form 990) 2015 THE TRUST FOR PUBLIC LAND			23-	7222333	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
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	2b	284,892.			
с	Recoveries of prior year grants	2c				
d			-3,374,950.			
е	Add lines <b>2a</b> through <b>2d</b>			2e	-4,880	
3	Subtract line 2e from line 1			3	136,949	,685.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	1,051,071.			
с	Add lines <b>4a</b> and <b>4b</b>			4c	1,051	
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.
_						-
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme					
Ра	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents W	ith Expenses per	Retu	ırn.	
Pa 1	Reconciliation of Expenses per Audited Financial Stateme           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents W	ith Expenses per	Retu		
	rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per	Retu	ırn.	
1	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per	Retu	ırn.	
1 2	rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents W	ith Expenses per	Retu	ırn.	
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	ith Expenses per	Retu	ırn.	
1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	ith Expenses per	Retu	ırn. 120,527	,952.
1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other losse the part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses per 284,892. -1,051,071.	Retu 1 2e	<b>120 , 527</b> 120 , 527 – 766	<u>,952.</u> ,179.
1 2 b c d	<b>rt XII Reconciliation of Expenses per Audited Financial Statemen</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Expenses per 284,892. -1,051,071.	Retu 1 2e	ırn. 120,527	<u>,952.</u> ,179.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other losse the part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses per 284,892. -1,051,071.	Retu 1 2e	<b>120 , 527</b> 120 , 527 – 766	<u>,952.</u> ,179.
1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial Statemen         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ith Expenses per 284,892. -1,051,071.	Retu 1 2e	<b>120 , 527</b> 120 , 527 – 766	<u>,952.</u> ,179.
1 2 6 6 8 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statemen         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other losses         Other statements         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	ith Expenses per 284,892. -1,051,071.	Retu 1 2e	<b>120 , 527</b> 120 , 527 – 766	<u>,952.</u> ,179.
1 2 a b c d e 3 4 a	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	ith Expenses per 284,892. -1,051,071.	Retu 1 2e 3 4c	urn. 120,527 -766 121,294	<u>,952.</u> ,179. ,131.
1 2 d e 3 4 b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statemet         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	ith Expenses per 284,892. -1,051,071.	Retu 1 2e 3 4c	<b>120 , 527</b> 120 , 527 – 766	<u>,952.</u> ,179. ,131.

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

# PART II, LINE 9:

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 <sup>532054</sup> 

16441021 759146 89300

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.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-3,374,950.

PART XI, LINE 4B - OTHER ADJUSTMENTS:										
SPECIAL	EVENTS	DIRECT	EXPENSES	NETTED	WITH	REVEN	UE			-837,617.
532055 09-21-15					2.2				Schedule [	D (Form 990) 2015
.6441021 7	59146	89300	201	5.04030	33 THE	TRUST	FOR	PUBLIC	LAND	893001

Schedule D (Form 990) 2015 TH	E TRUST FOR PUBLIC LAND	23-7222333 <sub>Pac</sub>
	CDLC DURING MERGER TO REVENUE	1,888,68
TOTAL TO SCHEDULE D, P	ART XI, LINE 4B	1,051,07
PART XII, LINE 2D - OT	HER ADJUSTMENTS:	
SPECIAL EVENTS DIRECT	EXPENSES NETTED WITH REVENUE	837,61
RECLASS TRANSFER FROM	CDLC DURING MERGER TO REVENUE	-1,888,68
TOTAL TO SCHEDULE D, P	ART XII, LINE 2D	-1,051,07
532055		Schedule D (Form 990)

SCHEDULE G	Supplama	ental Information Regarding	Eup	draia	ing or Gaming	A otin		OMB No. 1545-0047		
(Form 990 or 990-EZ)	, or if the	2015								
	2010									
Department of the Treasury		organization entered more than \$1 Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public		
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.										
Name of the organization		ntification number								
THE TRUST FOR PUBLIC LAND 23-7222333										
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
		sed funds through any of the followir	ng acti	vities.	Check all that apply					
a X Mail solicitat	ions	e X Solicitat	ion of	non-g	overnment grants					
<b>b</b> X Internet and	email solicitations	s f X Solicitat	ion of	gover	nment grants					
c X Phone solici	tations	<b>g</b> X Special	fundra	aising	events					
d X In-person so	licitations									
2 a Did the organization	on have a written o	or oral agreement with any individual	(inclu	ding o	fficers, directors, tru	stees				
key employees list	ed in Form 990, P	Part VII) or entity in connection with p	rofess	ional f	undraising services?	2	X Yes	No No		
<b>b</b> If "Yes," list the ter	n highest paid ind	ividuals or entities (fundraisers) purs	uant to	o agre	ements under which	the f	undraiser is to	be		
compensated at le	ast \$5,000 by the	e organization.								
						(.)				
(i) Name and addres	s of individual		(iii) Did fundraiser		(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid		
or entity (fund	fraiser)	(ii) Activity		ustody ntrol of utions?	from activity	l ìt	fundraiser	to (or retained by) organization		
			CONTID	utions?		list	ed in col. (i)			
SIMONCINI STRATEGI	ES - 94		Yes	No						
LENORD WOOD SOUTH,	STE. 201,	PROJECT FUNDRAISING		Х	3,846,045.		60,000.	3,786,045.		
CHAPMAN CUBINE ADA	MS HUSSEY -									
1600 WILSON BLVD,	STE. 300,	ANNUAL FUND		X	1,878,000.		357,216.	1,520,784.		
CARE2.COM, INC	275									
SHORELINE DR., #30	0, REDWOOD	LIST MAINTENANCE		Х	604,000.		183,040.	420,960.		
BLACKBAUD, INC	2000 DANIEL									
ISLAND DR., CHARLE	STON, SC	DONOR RESEARCH		Х	208,600.		109,714.	98,886.		
CIVITAS PUBLIC AFFAIRS GROUP										
- 409 7TH ST. NW,	STE. 350,	CIVIC ENGAGEMENT		Х	٥.		40,000.	-40,000.		
MARTS & LUNDY, INC	1200									
WALL ST. WEST, LYN	DHURST, NJ	FEASIBILITY & RESEARCH		х	0.		38,695.	-38,695.		
PETER MATTAIR CONSULTING -										
2501 WEST ZIA RD.,	<b>#</b> 9-206,	PROJECT FUNDRAISING		х	0.		30,000.	-30,000.		
THE STELTER COMPANY - 10435										
NEW YORK AVE., DES	MOINES, IA	ANNUAL FUND		х	Ο.		28,296.	-28,296.		
FACEBOOK - 1 HACKER WAY,										
MENLO PARK, CA 94025 ONLINE FUNDRAISING X 0.						18,344.	-18,344.			
PHYLLIS SHAPIRO - 25										
CHAMBERLAIN RD., FLEMINGTON, GRANT WRITING X 0. 14						14,000.	-14,000.			
Total	<u></u>		<u></u>		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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS 532081 09-14-15 Schedule G (Form 990 or 990-EZ) 2015

 Schedule G (Form 990 or 990-EZ) 2015
 THE
 TRUST
 FOR
 PUBLIC
 LAND
 23-7222333
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 ABOVE THE	(b) Event #2 PROCTOR	(c) Other events	(d) Total events (add col. (a) through
		RAILS (CHICA	CREEKCLEARWA	1	col. (c)
		(event type)	(event type)	(total number)	
	1 Gross receipts	713,705.	169,869.	73,008.	956,582
	2 Less: Contributions	666,320.	145,312.	34,998.	846,630
	<b>3</b> Gross income (line 1 minus line 2)	47,385.	24,557.	38,010.	109,952
	4 Cash prizes				
	5 Noncash prizes		3,016.	2,661.	5,677
	6 Rent/facility costs		20,231.	3,262.	23,493
	7 Food and beverages		14,427.	5,973.	20,400
-	8 Entertainment		2,400.		2,400
	9 Other direct expenses		13,577.	11,122.	785,647
ŀ	<ul><li>Direct expense summary. Add lines 4 throug</li><li>Net income summary. Subtract line 10 from</li></ul>			►	837,617 -727,665
			(I-) Dull tobo/inotont		(a) Tatal manala a (a d
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 Gross revenue	(a) Bingo		(c) Other gaming	
	Gross revenue 2 Cash prizes	(a) Bingo		(c) Other gaming	
				(c) Other gaming	
	2 Cash prizes			(c) Other gaming	
	<ul><li>2 Cash prizes</li><li>3 Noncash prizes</li></ul>			(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> </ul>			(c) Other gaming	
	<ul> <li>2 Cash prizes</li></ul>	Yes%	bingo/progressive bingo	Yes% No	
	<ul> <li>2 Cash prizes</li></ul>	yh 5 in column (d)	bingo/progressive bingo	%%	
	<ul> <li>2 Cash prizes</li></ul>	yh 5 in column (d)	bingo/progressive bingo	%%	
a	<ul> <li>2 Cash prizes</li></ul>	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities:activities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (c
a	<ul> <li>2 Cash prizes</li></ul>	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities:activities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (c

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 THE TRUST FOR PUBLIC LAND 23-7	7222333	3 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	🗌 No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	ç
<b>b</b> An outside facility	13b	0
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
of gaming revenue retained by the third party $\blacktriangleright$ \$		
<b>c</b> If "Yes," enter name and address of the third party:		
Name		
Address ►		
16 Gaming manager information:		
Name		
Gaming manager compensation 🕨 💲		
Description of services provided 🕨		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to	Vee	
retain the state gaming license?		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	ines 9. 9b. 1	0b. 15b.
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	20.	
SCHEDOLE G, FART I, HINE ZD, HIST OF THE HIGHEST FAID FONDRATSEN		
(I) NAME OF FUNDRAISER: SIMONCINI STRATEGIES		
(I) ADDRESS OF FUNDRAISER:		
94 LENORD WOOD SOUTH, STE. 201, HIGHLAND PARK, IL 60035		
(I) NAME OF FUNDRAISER: CHAPMAN CUBINE ADAMS HUSSEY		
(I) ADDRESS OF FUNDRAISER: 1600 WILSON BLVD, STE. 300, ARLINGTON	I, VA	2220
532083 09-14-15 Schedule G (Forn 37	n 990 or 990	0-EZ) 201
441021 759146 89300 2015.04030 THE TRUST FOR PUBLIC LAND	893	001

(I) NAME OF FUNDRAISER: CARE2.COM, INC.

(I) ADDRESS OF FUNDRAISER: 275 SHORELINE DR., #300, REDWOOD CITY, CA 94065

(I) NAME OF FUNDRAISER: BLACKBAUD, INC.

(I) ADDRESS OF FUNDRAISER: 2000 DANIEL ISLAND DR., CHARLESTON, SC 29492

(I) NAME OF FUNDRAISER: CIVITAS PUBLIC AFFAIRS GROUP

(I) ADDRESS OF FUNDRAISER: 409 7TH ST. NW, STE. 350, WASHINGTON, DC 20004

(I) NAME OF FUNDRAISER: MARTS & LUNDY, INC.

(I) ADDRESS OF FUNDRAISER: 1200 WALL ST. WEST, LYNDHURST, NJ 07071

(I) NAME OF FUNDRAISER: PETER MATTAIR CONSULTING

(I) ADDRESS OF FUNDRAISER: 2501 WEST ZIA RD., #9-206, SANTA FE, NM 87505

(I) NAME OF FUNDRAISER: THE STELTER COMPANY

(I) ADDRESS OF FUNDRAISER: 10435 NEW YORK AVE., DES MOINES, IA 50322

(I) NAME OF FUNDRAISER: PHYLLIS SHAPIRO

(I) ADDRESS OF FUNDRAISER: 25 CHAMBERLAIN RD., FLEMINGTON, NJ 08822

Schedule G (Form 990 or 990-EZ)

532084 04-01-15

16441021 759146 89300

38 2015.04030 THE TRUST FOR PUBLIC LAND 893001

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go Comp	Grants and Oth vernments, an lete if the organization ion about Schedule I (	d Individua answered "Yes" ► Attach to For	<b> S in the Ŭn</b>   on Form 990, Pa   m 990.	ited States art IV, line 21 or 22.	0.	OMB No. 1545-0047 <b>2015</b> Open to Public Inspection
Name of the organization	-	_			Ŭ		Employer identification number
THE TRUST		IC LAND					23-7222333
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?						ction X Yes No
Part II Grants and Other Assistance to					anization answered "	(es" on Form 990 Par	t IV line 21 for any
recipient that received more than 9	-						
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<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						BARGAIN SALE OF HALF INTEREST IN 3022.06 ACRES OF	
WHITEFISH, MT 59937		CITY OF WHITEFIS	u 0.	1,640,000.	APPRAISAL	LAND IN MT	LAND CONSERVATION
MT DEPT OF FISH, WILDLIFE & PARKS P.O. 200701 HELENA, MT 59620		MT FW&P DEPT	0.	1,640,000.	APPRAISAL	BARGAIN SALE OF HALF INTEREST IN 3022.06 ACRES OF LAND IN MT	
LAND TRUST FOR SANTA BARBARA COUNTY - P.O. 91830 - SANTA BARBARA, CA 93190	95-3797404	501(C)(3)	0.	750,000.	APPRAISAL	BARGAIN SALE OF 779.67 ACRES OF LAND IN CA	LAND CONSERVATION
ALOHA KUAMO'O AINA P.O. BOX 10784 LAHAINA, HI 96761	46-4864386	501(C)(3)	0.	1,240,000.	APPRAISAL	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)	0.	187,500.	APPRAISAL	BARGAIN SALE OF 122.21 ACRES OF LAND IN NH	LAND CONSERVATION
ARAPAHOE COUNTY 5334 S. PRINCE ST LITTLETON, CO 80120		ARAPAHOE COUNTY	0.	107,500.	APPRAISAL	BARGAIN SALE OF 10.915 ACRES OF LAND IN CO	LAND CONSERVATION
2 Enter total number of section 501(c)(3) a	•	•	e line 1 table				
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2015)

# Schedule I (Form 990) THE TRUST FOR PUBLIC LAND

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

TRIBAL GOV

ROSA, CA 95403

KAISHA BAND OF POMO INDIANS OF THE STEWARTS POINT RANCHERIA - 1420

GUERNEVILLE ROAD, STE 1 - SANTA

		· · · · · ·		· · · · · ·		· '	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount 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
CA WILDLIFE CONSERVATION BOARD						BARGAIN SALE OF	
1416 9TH ST, ROOM 1266						1477.4 ACRES OF	
SACRAMENTO, CA 95814		СА WCB	0.	100,000.	APPRAISAL	LAND IN CA	LAND CONSERVATION
CARVER COUNTY						BARGAIN SALE OF	
11360 HWY 212 WEST						36.5 ACRES OF	
COLOGNE, MN 55322		CARVER COUNTY	0.	350,000.	APPRAISAL	LAND IN MN	LAND CONSERVATION
CITY OF SAINT PAUL						BARGAIN SALE OF 5.30 ACRES OF	
1000 CITY HALL ANNEX, 2500 WEST KEI ST. PAUL, MN 55102	1	CITY OF SAINT PAU	JL 0.	1,961,999.	APPRATSAL	LAND IN MN	LAND CONSERVATION
				_,,			
CITY OF SANTA BARBARA						BARGAIN SALE OF	
P.O. BOX 1980						14.74 ACRES OF	
SANTA BARBARA, CA 93102		CITY SANTA BARBAR	IA 0.	1,300,000.	APPRAISAL	LAND IN CA	LAND CONSERVATION
CO STATE UNIVERSITY, FOR BENEFIT							
OF CO STATE FOREST SERVICE - 5060						BARGAIN SALE OF	
CAMPUS DELIVERY - FORT COLLINS, CO						2448 ACRES OF	
80523		CSU	0.	3,869,000.	APPRAISAL	LAND IN CO	LAND CONSERVATION
COLORADO CATTLEMEN'S AGRICULTURAL						DONATION OF 183	
LAND TRUST - 8833 RALSTON ROAD -						ACRES OF LAND IN	
ARVADA, CO 80002	84-1317592	501(C)(3)	0.	1,550,400.	APPRATSAL	CO	LAND CONSERVATION
,			<b>.</b>				
COLORADO OPEN LANDS TRUST						DONATION OF	
355 S.TELLER ST STE 210						37.67 ACRES OF	
LAKEWOOD, CO 80226	84-0866211	501(C)(3)	0.	450,000.	APPRAISAL	LAND IN CO	LAND CONSERVATION
FRANKLIN COUNTY BOARD OF						BARGAIN SALE OF	
COMMISSIONERS - 34 FORBES ST, STE				<b>_</b>		7.13 ACRES OF	
1 - APALACHICOLA, FL 32320		FRANKLIN COUNTY	0.	78,000.	APPRAISAL	LAND IN FL	LAND CONSERVATION

LAND CONSERVATION

BARGIAN SALE OF OF 678.2 ACRES

OF LAND IN CA

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3,101,986.APPRAISAL

23-7222333 Page 1

#### THE TRUST FOR PUBLIC LAND Schedule I (Form 990)

(b) EIN

(a) Name and address of

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(c) IRC section

STATE OF ME

AUGUSTA, ME 04333

(a) Name and address of organization or government	( <b>D</b> ) EIN	if applicable	(a) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	(n) Purpose of grant or assistance
LAND TRUST OF THE UPPER ARKANSAS 128 E FIRST ST, SUITE 201						DONATION OF 175.09 ACRES OF	
SALIDA, CO 81201	84-1594923	501(C)(3)	0.	1,200,000.	APPRAISAL	LAND IN CO	LAND CONSERVATION
MA DIVISION OF FISHERIES & WILDLIFE, DEPT OF FISH & GAME - 251 CAUSEWAY ST - BOSTON, MA 02114		MA DFG	0.	7,000.	APPRAISAL	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	0.	1,165,000.	APPRAISAL	DONATION OF 705.75 ACRES OF LAND IN MN	LAND CONSERVATION
MOUNTAINS RECREATION & CONSERVATION AUTHORITY - 570 WEST AVE 26, STE 100 - LOS ANGELES, CA 90065		MRCA	0.	1,275,000.	APPRAISAL	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	0.	1,315,000.	APPRAISAL	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	0.	525,000.	APPRAISAL	DONATION OF 10198.26 ACRES OF LAND IN OR	LAND CONSERVATION
REGENTS OF UNIVERSTY OF CALIFORNIA 1111 FRANKLIN ST 6TH FL OAKLAND, CA 94607		UNIV OF CA	0.	340,000.	APPRAISAL	DONATION OF 144 ACRES OF LAND IN CA	LAND CONSERVATION
SAN LUIS VALLEY LOCAL FOODS COALITION - 412 STATE AVE, P.O. BOX 181 - ALAMOSA, CO 81101	45-3837878	501(C)(3)	0.	300,000.	APPRAISAL	DONATION OF 37.67 ACRES OF LAND IN CO	LAND CONSERVATION
STATE OF MAINE, BUREAU OF PARKS & LANDS - 22 STATE HOUSE STATION -						BARGAIN SALE OF 8159 ACRES OF	

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

LAND CONSERVATION

23-7222333

Page 1

(h) Purpose of grant

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335,000.APPRAISAL

LAND IN ME

## Schedule I (Form 990) THE TRUST FOR PUBLIC LAND

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

532241 04-01-15

Schedule I	(Form 990)
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						1	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount 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
STATE OF TN						DONATION OF	
24TH FL, TN TOWER, 312 ROSA PARKS A	4					47.68 ACRES OF	
NASHVILLE, TN 37243		STATE OF TN	0.	1,720,000.	APPRAISAL	LAND IN TN	LAND CONSERVATION
STATE OF VT, DEPT OF FOREST, PARKS						BARGAIN SALE OF	
& RECREATION - 103 SOUTH MAIN ST -						1346 ACRES OF	
WATERBURY, VT 05671		STATE OF VT	0.	1,218,000.	λοσολταλτ	LAND IN VT	LAND CONSERVATION
WAIERBORI, VI 05071		STATE OF VI	0.	1,218,000.	RPPRAISAL		LAND CONSERVATION
SUMMIT METRO PARKS						BARGAIN SALE OF	
975 TREATY LINE ROAD						36.28 ACRES OF	
AKRON, OH 44313		SUMMIT METRO PARE	(S 0.	50,000.	APPRAISAL	LAND IN OH	LAND CONSERVATION
TECHUMSEH LAND TRUST						BARGAIN SALE OF	
POB 417						437.35 ACRES OF	
YELLOW SPRINGS, OH 45387	31-1313236	501(C)(3)	0.	872,199.	APPRAISAL	LAND IN OH	LAND CONSERVATION
THE NATIDE CONCEDUANCY						DONARTON OF	
THE NATURE CONSERVANCY						DONATION OF	
5245 NORTH FAIRFAX DR., STE 100		F01(G)(2)	0	C 040 000		891.9 ACRES OF	LAND CONCEDUMETON
ARLINGTON, VA 22209	53-0242652	501(C)(3)	0.	6,040,000.	APPRAISAL	LAND IN CT	LAND CONSERVATION
TOWN OF CUMBERLAND						BARGAIN SALE OF	
290 TUTTLE ROAD						164.5 ACRES OF	
CUMBERLAND, ME 04021		TOWN OF CUMBERLAN	ю.	460,000.	APPRAISAL	LAND IN ME	LAND CONSERVATION
TOWN OF OLD SAYBROOK						DONATION OF 1.83	
302 MAIN ST						ACRES OF LAND IN	
OLD SAYBROOK, CT 06475		TOWN OF OLD SAYB	.00K 0	260,000.	APPRAISAL	СТ	LAND CONSERVATION
TOWN OF STURBRIDGE						BARGAIN SALE OF	
308 MAIN ST				221.000		280.46 ACRES OF	LAND CONCEDUARTON
STURBRIDGE, MA 01566		TOWN OF STURBRID	Ε 0.	<u>221,060.</u>	APPRAISAL	LAND IN MA	LAND CONSERVATION
TOWN OF WEST WINDSOR						BARGAIN SALE OF	
P.O. BOX 6						470.86 ACRES OF	
BROWNSVILLE, UT 05037		TOWN OF WEST WINI	SOR 0.	548 830	APPRAISAL	LAND IN VT	LAND CONSERVATION

P.O. BOX 8816 TRUCKEE, CA 96162

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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
JS NAVY 1101 TAUTOG CIRCLE						BARGAIN SALE OF 2677.30 ACRES OF	
SILVERDALE, WA 98315		US NAVY	0.	762,550.	APPRAISAL	LAND IN WA	LAND CONSERVATION
STATE OF HAWAII 1151 PUNCHBOWL ST. HONOLULU, HI 96813		STATE OF HI	2,500,000.	0.			PROJECT SUPPORT
CITY OF CHICAGO 30 N. LASALLE ST, #1100 CHICAGO, IL 60602		CITY OF CHICAGO	1,909,520.	0.			PROJECT SUPPORT
CITY OF JOHNS CREEK 12000 FINDLEY RD., STE. 400 JOHNS CREEK, GA 30097		CITY OF JOHNS CRE	EK 1,500,000.	0.			PROJECT SUPPORT
CLEVELAND METROPARKS 4101 FULTON PARKWAY CLEVELAND, OH 44144		CLEVELAND METROP	RKS1,240,778.	0.			PROJECT SUPPORT
THE CONSERVATION CAMPAIGN 10 MILK ST., STE. 810 30STON, MA 02108	04-3515341	501(C)(4)	657,750.	0.			GENERAL SUPPORT - LOBBYING
WYOMING WILDSHEEP FOUNDATION 5722 HIGHWAY 28 CANDER, WY 82520	83-0264363	501(C)(3)	140,000.	0.			PROJECT SUPPORT
THE NATURE CONSERVANCY INC. 1245 NORTH FAIRFAX DR., STE. 100 ARLINGTON, VA 22209	53-0242652	501(C)(3)	115,000.	0.			PROJECT SUPPORT

Schedule I (Form 990)

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68-0245327 501(C)(3)

#### Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount 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
UPPER VALLEY LAND TRUST 19 BUCK RD.		501 (0) (0)	50.000				
HANOVER, NH 03755	02-0387997	501(C)(3)	52,000.	0.			PROJECT SUPPORT
BACK COUNTRY LAND TRUST OF SAN DIEGO COUNTY - P.O. BOX 1148 - ALPINE, CA 91903	93-1060214	501(C)(3)	50,000.	0.			PROJECT SUPPORT
	JJ 1000214	501(0)(3)	50,000.	0.			I KOULCI BOITOKI
LAND TRUST ALLIANCE 1660 L ST., NW, STE. 1100 WASHINGTON, DC 20036	04-2751357	501(C)(3)	46,500.	0.			EVENT SPONSORSHIP
LAND TRUST OF SANTA BARBARA 1530 CHAPALA ST. SANTA BARBARA, CA 93101	95-3797404	501(C)(3)	45,000.	0.			PROJECT SUPPORT
JEFFERSON LAND TRUST 1033 LAWRENCE ST. PORT TOWNSEND, WA 98368	91-1465078	501(C)(3)	37,606.	0.			EVENT SPONSORSHIP
LAND TRUST OF THE UPPER ARKANSAS 128 E. FIRST ST., STE. 201 SALIDA, CO 81201	84-1594923	501(C)(3)	37,500.	0.			PROJECT SUPPORT
AMMONOOSUC CONSERVATION TRUST 107 GLESSNER RD. BETHLEHEM, NH 03574	02-6121209	501(C)(3)	37,250.	0.			PROJECT SUPPORT
COLORADO CATTLEMEN'S AGRICULTURAL LAND TRUST - 8833 RALSTON RD ARVADA, CO 80002	84-1317592	501(C)(3)	36,000.	0.			EVENT SPONSORSHIP
MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DR. HOUGHTON, MI 49931		MTU	35,000.	0.			PROJECT SUPPORT

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Schedule I (Form 990)

## THE TRUST FOR PUBLIC LAND

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#### THE TRUST FOR PUBLIC LAND Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

01-0619649 501(C)(3)

NEWARK, NJ 07103

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount 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
COLORADO OPEN LANDS 355 SOUTH TELLER ST., STE. 210 LAKEWOOD, CO 80226	84-0866211	501(C)(3)	32,423.	0.			PROJECT SUPPORT
CITY OF NOVATO 922 MACHIN AVE. NOVATO, CA 94945		CITY OF NOVATO	30,000.	0.			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.	0.			PROJECT SUPPORT
STATE OF VERMONT 1 NATIONAL LIFE DR., DAVIS 2 MONTPELIER, VT 05620		STATE OF VT	30,000.	0.			PROJECT SUPPORT
ALOHA KUAMOO AINA 1695 AINAKEA RD. LAHAINA, HI 97861	46-4864386	501(C)(3)	25,110.	0.			PROJECT SUPPORT
COLORADO STATE UNIVERSITY FOUNDATION - 2527 RESEARCH BLVD - FORT COLLINS, CO 80526	23-7098397	501(C)(3)	20,000.	0.			PROJECT SUPPORT
GREEN MOUNTAIN CLUB, INC. 4711 WATERBURY-STOWE RD. WATERBURY CENTER, VT 05677	03-0162865	501(C)(3)	18,750.	0.			PROJECT SUPPORT
THE NEW YORK BOTANICAL GARDEN 200TH ST. SOUTHERN BOULEVARD BRONX, NY 10458	13-1693134	501(C)(3)	17,500.	0.			PROJECT SUPPORT
MILDRED HELMS PARK RESURRECTION COMMITTEE - P.O. BOX 3583 -							

Schedule I (Form 990)

PROJECT SUPPORT

16,982.

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23-7222333 Page 1

#### THE TRUST FOR PUBLIC LAND Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

20-5602725

84-1380693 501(C)(3)

P.O. BOX 106 BOISE, ID 83701

OAKLAND, CA 94612

LAND TRUST OF THE TREASURE VALLEY

(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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.	0.			PROJECT SUPPORT
THE OKANOGAN LAND TRUST P.O. BOX 293, 416 1/2 S. WHITCOMB TONASKET, WA 98855	94-3112454	501(C)(3)	14,776.	0.			PROJECT SUPPORT
FUND FOR CITY OF BOSTON PARKS & RECREATION - 1010 MASSACHUSETTS - BOSTON, MA 02118	04-2784811	501(C)(3)	12,500.	0.			PROJECT SUPPORT
CITY PARKS ALLIANCE, INC. 2121 WARD CT., NW 5TH FLR. WASHINGTON, DC 20037	80-0015566	501(C)(3)	10,000.	0.			PROJECT SUPPORT
MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL ISLAND, #201 TOPSHAM, ME 04086	23-7099105	501(C)(3)	10,000.	0.			PROJECT SUPPORT
MONTANA CONSERVATION CORPS, INC. 206 N. GRAND BOZEMAN, MT 59715	81-0467431	501(C)(3)	10,000.	0.			PROJECT SUPPORT
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON ST., P.O BOX 807 HARPERS FERRY, WV 25425	52-6046689	501(C)(3)	7,500.	0.			EVENT SPONSORSHIP
GREENBIZ GROUP, INC. 350 FRANK H. OGAWA PLAZA, #800							

EVENT SPONSORSHIP

46

7,500.

7,500.

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23-7222333 Page 1

# Schedule I (Form 990) THE TRUST FOR PUBLIC LAND

art II Continuation of Grants and Other		<u> </u>		, i i i i i i i i i i i i i i i i i i i		, , , , , , , , , , , , , , , , , , ,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount 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
V JERSEY CONSERVATION FOUNDATION							
0 LONGVIEW RD.							
R HILLS, NJ 07931	22-6065456	501(C)(3)	6,500.	Ο.			EVENT SPONSORSHIP

Schedule I (Form 990)

23-7222333 Page 2

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> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
IONROARIUM	4	1,000.	0.		
PROJECT SUPPORT	1	10,000.	0.		

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

PART I, LINE 2:

## GRANTEES ADHERE TO MONITORING AND REPORTING REQUIREMENTS ASSOCIATED WITH

GRANTS FROM THE TRUST FOR PUBLIC LAND.

(form 990)         For cartain Officers, Directors, Trustees, Key Employees, and Highest         Competed Employees         Complete If the organization answered 'Yes' on Form 990, Part IV, Line 23.         Lind a about Schedule J (Form 990, International Schedule J (Form 990, Interational Schedule J (Form 990, International Schedule J (Form 990,	SCHEDULE J	Compensation Information	I	OMB No.	1545-00	47	
Complete If the organization answered "Yes" on Form 990, Part IV, line 23.     Dent of bubic brane of the organization     THE TRUST FOR PUBLIC LAND     THE TRUST FOR PUBLIC LAND     THE TRUST FOR PUBLIC LAND     The organization answered "Yes" on Form 990, Part IV, line 23.     Part II. Question A, line 14. Complete Part III to provide any relevant information regarding these items.     Part VI. Section A, line 14. Complete Part III to provide any relevant information regarding these items.     Part VI. Section A, line 14. Complete Part III to provide any relevant information regarding these items.     Part VI. Section A, line 14. Complete Part III to provide any relevant information regarding these items.     Part VI. Section A, line 14. Complete Part III to provide any relevant information regarding these items.     Part VI. Section A, line 14. Complete Part III to provide any relevant information regarding these items.     Part VI. Section A, line 14. Complete Part III to provide any relevant information regarding these items.     Part VI. Section A, line 14. Complete Part III to provide any relevant information regarding these items.     Part VI. Section A, line 14. Complete Part III to provide any relevant information regarding these items.     Part VI. Section A, line 14. Complete Part III to provide any relevant information regarding the section interview.     Part VI. Section A, line 14. Complete Part III to provide Part III to provide the regarization sections to a different public provide the complete Part III to provide to a setablish of these regarized organization relevance to previous of a different public provide part Part III to provide the provide the provide Part III to provide the provide the provide the provide part Part III to provide the provide the provide the provide the provide part Part III to provide the provide the provide the provide the provide part Part III to provide the provide the provide the provide the provide to pradization to establish the compensation committee     W	(Form 990)	-	-	20	15		
Dependent of the Tealwork     THE TRUST FOR PUBLIC LAND     THE TRUST FOR PUBLIC CLAND     THE TRUST FOR PUBLIC LAND     THE TRUST FOR PUBLIC LAND     THE TRUST FOR PUBLIC CLAND     THE TRUST FOR PUBLIC CLAND     THE TRUST FOR PUBLIC LAND     THE TRUST FOR PUBLIC CLAND     THE TRUST FOR PUBLIC LAND     THE TRUST FOR PUBLIC CLAND     THE TRUST FOR PUBLIC C				ΖU	IJ	)	
Information about Schedule J (Form 990) and its instructions is at www.fs.gov/fmm92.         Imspection           THE         TRUST         FOR         PUBLIC LAND         Employed identification number           23 - 7.2.2.3.3.3         Part II         Questions Regarding Compensation         Yes         No           10         Check the appropriate box(es) if the organization provided any relevant information regarding these items.         First class or charter travel         Yes         No           21         Trave if or companions         Hayments for business use of personal residence         Yes         No           2         Item organization and gross-up payments         Headit or social club dues or initiation flows         Impection         1b         X           2         It any of the boxes on line 1a are checked, did the organization folk ware written policy regarding payment or neinbursement or provision of all of the expenses described above? If "No," complete Part III to spalina"         1b         X           2         It any of the boxes on line 1a are checked, but the ling organization used to establish the compensation of the organization regarding the EVEX.         2         X           3         Indicate which, if any, of the following the filing organization used to establish the compensation committee         Written employment contract         2         X           4         During the year, did any person listed on Form 990. Part VII, Secti	Department of the Treasury			Open to Public			
THE TRUST FOR PUBLIC LAND         23-7222333           Part II         Questions Regarding Compensation           Ia         Check the appropriate box(e) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III Complete Part III to provide any relevant information regarding these items.           Part VII, Section A, Ine 1a, Complete Part III or oxolia cubul dues or instainon fees         Bearching Section A, Ine 1a, Complete Part III to explain.         In           Ib         If any of the boxes on line 1a are checked, idd the organization follow a written policy regarding payment or reimbursment or provision of all of the exponses described above? II 'No', complete Part III to explain.         Ib         X           2         Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?         X           3         Indicate which, if any, of the following the filing organization used to establish the compensation committee         Write employment contract         X           4         Compensation committee         Write employment contract         X           5         For m990 of other organizations         Compensation arrangement?         4a         X           4         During the year, did any person listed on Form 990, Part VII, Sectio							
Part 1       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items.       Yes       No         1a       Check the appropriate box(es) if the organization provided any relevant information regarding these items.       Yes       No         1a       First-takes or charter travel       Payments for business use of personal residence Heatth or social club dues or initiation fees       Discretionary spending account       Ib       X         1b       Max       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described abov? If 'No,' complete Part III to explain       Ib       X         2       Did the organization require substantiation price to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked in line 1a?       2       X         3       Indicate which, if any, of the following the filing organization used to establish compensation or the CEO/Executive Director, the explain in Part III.       Compensation committee       2       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       2       X         4       <	Name of the organiza					mber	
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         1a       Check the appropriate box(es) if the organization provide any relevant information regarding these items.       Improved the organization regarding these items.       Improved the organization relevant and prostate payments       Personal services (e.g., maid, chauffour, cher)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No', 'Complete Part III to explain.       1b       X         2       It due to charter travel       2       X         3       Indicate which, if any, of the following the filing organization used to establish the completa part III to provide any poses for methods used by a related organization to establish compensation oromsultant       2       X         3       Indicate which, if any, of the following the filing organization uses for methods used by a related organization to establish compensation committee       Withe any portod by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to establish compensation committee       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to			23-7	722233	3		
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items.         IF is reliable or charter travel       Housing allowance or reliable or initiation fees         IF is reliable or charter travel       Housing allowance or reliable or initiation fees         IF are if or companions       Heat to ro social tub dues or initiation fees         IF are if or companions       Heat to ro social tub dues or initiation fees         IF are if or companions       Heat to ro social tub dues or initiation fees         If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       X         2       Indicate which, if any, of the following the filing organization oused to establish the compensation of the organization to establish compensation or the CEO/Executive Director, but explain in Part III.       2       X         3       Indicate which, if any, of the following the filing organization oused to establish compensation organizations       Compensation committee       4         Written employment contract       Written employment contract       X       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4	Part I Questi	ons Regarding Compensation					
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of the companion of all of the expanses described above? If ViNo' complete Part III to explain       Image: Complete Companion of the complete CompleteComplete CompleteComplete Complete Complete Complete Complete Com					Yes	No	
Indicate which, if any, of the following the filling organization for each back by a related organization or metal to exceed by a related organization is to experiment is to experiment is the expension and provide the explicable amounts for each the mining organization or a related organization:         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4       X         5       For personal listed on Form 9	1a Check the appro	ppriate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990,				
Image: Travel for companions       Payments for business use of personal residence         Image: Tax indemification and gross-up payments       Health or social club dues or initiation fees         Image: Discretionary spending account       Personal services (e.g., maid, chauffeur, cheft)         Image: Tax indemification require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?       10       X         Image: Tax independent compensation of the CEO/Executive Director, regarding the items checked in line 1a?       2       X         Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Compensation committee       X         Image: Tax independent compensation consultant       Compensation committee       Withe employment contract       4a       X         Image: Tax independent compensation consultant       Compensation committee       4a       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         Participate in, or receive payment from, a supplementaplicable amounts for each item in Part III	Part VII, Section	A, line 1a. Complete Part III to provide any relevant information regarding these items.					
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (e.g., maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.       1b       X         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?       2       X         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       Compensation committee       X         Compensation committee       Written employment contract       X       A         A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       A       X         4 Participate in, or receive payment from, as explorement all nonqualified retirement plan?       4a       X         4 Participate in, or receive payment from, as exploybance compensation arrangement?       4a       X         4 Participate in, or receive payment from, as exployband pay in the asploable amounts for each item in Part III.       Sb       X         5 Participate in, or receive payment from, as exploybanetal nongula			onal use				
Discretionary spending account       Personal services (e.g., maid, chauffeur, chef)         b       if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       X         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked in line 1a?       2       X         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       Compensation committee       X         2       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         5       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         4       Daring the year, old any person sand provide the applicable amounts for each item in Part III.       5a       X         6       Daring the year organization?       4a       X         7       Participate in, or receive payment from, an equity-ba	X Travel for c	ompanions Payments for business use of personal re	esidence				
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain       1b       X         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?       2       X         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Witten employment contract         3       Indicate which, if any, of the following the filing organization used to establish the compensation organization to the CEO/Executive Director, bu explain in Part III.       Compensation accurately organization:       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       X       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization arrangement?       X       X         4       During the year, list any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       X       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay	Tax indemi	ification and gross-up payments Health or social club dues or initiation fee	S				
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       X         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?       2       X         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2       X         4 Compensation committee       Written employment contract       2       X         5 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation comsultat       Compensation committee       4         Compensation committee       Written employment contract       X       Independent compensation comsultat       6         Approval by the board or compensation committee       Approval by the board or compensation committee       4       4       X         4 During the year, did any person listed on Form 90, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5a       X         b Participate in, o	Discretiona	ry spending account Personal services (e.g., maid, chauffeur, o	chef)				
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       X         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?       2       X         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2       X         4 Compensation committee       Written employment contract       2       X         5 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation comsultat       Compensation committee       4         Compensation committee       Written employment contract       X       Independent compensation comsultat       6         Approval by the board or compensation committee       Approval by the board or compensation committee       4       4       X         4 During the year, did any person listed on Form 90, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5a       X         b Participate in, o							
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?       2       X         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2       X         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the OEO/Executive Director, but explain in Part III.       Compensation committee       Written employment contract         4       Independent compensation consultant       Compensation survey or study       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       Darticipate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         4       Darticipate in, or receive payment from, a upplemental nonqualified retirement plan?       4c       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         6       The organization?       5a       X	•						
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?       2       X         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       Image: Compensation committee       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       Image: Compensation       Image: Compensation Committee         4       During the year, did any person listed on Form, an equity-based compensation arrangement?       Image: Compensation       Image: Compensation         6       Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of:       Image: Compensation       Image: Compensati	reimbursement	or provision of all of the expenses described above? If "No," complete Part III to explain		1b	Х		
3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation ormnittee       Image: CEO/Executive Director. Use explain in Part III.         Compensation committee       Writen employment contract         Image: Independent compensation consultant       Compensation survey or study         Image: Independent compensations       Image: Imag							
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Compensation of the CEO/Executive Director, but explain in Part III.       Compensation consultant       Compensation survey or study         X       Independent compensation consultant       Compensation survey or study       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Ae       X         a Receive a severance payment from, a supplemental nonqualified retirement plan?       4a       X         b Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         c Participate in, or receive payment from, an equity-based complex lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         b Any related organization?       5a       X         f 'Yes'' to line 5a or 5b, describe in Part III.       6a       X         b Any related organization?       6a       X         f 'Yes'' on line 5a or 6b, describe in Part III.       6b       X         b Any related organizat	trustees, and of	icers, including the CEO/Executive Director, regarding the items checked in line 1a?		2		X	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Compensation of the CEO/Executive Director, but explain in Part III.       Compensation consultant       Compensation survey or study         X       Independent compensation consultant       Compensation survey or study       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Ae       X         a Receive a severance payment from, a supplemental nonqualified retirement plan?       4a       X         b Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         c Participate in, or receive payment from, an equity-based complex lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         b Any related organization?       5a       X         f 'Yes'' to line 5a or 5b, describe in Part III.       6a       X         b Any related organization?       6a       X         f 'Yes'' on line 5a or 6b, describe in Part III.       6b       X         b Any related organizat	_						
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         Compensation committee       Written employment contract         X       Independent compensation consultant       Compensation survey or study         X       Form 990 of other organizations       X         Approval by the board or compensation committee       4a       X         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         If "Yes" to line 5a or 5b, describe in Part III.       5b       X       5b       X         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         A hyr related organization?       5a       X       5b       X       5b       X							
Compensation committee       Written employment contract         X       Independent compensation consultant       Compensation survey or study         X       Form 990 of other organizations       X         Approval by the board or compensation committee       4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         Beceive a severance payment or change of control payment?       4a       X         C       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         C       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			tion to				
Independent compensation consultant       Compensation survey or study         Approval by the board or compensation committee         Image: Approval by the board or compensation         Image: Approval by the board or commense or         I							
Image: Section							
4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         If "Yes" to line 5a or 5b, describe in Part III.       6b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         1       The organization?       6a       X         1       The organization?       6a       X         1       The organization?       6a       X         1							
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         if "Yes" to line 5a or 5b, describe in Part III.       5b       X         f The organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not describe on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursua	<b>X</b> Form 990 o	f other organizations <b>X</b> Approval by the board or compensation of	committee				
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         if "Yes" to line 5a or 5b, describe in Part III.       5b       X         f The organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not describe on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursua		did any namen listed on Faun 000 Part V/L Castion A line 1a with respect to the filling					
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 900, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" to line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X       X         b Any related organization?       6a       X         c The organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       7							
b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         if "Yes" to line 6a or 6b, describe in Part III.       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       X         8       Any related organization?       6a       X       7       X         b Any related organization?       7				10		x	
c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not describe on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not describe on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception describe in Part III.       7       X         8       Were any am							
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Comparison of the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not describe on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" to line 8, did the organization							
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <ul> <li>a The organization?</li> <li>b Any related organization?</li> <li>ff "Yes" to line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li></ul>				+0			
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a       The organization?       6a       X         b       Any related organization?       6a       X         fl "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" to line 8, did the or	n res to any c						
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a       The organization?       6a       X         b       Any related organization?       6a       X         fl "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" to line 8, did the or	Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9					
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	-		on				
a The organization?       5a       X         b Any related organization?       5b       X         If "Yes" to line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	-						
b       Any related organization?       5b       X         If "Yes" to line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         b       Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	-			5a		X	
If "Yes" to line 5a or 5b, describe in Part III.         6         7         8         9         If "Yes" to line 8, did the organization pay or accrue any compensation contingent on the net earnings of:         a         The organization?         b       Any related organization?         6a       X         6b       X         If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         8       X         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							
6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9						_	
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9			on				
a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9							
b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9				6a		X	
If "Yes" on line 6a or 6b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9						X	
7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9							
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9			ts				
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li></ul>				7		X	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 <							
9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?				8		Х	
Regulations section 53.4958-6(c)?							
			<u></u>	9			
					n 990)	) 2015	

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### 23-7222333

#### 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	on prior Form 990
(1) WILLIAM B. ROGERS	(i)	352,074.	100,000.	0.	113,680.	23,655.	589,409.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HOLLY HAUGH	(i)	194,474.	0.	0.	5,982.	18,254.	218,710.	0.
SECRETARY & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CYNTHIA SCHERER	(i)	214,221.	0.	0.	6,562.	23,239.	244,022.	0.
TREASURER & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ADRIAN BENEPE	(i)	238,437.	0.	0.	0.	29,458.	267,895.	0.
SENIOR VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARGIE BERMEO	(i)	240,889.	0.	0.	7,392.	23,176.	271,457.	0.
CHIEF PHILANTHROPY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RAY CHRISTMAN	(i)	202,114.	0.	0.	6,184.	31,477.	239,775.	0.
SENIOR VP	(ii)	0.	0.	0.	0.	0.		0.
(7) SEAN CONNOLLY	(i)	211,134.	0.	0.	271.	29,521.	240,926.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ERNEST COOK	(i)	199,462.	0.	0.	6,124.	25,652.	231,238.	0.
SENIOR VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JEFF DANTER	(i)	191,683.	0.	0.	5,954.	31,477.	229,114.	0.
SENIOR VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KATHY DECOSTER	(i)	167,703.	0.	0.	5,113.	11,198.	184,014.	0.
DIRECTOR OF FEDERAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DEBORAH LOVE	(i)	215,055.	0.	0.	6,452.	185.	221,692.	0.
SENIOR VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BRENDA SCHICK	(i)	166,723.	0.	0.	5,002.	185.	171,910.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BARBARA SMITH	(i)	152,518.	0.	0.	4,752.	23,239.	180,509.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) TIMOTHY WOHLGENANT	(i)	186,384.	0.	0.	5,788.	29,521.	221,693.	0.
SENIOR VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) TILY SHUE	(i)	161,743.	0.	0.	5,062.	21,782.	188,587.	0.
LEGAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) GINA FROMMER	(i)	161,433.	0.	0.	0.	11,837.	173,270.	0.
STATE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.

### 23-7222333

#### 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.

<b>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(()-(D)	reported as deferred on prior Form 990
(17) JOHN DAVIS	(i)	156,962.	0.	0.	4,851.	23,239.	185,052.	
CONTROLLER	(ii)	0.	0.	0.	0.	0.		
(18) MAGGIE MADDEN	(i)	156,229.	0.	0.	4,760.	11,198.		0.
ASST GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) DON MORROW	(i)	155,559.	0.	0.	195.	21,782.	177,536.	
TRANSACTION DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2015

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### PART I, LINE 1A:

#### WILL ROGERS'S SPOUSE OCCASIONALLY VOLUNTEERS AT BOARD MEETINGS AND

#### FUNDRAISING EVENTS. IN THESE SITUATIONS HER TRAVEL EXPENSES ARE PAID BY THE

#### TRUST FOR PUBLIC LAND.

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

20

Department of the Treasury
Internal Revenue Service

Dort

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

Open To Public Inspection

15

Name of	the	organization
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Tun

- 1

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

THE	TRUST	FOR	PUBLIC	LAND

Employer identification number 23-7222333

Fai	LI									
			<b>(a)</b> Check if applicable		(c) Noncash contr amounts repor Form 990, Part VI	ted on	(d) Method of d noncash contrib	etermir	•	s
1	Art ·	- Works of art				in, into rg				
2		- Historical treasures								
3		- Fractional interests								
4		oks and publications								
5		thing and household goods								
6		s and other vehicles								
7		ats and planes								
8		llectual property								
9		urities - Publicly traded	Х	96	3,062	,590.	FAIR MARKET	r va	LUE	
10		urities - Closely held stock				-				
11		urities - Partnership, LLC, or								
		t interests								
12		urities - Miscellaneous								
13		alified conservation contribution -								
		toric structures								
14		alified conservation contribution - Other								
15		ll estate - Residential								
16		Il estate - Commercial								
17		Il estate - Other	X	24	13,806	,479.	APPRAISAL			
18		ectibles								
19		d inventory								
20		gs and medical supplies								
21		idermy								
22		torical artifacts								
23		entific specimens								
24		heological artifacts								
25		er 🕨 ()								
26	Oth	er 🕨 ()								
27	Oth	er 🕨 ()								
28	Oth	er 🕨 ()								
29	Nun	nber of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions					
	for \	which the organization completed Form 82	83, Part IV,	Donee Acknowledg	gement	29			5	
									Yes	No
30a	Duri	ing the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, line	es 1 throu	gh 28, that it			
	mus	st hold for at least three years from the date	e of the initia	al contribution, and	I which is not requ	ired to be	used for			
	exe	mpt purposes for the entire holding period'	?					30a		Х
b		es," describe the arrangement in Part II.								
31	Doe	es the organization have a gift acceptance p	policy that r	equires the review	of any non-standa	rd contrib	utions?	31	Х	
32a	Doe	es the organization hire or use third parties	or related or	rganizations to soli	cit, process, or se	ll noncash				
	con	tributions?						32a		Х
b	lf "Y	es," describe in Part II.								
33	lf th	e organization did not report an amount in	column (c) 1	for a type of prope	rty for which colun	nn (a) is ch	iecked,			
	des	cribe in Part II.								
LHA	F	or Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (	2015)

532141 08-21-15

16441021 759146 89300

# Schedule M (Form 990) (2015) THE TRUST FOR PUBLIC LAND

Part II 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.

SCHEDULE M, PART I, COLUMN (B):

#### THE NUMBER OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS, NOT THE

NUMBER OF ITEMS DONATED.

Schedule M (Form 990) (2015)

532142 08-21-15

16441021 759146 89300

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/fit		lo. 1545-0047 D15 n to Public ection
Name of the organization THE TRUST FOR PUBLIC LAND	Employer identifica 23-722233	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:		
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.		
EXPENSES \$ 2,494,228. INCLUDING GRANTS OF \$ 630,175.	REVENUE \$ 5	64,497.
FORM 990, PART VI, SECTION A, LINE 2:		
ROY RICHARDS AND LAURA RICHARDS ARE SIBLINGS.		
FORM 990, PART VI, SECTION B, LINE 11:		
THE DRAFT FORM 990 IS INITIALLY REVIEWED BY THE ORGANIZAT	ION'S CFO A	ND
TREASURER, CONTROLLER AND GENERAL COUNSEL. AFTER ANY CLAR	IFICATIONS	OR
QUESTIONS ARE RESOLVED THE DRAFT FORM 990 IS FORWARDED TO	THE AUDIT	
COMMITTEE OF THE BOARD OF DIRECTORS AND A MEETING IS SCHE	DULED WITH	TPL'S
ACCOUNTING FIRM, CFO & TREASURER AND CONTROLLER. ANY QUES'	TIONS FROM	THE
AUDIT COMMITTEE ARE ANSWERED AND CHANGES INCORPORATED. TH	E FINAL DOC	UMENT
IS APPROVED BY THE AUDIT COMMITTEE AND FORWARDED TO THE F	ULL BOARD F	'OR
THEIR REVIEW PRIOR TO FILING.		

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY (POLICY) THAT REQUIRES POTENTIAL CONFLICTS OF INTEREST TO BE BROUGHT TO THE ATTENTION OF THE GENERAL COUNSEL. IF THE GENERAL COUNSEL DETERMINES THAT A POTENTIAL CONFLICT OF INTEREST EXISTS, THE MATTER IS REVIEWED BY THE CONFLICT REVIEW COMMITTEE, A COMMITTEE COMPOSED OF DESIGNATED SENIOR STAFF, OR, IF THE MATTER INVOLVES A MEMBER OF THE BOARD OF DIRECTORS OR THEIR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 55

16441021 759146 89300

2015.04030 THE TRUST FOR PUBLIC LAND

893001

Name of the organization THE TRUST FOR PUBLIC LAND	Employer identification number 23-7222333
FAMILY OR AFFILIATED ENTITY, IT IS REVIEWED BY THE FULL	
CONFLICTS INVOLVING THE PURCHASE OF GOODS AND SERVICES W	
DOES NOT EXCEED \$5,000 MAY BE REVIEWED BY THE GENERAL CO	
APPLIES TO EMPLOYEES, MEMBERS OF THE BOARD OF DIRECTORS,	
MEMBERS, MAJOR DONORS, AND CERTAIN FORMER EMPLOYEES AND	
AS THEIR IMMEDIATE FAMILIES AND AFFILIATED ENTITIES. THE	
TO ALL STAFF AS WELL AS THE MEMBERS OF THE BOARD OF DIRE	
BOARD MEMBERS, IS CONTAINED IN THE HUMAN RESOURCES MANUA	
THE POLICY ARE ISSUED PERIODICALLY. THE POLICY IS DISCUS	
MEETINGS WITH NEW STAFF AND BOARD MEMBERS, AND IN MEETING	
PROJECT STAFF, THE TWO GROUPS MOST LIKELY TO ENCOUNTER PO	OTENTIAL CONFLICTS
OF INTEREST. ADDITIONALLY, POTENTIAL CONFLICTS OF INTERE	ST ARE ON THE
CHECKLIST OF MATTERS TO BE DISCLOSED IN FACT SHEETS SUBM	ITTED TO THE
PROJECT REVIEW COMMITTEE OR TO THE TRANSACTION COMMITTEE	OF THE BOARD OF
DIRECTORS FOR THE APPROVAL OF CONSERVATION REAL ESTATE T	RANSACTIONS. ONCE A
YEAR ALL BOARD MEMBERS ARE POLLED ABOUT TRANSACTIONS AND	ARRANGEMENTS WITH
THE ORGANIZATION. AWARENESS OF THE POLICY IS HIGH, AS EV	IDENCED BY
QUESTIONS PRESENTED TO THE OFFICE OF THE GENERAL COUNSEL	. IF A MATTER IS
BROUGHT TO THE BOARD OF DIRECTORS FOR REVIEW, THE BOARD I	MEMBER WHO IS THE
SUBJECT OF THE REVIEW IS REQUIRED TO BE ABSENT FROM THE	DISCUSSION AND VOTE
ON THE MATTER, AND WITH RESPECT TO ALL CONFLICTS REVIEWS	, THE INTERESTED
PARTY MUST BE FOUND TO HAVE HAD NO ROLE IN OR INFLUENCE (	OVER THE DECISION.
IF A TRANSACTION IS FOUND TO PRESENT AN UNACCEPTABLE CON	FLICT OF INTEREST,
THE TRANSACTION IS PROHIBITED OR ITS TERMS MUST BE REVIS	
MEET THE STANDARDS REQUIRED UNDER THE POLICY, NAMELY (A)	ALL MATERIAL
INTEREST HAVE BEEN DISCLOSED; (B) THE TRANSACTION IS DEE	
REASONABLE TO TPL AND IN TPL'S BEST INTERESTS; (C) THE T	
CONFER ANY SPECIAL BENEFIT ON THE INTERESTED PARTY; AND	
	edule O (Form 990 or 990-EZ) (2015
	IC LAND 893001

Name of the organization

THE TRUST FOR PUBLIC LAND

Employer identification number 23-7222333

PARTY DOES NOT HAVE ANY ROLE IN THE DECISION AND HAS NOT INFLUENCED THE DECISION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE TRUST FOR PUBLIC LAND CONTRACTED WITH AN INDEPENDENT COMPENSATION CONSULTANT, WHO PROVIDED COMPARABILITY DATA AND ANALYSIS FOR THE CEO. THIS INFORMATION WAS PROVIDED TO THE BOARD OF DIRECTORS, WHO APPROVED THE CEO COMPENSATION IN EXECUTIVE SESSION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,AZ,CA,CO,CT,FL,GA,IL,KS,KY,LA,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NY OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,HI,MO,TX,DC,NV

FORM 990, PART VI, SECTION C, LINE 19:

ANNUAL AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON THE TRUST FOR PUBLIC LAND'S WEBSITE (WWW.TPL.ORG). ARTICLES OF INCORPORATION ARE AVAILABLE ON THE CALIFORNIA SECRETARY OF STATE WEBSITE. FORM 990, AUDITED FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION AND DETERMINATION LETTER ARE ALSO MADE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D). THE CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE.

FORM 990, PART VII:

TPL OFFICERS OR KEY EMPLOYEES CYNTHIA SCHERER, ERNEST COOK, M. HOLLY

HAUGH, WILLIAM B ROGERS, AND D. MALCOLM CARSON SERVED IN VARIOUS

CAPACITIES FOR RELATED ORGANIZATIONS AS DID SEVERAL BOARD MEMBERS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

532212 09-02-15

16441021 759146 89300

57 2015.04030 THE TRUST FOR PUBLIC LAND

Schedule O (Form 990 or 990-EZ) (2015)

893001

Name of the organization THE TRUST F	OR PUBLIC LAN	D		E	nployer ider 23-72	Paç Itification numl 22333
CHANGE IN VALUE OF SPLIT	INTEREST TRUS	TS				-922,93
CHANGE IN VALUE OF LAND H	OLDINGS					-20,00
UNCOLLECTIBLE GRANTS						-642,11
INVESTMENT IN AFFILIATES					-:	1,789,90
TOTAL TO FORM 990, PART X	I, LINE 9				-:	3,374,95
532212 09-02-15		58		Schedule	O (Form 990	) or 990-EZ) (20

SCHEDULE R (Form 990)		Related Organizations plete if the organization answered Att ormation about Schedule R (Form	"Yes" on Form 990, Part IV, ach to Form 990.	line 33, 34, 35b, 3				201 Open to P Inspecti	5 ublic
Internal Revenue Service Name of the organiza	tion						ployer identi 23-7222	ification n	
Part I Identificat	THE TRUST FOR		" on Form 990, Part IV, line 3	3.			43-1444		
	<b>(a)</b> dress, and EIN (if applicable) i disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state o foreign country)	or Total inco	ome End-of-yea			<b>(f)</b> t controlling entity	g
		_							
		-							
		-							
		_							
	tion of Related Tax-Exempt Organized on s during the tax year.	zations Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34 b	ecause it had one	or more r	related tax-ex	empt	
	(a) ne, address, and EIN related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) entity	cont	<b>g)</b> 512(b)(13) rolled tity?
					501(c)(3))			Yes	No
COAST DAIRIES & 101 MONTGOMERY S SAN FRANCISCO, C.	1	TO SUPPORT THE TRUST FOR PUBLIC LAND	CALIFORNIA	501(C)(3)	11A, TYPE I	THE TRU PUBLIC	UST FOR LAND	x	
THE CONSERVATION101MONTGOMERY SSAN FRANCISCO, C.	1	TO SUPPORT FUNDING MEASURES FOR PARKS AND CONSERVATION	CALIFORNIA	501(C)(4)		THE TRU PUBLIC	UST FOR LAND		x
		_							
		-						1	

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

1

OMB No. 1545-0047

Т

#### THE TRUST FOR PUBLIC LAND Schedule R (Form 990) 2015

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ne d, income ) Share of total income ) Share of end-of-year assets <b>Disproportionate</b> allocations? <b>Yes</b> No K-1 (Form 1065)		Genera manag partne	<sup>or</sup> Percentago <sup>ng</sup> ownership			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	-										
	-										
	-										
	-										
	-										
	-										
	4										

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. Part IV

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512( cont	i) tion o)(13) rolled ity?
		country)				235013		Yes	No
CHARITABLE REMAINDER TRUSTS (28)	INVESTMENTS		THE TRUST FOR PUBLIC LAND	TRUST				x	
POOLED INCOME FUND (4)	INVESTMENTS		THE TRUST FOR PUBLIC LAND	TRUST				x	
	-								
	-								

# Schedule R (Form 990) 2015 THE TRUST FOR PUBLIC LAND

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 3	36.
---	-----

ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedu	ule.					Yes	5 No
During the tax year, did the organization engage in any of the following	transactior	ns with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a con	trolled entity	у			1a		2
<b>b</b> Gift, grant, or capital contribution to related organization(s)					1b	X	
c Gift, grant, or capital contribution from related organization(s)					1c		2
d Loans or loan guarantees to or for related organization(s)							2
e Loans or loan guarantees by related organization(s)							2
f Dividends from related organization(s)					1f		
g Sale of assets to related organization(s)					1g		
h Purchase of assets from related organization(s)							
Exchange of assets with related organization(s)					1i		
j Lease of facilities, equipment, or other assets to related organization(s	)				<b>1j</b>		
k Lease of facilities, equipment, or other assets from related organization	n(s)				1k		
Performance of services or membership or fundraising solicitations for	related orga	anization(s)			11		
m Performance of services or membership or fundraising solicitations by	related orga	anization(s)			1m		
n Sharing of facilities, equipment, mailing lists, or other assets with relate						X	
o Sharing of paid employees with related organization(s)						X	
p Reimbursement paid to related organization(s) for expenses					1p		
<b>q</b> Reimbursement paid by related organization(s) for expenses							
r Other transfer of cash or property to related organization(s)					1r		
s Other transfer of cash or property from related organization(s)						X	
If the answer to any of the above is "Yes," see the instructions for info							
(-)		(15)	(a)	(-1)			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) COAST DAIRIES & LAND COMPANY	S	2,040,000.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)	61		

## Schedule R (Form 990) 2015 THE TRUST FOR PUBLIC LAND

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.

(a)	(b)	(c)	(d)	Are Are partne 501 ( org	e)	(f)	(g)	(1	h)	(i)	(		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne	e all rs sec.	Share of	Share of	Dispr	opor-	Code V-UBI	Gene	al or Perc	centaç
of entity		(state or foreign	(related, unrelated,	501(	c)(3) s ?	total	end-of-year	alloca	nate tions?	amount in box 20	part	<sub>er?</sub> owr	nershi
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	NO	
									1				
	-												
								_	<u> </u>				
	_												
	-												
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	-												
	-							-	-				
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	-												
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	4												
	4												

Schedule R (Form 990) 2015