

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE TRUST FOR PUBLIC LAND</b>		<b>D</b> Employer identification number <b>23-7222333</b>
	Doing business as		<b>E</b> Telephone number <b>415-495-4014</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>23 GEARY STREET</b>		<b>G</b> Gross receipts \$ <b>214,630,493.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94108</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>DIANE C REGAS</b> <b>SAME AS C ABOVE</b>		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <b>WWW.TPL.ORG</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		<b>L</b> Year of formation: <b>1972</b>	<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CREATES PARKS AND PROTECTS LAND FOR PEOPLE, ENSURING HEALTHY, LIVABLE COMMUNITIES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>382</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>380</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>110,279,044.</b>	<b>151,611,898.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>30,267,792.</b>	<b>31,545,827.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,924,038.</b>	<b>9,198,852.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,001,937.</b>	<b>952,633.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>144,472,811.</b>	<b>193,309,210.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>37,896,333.</b>	<b>74,556,492.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>38,288,514.</b>	<b>42,215,071.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>14,533,605.</b>	<b>1,149,361.</b>	<b>1,386,429.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>40,265,432.</b>	<b>53,379,015.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>117,599,640.</b>	<b>171,537,007.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>26,873,171.</b>	<b>21,772,203.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>286,454,400.</b>	<b>308,182,607.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>116,592,872.</b>	<b>129,189,862.</b>
		<b>169,861,528.</b>	<b>178,992,745.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>JAMES H OBENDORF, CHIEF FINANCIAL ADMIN OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>MAGA E. KISRIV</b>	<i>Maga E. Kisriv</i>	<b>5/03/2023</b>	<input type="checkbox"/>	<b>P01008919</b>
Firm's name ▶ <b>HOOD &amp; STRONG LLP</b>			Firm's EIN ▶ <b>94-1254756</b>		
Firm's address ▶ <b>60 SO. MARKET ST, STE 200</b> <b>SAN JOSE, CA 95113</b>			Phone no. <b>408.998.8400</b>		

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

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>THE TRUST FOR PUBLIC LAND</b>	Taxpayer identification number (TIN)  <b>23-7222333</b>
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. <b>101 MONTGOMERY STREET, 900</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN FRANCISCO, CA 94104</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

**MICHELLE PANDORI**

- The books are in the care of ▶ **101 MONTGOMERY STREET, STE 900 - SAN FRANCISCO, CA 94104**

Telephone No. ▶ **415-495-4014** Fax No. ▶ **415-495-4103**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE TRUST FOR PUBLIC LAND CREATES PARKS AND PROTECTS LAND FOR PEOPLE, ENSURING HEALTHY, LIVABLE COMMUNITIES FOR GENERATIONS TO COME. IN THE PAST YEAR, WE HELPED COMMUNITIES TO PLAN FOR PARKS AND CONSERVATION, FUND PARKS AND CONSERVATION, PROTECT LAND, AND CREATE 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? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 90,948,029. including grants of \$ 72,689,061. ) (Revenue \$ 5,715,032. ) PROTECT - WE COMPLETED 47 CONSERVATION TRANSACTIONS THAT PROTECTED 126,862 ACRES FOR RECREATION, TO PROTECT DRINKING WATER, AND TO PRESERVE CRITICALLY IMPORTANT WILDLIFE HABITAT.

4b (Code: ) (Expenses \$ 46,311,776. including grants of \$ 1,720,681. ) (Revenue \$ 25,195,614. ) CREATE - WE COMPLETED 18 NEW SCHOOLYARDS AND 4 NEW PARKS.

4c (Code: ) (Expenses \$ 2,831,254. including grants of \$ 146,750. ) (Revenue \$ 635,181. ) FUND - WE HELPED PASS 7 STATE AND LOCAL BALLOT MEASURES -- A 78 PERCENT SUCCESS RATE -- THAT GENERATED \$662,687,701 IN PUBLIC FUNDS FOR PARKS AND NATURAL SPACES.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 140,091,059.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 22; 1b Enter the number of voting members included... 21; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MICHELLE PANDORI - 415-495-4014 101 MONTGOMERY STREET, STE 900, SAN FRANCISCO, CA 94104

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANE C REGAS PRESIDENT	38.00 2.00	X		X				499,283.	0.	27,596.
(2) PATRICIA WATSON SVP/CHIEF PHILANTHROPY OFFICER	40.00 0.00					X		366,724.	0.	25,017.
(3) I LING THOMPSON SVP, CHIEF COMM & MARKETING OFFICER	40.00 0.00					X		304,926.	0.	34,998.
(4) JAMES H OBENDORF SVP/CHIEF FINANCIAL & ADMIN OFFICER	38.00 2.00			X				285,059.	0.	35,218.
(5) KENNETH J DANTER SVP, FIELD PROGRAMS	40.00 0.00					X		262,543.	0.	43,279.
(6) WILLIAM LEE SVP, POLICY, ADVOCACY, & GOV'T RELAT	38.00 2.00					X		236,831.	0.	42,404.
(7) DAVID M CARSON SVP, GENERAL COUNSEL/CORP SECRETARY	40.00 0.00			X				221,415.	0.	26,634.
(8) KATHERINE M PANDORI VP, DIRECTOR OF FINANCE & ACTG	38.00 2.00			X				213,402.	0.	18,030.
(9) DAVID EMERY PECK PRINCIPAL GIFT OFFICER	40.00 0.00					X		199,753.	0.	30,200.
(10) CARTER STRICKLAND ASSISTANT SECRETARY	40.00 0.00			X				191,778.	0.	36,431.
(11) TILY SHUE ASSISTANT SECRETARY	40.00 0.00			X				191,848.	0.	27,165.
(12) MARGARET MADDEN VP, ASSOCIATE GENERAL COUNSEL	40.00 0.00			X				193,273.	0.	20,595.
(13) THOMAS TYNER ASSISTANT SECRETARY	40.00 0.00			X				180,331.	0.	25,390.
(14) PETE FODOR ASSISTANT SECRETARY	40.00 0.00			X				170,594.	0.	27,795.
(15) DENISE MULLANE ASSISTANT SECRETARY	40.00 0.00			X				165,186.	0.	24,740.
(16) SUSAN SCHMIDT ASSISTANT SECRETARY	40.00 0.00			X				149,509.	0.	37,343.
(17) ANTHONY A. TRAVERSO ASSISTANT SECRETARY	40.00 0.00			X				164,577.	0.	18,037.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GILMAN MILLER ASSISTANT SECRETARY	40.00 0.00			X				152,003.	0.	30,371.
(19) PEGGY CHIU ASSISTANT SECRETARY	38.00 2.00			X				146,141.	0.	34,478.
(20) JANE KIM ASSISTANT SECRETARY	40.00 0.00			X				126,469.	0.	21,489.
(21) J. ALEX GHIO ASSISTANT SECRETARY	40.00 0.00			X				140,798.	0.	5,985.
(22) MIMI FALLER HELVIE ASSISTANT SECRETARY	40.00 0.00			X				129,058.	0.	16,403.
(23) STACY GAYHART ASSISTANT SECRETARY	40.00 0.00			X				87,694.	0.	22,602.
(24) LUCAS ST. CLAIR CHAIR	1.00 0.00	X		X				0.	0.	0.
(25) WHITNEY HATCH VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(26) JOE LIPSCOMB TREASURER	1.00 0.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								4,779,195.	0.	632,200.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,779,195.	0.	632,200.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **93**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MSM EMPIRE CONSTRUCTION 260 BROADWAY, GARDEN CITY PARK, NY 11040	CONSTRUCTION SERVICES	6,141,854.
GGN 1932 1ST AVE SUITE 700, SEATTLE, WA 98101	CONSTRUCTION SERVICES	2,743,373.
DOYLE-BALDANTE, INC. 535 BROADHOLLOW ROAD, MELVILLE, NY 11747	CONSTRUCTION SERVICES	1,983,429.
GHILOTTI BROS, INC 525 JACOBY ST, SAN RAFAEL, CA 94901	CONSTRUCTION SERVICES	1,576,876.
INTERSTATE CONTRACTING 37-58 58TH ST., WOODSIDE, NY 11377	CONSTRUCTION SERVICES	1,342,551.

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 **66**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JODY GILL SECRETARY	1.00 0.00	X		X				0.	0.	0.
(28) STEVE BAIRD DIRECTOR	1.00 1.00	X						0.	0.	0.
(29) GEORGE BELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) LUIS BENITEZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) MICKEYFEARN DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) ALLEGRA HAYNES DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) BEN JEALOUS DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) CHRIS LEA DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) IGNACIAMORENO DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) CAROLINE NIEMCZYK DIRECTOR	1.00 1.00	X						0.	0.	0.
(37) MICHAEL PARISH DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) DAVID POPPE DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) DIANE REGAS DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) TOM REEVE DIRECTOR	1.00 1.00	X						0.	0.	0.
(41) JEFF RESNICK DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) LAURA RICHARDS DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) LEX SANT DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) SHERYL TISHMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) JERRY TONE DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) TAYLOR TOYNES DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	406,693.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	26,383,444.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	124,821,761.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 36,621,500.				
	<b>h Total.</b> Add lines 1a-1f			151611898.			
Program Service Revenue	<b>2 a</b> GOVT COST REIMBURSEMENTS	<b>Business Code</b>	900099	25,073,803.	25073803.		
	<b>b</b> GOVT CONTRACT FEES		900099	3,223,790.	3,223,790.		
	<b>c</b> LANDOWNER FEE		531190	2,350,439.	2,350,439.		
	<b>d</b> PROJECT REIMBURSEMENTS		900099	618,374.	618,374.		
	<b>e</b> OTHER PROGRAM SERVICE REVENUE		900099	279,421.	279,421.		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			31,545,827.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3,279,526.		3279526.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	1,069,498.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		1,069,498.			
	<b>d</b> Net rental income or (loss)			1,069,498.		1069498.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	21,509,632.	5575000.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		21,165,306.	0.		
<b>c</b> Gain or (loss)	<b>7c</b>		344,326.	5575000.			
<b>d</b> Net gain or (loss)			5,919,326.		5919326.		
<b>8 a</b> Gross income from fundraising events (not including \$ 406,693. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>			39,112.			
				155,977.			
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			-116,865.		-116,865.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			193309210.	31545827.	0.	10151485.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	74,556,492.	74,556,492.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	5,395,006.	2,465,918.	1,518,902.	1,410,186.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	28,679,023.	14,928,256.	6,983,791.	6,766,976.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,540,849.	801,773.	373,953.	365,123.
<b>9</b> Other employee benefits	3,913,381.	2,010,408.	961,895.	941,078.
<b>10</b> Payroll taxes	2,686,812.	1,373,465.	668,745.	644,602.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	423,348.	268,165.	155,183.	
<b>c</b> Accounting	227,441.		227,441.	
<b>d</b> Lobbying	157,050.	157,050.		
<b>e</b> Professional fundraising services. See Part IV, line 17	1,386,429.			1,386,429.
<b>f</b> Investment management fees	365,561.		365,561.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,064,889.	4,232,167.	1,254,211.	578,511.
<b>12</b> Advertising and promotion	1,208,532.	183,776.	921,064.	103,692.
<b>13</b> Office expenses	2,429,678.	1,181,748.	694,919.	553,011.
<b>14</b> Information technology	711,224.	83,738.	594,674.	32,812.
<b>15</b> Royalties				
<b>16</b> Occupancy	4,327,201.	2,339,179.	1,017,756.	970,266.
<b>17</b> Travel	881,758.	493,303.	139,740.	248,715.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	335,191.	269,200.	56,146.	9,845.
<b>20</b> Interest	479,212.	479,212.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	136,251.	24,193.	100,704.	11,354.
<b>23</b> Insurance	708,489.	362,171.	176,342.	169,976.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> DESIGN & CONSTRUCTION	31,136,914.	31,131,914.	5,000.	
<b>b</b> APPRAISAL SERVICES	1,007,541.	1,002,541.	5,000.	
<b>c</b> ENV ASSMNT & CLEANUP	986,657.	283,547.	691,316.	11,794.
<b>d</b> LAND SURVEYS	818,212.	818,212.		
<b>e</b> All other expenses	973,866.	644,631.		329,235.
<b>25</b> Total functional expenses. Add lines 1 through 24e	171,537,007.	140,091,059.	16,912,343.	14,533,605.
<b>26</b> 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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	12,201,329.	<b>1</b>	7,509,621.
	<b>2</b> Savings and temporary cash investments .....	40,700,080.	<b>2</b>	54,110,440.
	<b>3</b> Pledges and grants receivable, net .....	14,867,267.	<b>3</b>	21,860,236.
	<b>4</b> Accounts receivable, net .....	11,672,879.	<b>4</b>	18,175,080.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	688,931.	<b>9</b>	713,008.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,317,722.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,042,182.	216,100.	<b>10c</b> 275,540.
	<b>11</b> Investments - publicly traded securities .....	92,868,822.	<b>11</b>	85,371,227.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	113,238,992.	<b>15</b>	120,167,455.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	286,454,400.	<b>16</b>	308,182,607.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	62,092,429.	<b>17</b>	66,133,354.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	3,839,188.	<b>19</b>	5,842,752.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	11,763,353.	<b>24</b>	22,570,130.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	38,897,902.	<b>25</b>	34,643,626.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	116,592,872.	<b>26</b>	129,189,862.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	27,696,088.	<b>27</b>	35,752,120.
	<b>28</b> Net assets with donor restrictions .....	142,165,440.	<b>28</b>	143,240,625.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	169,861,528.	<b>32</b>	178,992,745.
	<b>33</b> Total liabilities and net assets/fund balances .....	286,454,400.	<b>33</b>	308,182,607.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	193,309,210.
2	Total expenses (must equal Part IX, column (A), line 25)	2	171,537,007.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,772,203.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	169,861,528.
5	Net unrealized gains (losses) on investments	5	-11,418,015.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,222,971.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	178,992,745.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)





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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	50411481.	102736229	98453912.	110279044	151611898	513492564
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	50411481.	102736229	98453912.	110279044	151611898	513492564
<b>5</b> 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) .....						15643988.
<b>6 Public support.</b> Subtract line 5 from line 4.						497848576

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	50411481.	102736229	98453912.	110279044	151611898	513492564
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	616,973.	3606856.	2810518.	3173730.	4349024.	14557101.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		132,107.	101,271.		39,112.	272,490.
<b>11 Total support.</b> Add lines 7 through 10						528322155
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	150,117,866.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	94.23 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	94.12 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENT REVENUE

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 132,107.

2019 AMOUNT: \$ 101,271.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 39,112.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

THE TRUST FOR PUBLIC LAND

Employer identification number

23-7222333

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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



Name of organization  <b>THE TRUST FOR PUBLIC LAND</b>	Employer identification number  <b>23-7222333</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>5,650,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>9,780,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>6,875,513.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>6,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>4,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>3,430,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE TRUST FOR PUBLIC LAND</b>	Employer identification number  <b>23-7222333</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>4,308,237.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>8,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>3,714,994.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE TRUST FOR PUBLIC LAND</b>	Employer identification number  <b>23-7222333</b>
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**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
<u>1</u>	720 ACRES IN CO _____ _____ _____	\$ <u>5,650,000.</u>	<u>08/10/21</u>
<u>2</u>	27,289 ACRES IN MT _____ _____ _____	\$ <u>9,780,000.</u>	<u>11/17/21</u>
<u>3</u>	1,531 ACRES IN VA _____ _____ _____	\$ <u>6,875,513.</u>	<u>03/09/22</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>THE TRUST FOR PUBLIC LAND</b>	Employer identification number  <b>23-722333</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>THE TRUST FOR PUBLIC LAND</b>	Employer identification number <b>23-7222333</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36,783.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	478,458.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	515,241.													
<b>d</b>	Other exempt purpose expenditures	169269776.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	169785017.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	433,668.	569,847.	615,153.	515,241.	2,133,909.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	15,615.	48,119.	37,096.	36,783.	137,613.

Schedule C (Form 990) 2021

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)).

Table with 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 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 campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **THE TRUST FOR PUBLIC LAND** Employer identification number **23-7222333**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	10
b Total acreage restricted by conservation easements .....	1,418.00
c Number of conservation easements on a certified historic structure included in (a) .....	1
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 9

4 Number of states where property subject to conservation easement is located ▶ 8

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 27

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 1,442.

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

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

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

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

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

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

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

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

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

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



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	28,746,611.	21,022,700.	19,322,298.	17,916,861.	17,221,784.
b Contributions	2,418,374.	2,195,833.	2,274,589.	1,192,791.	611,292.
c Net investment earnings, gains, and losses	-4,532,152.	5,528,078.	-574,187.	212,646.	83,785.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	26,632,833.	28,746,611.	21,022,700.	19,322,298.	17,916,861.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  35.0800 %
  - b Permanent endowment  57.6300 %
  - c Term endowment  7.2900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No                                  |
|---|-----|-------------------------------------|
| (i) Unrelated organizations   |     | <input checked="" type="checkbox"/> |
| (ii) Related organizations  |     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |                                     |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,345,612.	1,339,728.	5,884.
c Leasehold improvements		356,670.	301,376.	55,294.
d Equipment		2,058,488.	2,026,233.	32,255.
e Other		556,952.	374,845.	182,107.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				275,540.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DEPOSITS ON LAND TRANSACTIONS	1,736,984.
(2) INVESTMENT IN AFFILIATES	677,919.
(3) OTHER DEPOSITS	321,662.
(4) OPEN SPACE HOLDINGS	58,257,241.
(5) ASSETS HELD IN CHARITABLE TRUSTS	59,063,212.
(6) INTEREST RECEIVABLE	100,437.
(7) ESCROW CLEARING	10,000.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	120,167,455.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES TO BENEFICIARIES OF	
(3) CHARITABLE TRUSTS	31,418,934.
(4) MITIGATION ADVANCES	224,692.
(5) OPTION PAYMENTS RECEIVED	3,000,000.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,643,626.

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART II, LINE 9:**

EASEMENTS ACQUIRED BY THE TRUST FOR PUBLIC LAND ARE CONSERVATION EASEMENTS AND REPRESENT NUMEROUS RESTRICTIONS OVER THE USE AND DEVELOPMENT OF LAND NOT OWNED BY THE TRUST FOR PUBLIC LAND. THESE EASEMENTS GENERALLY PROVIDE THAT THE LAND WILL BE MAINTAINED UNIMPAIRED IN ITS CURRENT NATURAL, AGRICULTURAL, SCENIC, OR RECREATIONAL STATE. DURING THE YEARS ENDED JUNE 30, 2022, EASEMENTS VALUED AT \$39,943,000 WERE ACQUIRED AND \$43,587,062 CONVEYED.

**PART V, LINE 4:**

THE ENDOWMENT FUNDS WILL BE USED TO FURTHER OUR MISSION, "THE TRUST FOR PUBLIC LAND CREATES PARKS AND PROTECTS LAND FOR PEOPLE, ENSURING HEALTHY,

**Part XIII** Supplemental Information (continued)

LIVABLE COMMUNITIES FOR GENERATIONS TO COME".

PART X, LINE 2:

THE FINANCIAL STATEMENTS ARE PART OF THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TRUST FOR PUBLIC LAND (TPL) AND THE TRUST FOR PUBLIC LAND ACTION FUND (TPLAF). THE FOLLOWING IS THE FOOTNOTE TO THE CONSOLIDATED FINANCIAL STATEMENTS.

THE TRUST FOR PUBLIC LAND IS A PUBLICLY SUPPORTED, TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE CALIFORNIA TAX CODE. CONTRIBUTIONS TO TPL ARE DEDUCTIBLE AS ALLOWED UNDER SECTION 170(B)(1)(A)(VI) OF THE CODE. TPLAF IS CLASSIFIED AS A 501(C)(4) ORGANIZATION. CONTRIBUTIONS TO TPLAF ARE NOT TAX DEDUCTIBLE.

MANAGEMENT EVALUATED THE TRUST FOR PUBLIC LAND'S TAX POSITIONS AND CONCLUDED THAT THE TRUST FOR PUBLIC LAND HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD NOT TAKEN UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2021**

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **THE TRUST FOR PUBLIC LAND** Employer identification number **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.

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CHAPMAN CUBINE ALLEN + HUSSEY - 2000 15TH STREET N., SUITE	ANNUAL FUND		X	2,084,672.	710,048.	1,374,624.
KEY ACQUISITION PARTNERSHIP - 181 HARRY S. TRUMAN PARKWAY,	ANNUAL FUND		X	2,048,672.	49,860.	2,034,812.
KOS MEDIA, LLC - 436 14TH ST., SUITE 1500, OAKLAND, CA	ONLINE FUNDRAISING		X	386,252.	29,185.	357,068.
BLACKBAUD, INC - 2000 DANIEL ISLAND DR., CHARLESTON, SC	ONLINE FUNDRAISING		X	386,252.	222,707.	163,546.
CARE2, INC - 203 REDWOOD SHORES, REDWOOD CITY, CA	ONLINE FUNDRAISING		X	386,252.	105,811.	280,441.
THE STELTER COMPANY - P.O. BOX 5228, DES MOINES, IA	PLANNED GIVING		X	0.	43,407.	-43,407.
<b>Total</b>				5,292,100.	1,161,018.	4,167,084.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GEORGIA FUNDRAISER (event type)	GA TRAIL SUMMIT (event type)	NONE (total number)	
Revenue	1	Gross receipts	410,259.	35,322.	445,581.
	2	Less: Contributions	385,193.	21,500.	406,693.
	3	Gross income (line 1 minus line 2)	25,066.	13,822.	38,888.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	4,435.		4,435.
	6	Rent/facility costs	46,163.		46,163.
	7	Food and beverages	35,845.	19,439.	55,284.
	8	Entertainment	5,000.	1,465.	6,465.
	9	Other direct expenses	39,576.	4,054.	43,630.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-117,089.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 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	%
b An outside facility	13b	%
- 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  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c 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:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- 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, lines 9, 9b, 10b, 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 FUNDRAISERS:**

(I) NAME OF FUNDRAISER: CHAPMAN CUBINE ALLEN + HUSSEY

(I) ADDRESS OF FUNDRAISER:

2000 15TH STREET N., SUITE 550, ARLINGTON, VA 22201

(I) NAME OF FUNDRAISER: KEY ACQUISITION PARTNERSHIP

(I) ADDRESS OF FUNDRAISER:

181 HARRY S. TRUMAN PARKWAY, SUITE 265, ANNAPOLIS, MD 21401

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: KOS MEDIA, LLC

(I) ADDRESS OF FUNDRAISER: 436 14TH ST., SUITE 1500, OAKLAND, CA 94608

(I) NAME OF FUNDRAISER: BLACKBAUD, INC

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

(I) NAME OF FUNDRAISER: CARE2, INC

(I) ADDRESS OF FUNDRAISER: 203 REDWOOD SHORES, REDWOOD CITY, CA 94065

(I) NAME OF FUNDRAISER: THE STELTER COMPANY

(I) ADDRESS OF FUNDRAISER: P.O. BOX 5228, DES MOINES, IA 50305-5228



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **THE TRUST FOR PUBLIC LAND** Employer identification number **23-7222333**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> 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 noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CITY PARKS ALLIANCE 1777 CHURCH ST., NW WASHINGTON, DC 20036	80-0015566	501(C)(3)	12,500.	0.			PROJECT CONTRIBUTION
VIRGINIA'S UNITED LAND TRUSTS 4308 NEWPORT DRIVE RICHMOND, VA 23227	81-4763271	501(C)(3)	6,250.	0.			PROJECT CONTRIBUTION
GREENLATINOS 1919 14TH ST SUITE 700 BOULDER, CO 80302	26-3386082	501(C)(3)	15,000.	0.			PROJECT CONTRIBUTION
MOUNTAINS TO SOUND 2701 FIRST AVENUE, SUITE 240 SEATTLE, WA 98121	91-1531234	501(C)(3)	254,002.	0.			PROJECT CONTRIBUTION
CENTER FOR COMMUNITY PROGRESS 111 E COURT STREET FLINT, MI 48502	27-0718458	501(C)(3)	10,000.	0.			PROJECT CONTRIBUTION
GREEN 2.0 1730 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036	46-5220283	501(C)(3)	10,000.	0.			PROJECT CONTRIBUTION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **76.**
- 3** Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION FOR OLMSTED PARKS - 1111 16TH ST., NW., STE 310 - WASHINGTON, DC 20036	13-3052765	501(C)(3)	10,000.	0.			PROJECT CONTRIBUTION
CRABTREE FARMS OF CHATTANOOGA INC. 488 GLENBROOK ROAD STAMFORD, CT 06906	62-1760383	501(C)(3)	40,000.	0.			STEWARDSHIP
BOSTON PROJECT MINISTRIES INC 15 ELMHURST ST. DORCHESTER, MA 02124	04-3395307	501(C)(3)	80,000.	0.			STEWARDSHIP
WAIPA FOUNDATION P.O. BOX 1816 HANAIEI, HI 96714	99-0313224	501(C)(3)	100,000.	0.			STEWARDSHIP
DUCKS UNLIMITED, INC. GREAT LAKES/ATLANTIC REG. OFF. ANN ARBOR, MI 48108	13-5643799	501(C)(3)	19,625.	0.			STEWARDSHIP
ENVIRONMENTAL LEARNING FOR KIDS P.O. BOX 21679 DENVER, CO 80221-0679	84-1436605	501(C)(3)	50,881.	0.			STEWARDSHIP
SPRINGBOARD FOR THE ARTS 262 UNIVERSITY AVE. W. SAINT PAUL, MN 55103	41-1690483	501(C)(3)	80,000.	0.			STEWARDSHIP
GROUNDWORK DENVER 3280 N. DOWNING ST. DENVER, CO 80205	71-0909556	501(C)(3)	51,615.	0.			STEWARDSHIP
CITY OF COLORADO SPRINGS 1401 RECREATION WAY COLORADO SPRINGS, CO 80905		GOV'T	17,500.	0.			STEWARDSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED PARKS AS ONE P.O. BOX 1372 NEWARK, NJ 07101	47-3148873	501(C)(3)	24,460.	0.			STEWARDSHIP
VIRGINIA OUTDOORS FOUNDATION 900 S MAIN STREET BLACKSBURG, VA 24060	54-1038487	VOF	15,000.	827,850.	APPRAISAL	BARGAIN SALE OF 662.27 ACRES OF LAND IN VA	LAND CONSERVATION
GROUNDWORK BRIDGEPORT 1001 MAIN STREET BRIDGEPORT, CT 06604	06-1556949	501(C)(3)	50,000.	0.			STEWARDSHIP
BICYCLE COLORADO 1525 MARKET ST., #100 DENVER, CO 80202	84-1201078	501(C)(3)	50,000.	0.			STEWARDSHIP
THE NET RESOURCE FOUNDATION 4001 HUGHES AVE. CHATTANOOGA, TN 37410	46-5083904	501(C)(3)	20,000.	0.			STEWARDSHIP
ELLA LIBRARY P.O. BOX 3034 CHATTANOOGA, TN 37404	83-1892994	501(C)(3)	40,000.	0.			STEWARDSHIP
WEST ATLANTA WATERSHED ALLIANCE INC. - P.O. BOX 10883 - ATLANTA, GA 30310	20-0890449	501(C)(3)	60,000.	0.			STEWARDSHIP
ALA KAHAKAI TRAIL ASSOCIATION P.O. BOX 2338 KAMUELA, HI 96743	27-1398470	501(C)(3)	770,000.	90,000.	APPRAISAL	BARGAIN SALE OF 1,363.89 ACRES OF LAND IN HI	STEWARDSHIP, LAND CONSERVATION
URBAN SUSTAINABILITY DIRECTORS NETWORK - 700 12TH ST. N.W. - WASHINGTON, DC 20005	82-5015863	501(C)(3)	96,750.	0.			STEWARDSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLAMETTE PARTNERSHIP 4640 SW MACADAM AVE. PORTLAND, OR 97239	33-1103430	501(C)(3)	30,000.	0.			STEWARDSHIP
GROWING TOGETHER P.O. BOX 638 UKIA, CA 95482	45-0527596	501(C)(3)	70,000.	0.			STEWARDSHIP
D3 ARTS 3614 MORRISON RD. DENVER, CO 80219	85-2081734	501(C)(3)	50,000.	0.			STEWARDSHIP
BIG NFP 6011 S ST LAWRENCE AVE. CHICAGO, IL 60637-8411	45-2453557	501(C)(3)	140,246.	0.			STEWARDSHIP
LOWER PHALEN CREEK PROJECT 804 MARGARET STREET SAINT PAUL, MN 55106	27-5469929	501(C)(3)	85,000.	0.			STEWARDSHIP
FREEDOM HOUSE INC 3849 S ELLIS AVE CHICAGO, IL 60653	13-1656647	501(C)(3)	29,000.	0.			STEWARDSHIP
PARQUE PADRINOS 504 S CHELAN AVE WENATCHEE, WA 98801	86-3225539	501(C)(3)	17,150.	0.			STEWARDSHIP
MESA COUNTY VALLEY 2115 GRAND AVENUE GRAND JUNCTION, CO 81501		MESA COUNTY	20,000.	0.			STEWARDSHIP
PERMACULTURE LIFESTYLE INSTITUTE 1322 FAWCETT AVENUE TACOMA, WA 98402	47-4721649	501(C)(3)	15,000.	0.			STEWARDSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GP RED 1021 E. SOUTH BOULDER RD. LOUISVILLE, CO 80027-2548	26-4130537	501(C)(3)	9,500.	0.			STEWARDSHIP
WARREN PAVING, INC P.O. BOX 572 HATTIESBURG, MS 39403	64-0510267		12,352.	0.			STEWARDSHIP
PIKES PEAK COMMUNITY FOUNDATION 102 S. TEJON ST. COLORADO SPRINGS, CO 80903	84-1339670	501(C)(3)	166,000.	0.			STEWARDSHIP
THE KENNEDY COMMISSION 17701 COWAN AVE #200 IRVINE, CA 92614	33-0959380	501(C)(3)	50,000.	0.			STEWARDSHIP
MALAMA HULEIA P.O. BOX 662092 LIHUE, HI 96766	47-1610214	501(C)(3)	645,430.	3,000,000.	APPRAISAL	DONATION OF 102.05 ACRES OF LAND IN HI	STEWARDSHIP, LAND CONSERVATION
ACTIVE SAN GABRIEL 10900 MUHALL ST EL MONTE, CA 91731	85-2110415	501(C)(3)	50,000.	0.			STEWARDSHIP
PARTNERS IN ACTION P.O. BOX 58 DECATUR, GA 30031	86-0558130	501(C)(3)	20,000.	0.			STEWARDSHIP
SOUTHEAST ASIAN MAA COALITION INC 1711 S BROAD ST PHILADELPHIA, PA 19148	22-2541120	501(C)(3)	100,000.	0.			STEWARDSHIP
FRIENDS OF THE SEARS 4559 SOUTH FORRESTVILLE CHICAGO, IL 60653	20-4814487	501(C)(3)	125,000.	0.			STEWARDSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LAUNCH PAD 87 HARWELL RD UNIT #14 ATLANTA, GA 30311	46-5308624	501(C)(3)	20,000.	0.			STEWARDSHIP
FAIRMOUNT HEIGHTS 125 11TH AVE NEWARK, NJ 07107	47-5428200		100,000.	0.			STEWARDSHIP
HUNTER CREEK HISTORICAL FOUNDATION 211 E HALLAM STREET ASPEN, CO 81611	86-1726264	501(C)(3)	50,000.	0.			STEWARDSHIP
SAN BENITO AGRICULTURAL LAND TRUST P.O. BOX 145 SAN JUAN BAUTISTA, CA 95045	77-0338085	501(C)(3)	40,000.	0.			STEWARDSHIP
OJAI VALLEY LAND CONSERVANCY P.O. BOX 1092 OJAI, CA 92023	77-0169682	501(C)(3)	100,000.	5,750,000.	APPRAISAL	DONATION OF 28.65 ACRES OF LAND IN CA	LAND CONSERVATION
PARK PRIDE, INC. 233 PEACHTREE ST., STE 1600 ATLANTA, GA 30303	58-1883895	501(C)(3)	114,606.	0.			STEWARDSHIP
US FISH & WILDLIFE SERVICE 1547 COUNTY ROUTE 565 SUSSEX, NJ 07461		US FWS	258.	47,000.	APPRAISAL	BARGAIN SALE OF 232.44 ACRES OF LAND IN CT	STEWARDSHIP, LAND CONSERVATION
FULL CIRCLE EVEREST 1270 NORTHLAND DRIVE, SUITE 350 MENDOTA HEIGHTS, MN 55120	26-1915313	501(C)(3)	25,010.	0.			STEWARDSHIP
COLORADO CATTLEMEN'S AGRICULTURAL LAND TRUST - 8833 RALSTON ROAD - ARVADA, CO 80002	84-1317592	501(C)(3)	165,500.	12,500,000.	APPRAISAL	BARGAIN SALE OF 3,839.42 ACRES OF LAND IN CO	STEWARDSHIP, LAND CONSERVATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIN OPEN SPACE TRUST 88 BONNIE BRAE DR. NOVATO, CA 94949	26-2460667	501(C)(3)	100,000.	245,000.	APPRAISAL	BARGAIN SALE OF 135.45 ACRES OF LAND IN CA	STEWARDSHIP, LAND CONSERVATION
ROCKY MOUNTAIN ELK FOUNDATION, INC. - 5705 GRANT CREEK RD - MISSOULA, MT 59808	81-0421425	501(C)(3)	2,000,000.	0.			STEWARDSHIP
CALIFORNIA RANGELAND TRUST 3900 LENNANE DRIVE, SUITE 210 SACRAMENTO, CA 95834	31-1631453	501(C)(3)	215,491.	0.			STEWARDSHIP
DOWNEAST LAKES LAND TRUST 4 WATER STREET GRAND LAKE STREAM, ME 04668	01-0541131	501(C)(3)	76,492.	1,490,000.	APPRAISAL	BARGAIN SALE OF 2,014.5 ACRES OF LAND IN ME	STEWARDSHIP, LAND CONSERVATION
AVALONIA LAND CONSERVANCY P.O. BOX 49 OLD MYSTIC, CT 06372	06-6103893	501(C)(3)	20,500.	47,000.	APPRAISAL	BARGAIN SALE OF 232.44 ACRES OF LAND IN CT	STEWARDSHIP, LAND CONSERVATION
CLEVELAND METROPARKS 4101 FULTON PARKWAY CLEVELAND, OH 44144		CLEVELAND METROP	1,009,980.	0.			STEWARDSHIP
HARRISON SCHOOL 1060 HARRISON RD COLORADO SPRINGS, CO 80905	74-2558196	501(C)(3)	80,000.	0.			STEWARDSHIP
CAMDEN COUNTY 1645 FERRY AVENUE CAMDEN, NJ 08104		CAMDEN COUNTY	131,535.	0.			STEWARDSHIP
THE TRUST FOR PUBLIC LAND ACTION FUND - 101 MONTGOMERY STREET #900 - SAN FRANCISCO, CA 94104	04-3515341	501(C)(4)	259,000.	0.			STEWARDSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AQUARION WATER COMPANY OF CONNECTICUT - 835 MAIN STREET - BRIDGEPORT, CT 06604			0.	47,000.	APPRAISAL	BARGAIN SALE OF 232.44 ACRES OF LAND IN CT	LAND CONSERVATION
BUREAU OF LAND MANAGEMENT 226 CRUZ ALTA ROAD TAOS, NM 87571		BLM	0.	5,240,000.	APPRAISAL	DONATION OF 9,855.42 ACRES OF LAND IN NM	LAND CONSERVATION
UNITED STATES NAVY 1314 HARWOOD STREET SE, BLDG 212 - WASHINGTON NAVY YARD, DC 20374-5018		US NAVY	0.	827,850.	APPRAISAL	BARGAIN SALE OF 662.27 ACRES OF LAND IN VA	LAND CONSERVATION
TOWN OF BUTTE FALLS 431 BROAD STREET BUTTE FALLS, OR 97522		BUTTE FALLS	0.	780,000.	APPRAISAL	BARGAIN SALE OF 429.39 ACRES OF LAND IN OR	LAND CONSERVATION
THE CALIFORNIA DESERT LAND CONSERVANCY - 60124 TWENTYNINE PALMS HIGHWAY - JOSHUA TREE, CA 92252	72-1603033	501(C)(3)	0.	1,692,000.	APPRAISAL	DONATION OF 1,440 ACRES OF LAND IN CA	LAND CONSERVATION
OCEAN COUNTY NATURAL LANDS TRUST P.O. BOX 2191 TOMS RIVER, NJ 08754		OCEAN COUNTY	0.	162,500.	APPRAISAL	BARGAIN SALE OF 9.34 ACRES OF LAND IN NJ	LAND CONSERVATION
BRICK TOWNSHIP 401 CHAMBERS BRIDGE RD BRICK, NJ 08723		BRICK TOWNSHIP	0.	162,500.	APPRAISAL	BARGAIN SALE OF 9.34 ACRES OF LAND IN NJ	LAND CONSERVATION
HUBBARD COUNTY 101 CROCUS HILL ST PARK RAPIDS, MN 56470		HUBBARD COUNTY	0.	2,926,000.	APPRAISAL	DONATION OF 1,066.33 ACRES OF LAND IN MN	LAND CONSERVATION
MN DEPARTMENT OF NATURAL RESOURCES 500 LAFAYETTE ROAD ST. PAUL, MN 55155		MN DNR	0.	2,790,000.	APPRAISAL	DONATION OF 928.39 ACRES OF LAND IN MN	LAND CONSERVATION

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA DEPARTMENT OF FISH, WILDLIFE & PARKS - P.O. BOX 200701 - HELENA, MT 59620-0701		MN DFWP	0.	10,300,000.	APPRAISAL	BARGAIN SALE OF 27,289.1 ACRES OF LAND IN MT	LAND CONSERVATION
THE NEW MEXICO STATE GAME COMMISSION - ONE WILDLIFE WAY - SANTA FE, NM 87507	85-0370339	501(C)(3)	0.	1,000,000.	APPRAISAL	BARGAIN SALE OF 18,516 ACRES OF LAND IN NM	LAND CONSERVATION
TOWN OF SIMSBURY 933 HOPMEADOW STREET SIMSBURY, CT 06070		TOWN OF SIMSBURY	0.	1,050,000.	APPRAISAL	BARGAIN SALE OF 284.7 ACRES OF LAND IN CT	LAND CONSERVATION
TOWN OF LOUDON 55 SOUTH VILLAGE ROAD LOUDON, NH 03307		TOWN OF LOUDON	0.	760,000.	APPRAISAL	BARGAIN SALE OF 274.92 ACRES OF LAND IN NH	LAND CONSERVATION
NEW JERSEY CONSERVATION FOUNDATION BAMBOO BROOK, 170 LONGVIEW ROAD FAR HILLS, NJ 07931	22-6065456	501(C)(3)	0.	422,500.	APPRAISAL	DONATION OF 201.73 ACRES OF LAND IN NJ	LAND CONSERVATION
THE NATURE CONSERVANCY 2424 SPRUCE STREET BOULDER, CO 80302	53-0242652	501(C)(3)	0.	326,000.	APPRAISAL	BARGAIN SALE OF 2,224.2 ACRES OF LAND IN NM	LAND CONSERVATION
MOUNTAINS RECREATION & CONSERVATION AUTHORITY - 570 WEST AVENUE 26, SUITE 100 - LOS ANGELES, CA 90065		MRCA	0.	5,500,000.	APPRAISAL	BARGAIN SALE OF 3,604.77 ACRES OF LAND IN CA	LAND CONSERVATION
THE NEZ PERCE TRIBE P.O. BOX 305 LAPWAI, ID 83540		NEZ PERCE TRIBE	0.	55,600.	APPRAISAL	BARGAIN SALE OF 56.45 ACRES OF LAND IN OR	LAND CONSERVATION
US DEPT OF DEFENSE 240 W. FITZGERALD BLVD. EDWARDS, CA 93524		US DOD	0.	5,881,662.	APPRAISAL	DONATION OF 14,631 ACRES OF LAND IN CA	LAND CONSERVATION

Schedule I (Form 990)



**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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**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.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **THE TRUST FOR PUBLIC LAND**  
 Employer identification number: **23-7222333**

**Part I 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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as 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 .....

**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 on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on 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:

- a** The organization? .....
- b** Any related organization? .....
- 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 nonfixed payments not described on lines 5 and 6? 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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DIANE C REGAS PRESIDENT	(i)	499,283.	0.	0.	18,850.	8,746.	526,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PATRICIA WATSON SVP/CHIEF PHILANTHROPY OFFICER	(i)	366,724.	0.	0.	15,629.	9,388.	391,741.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) I LING THOMPSON SVP, CHIEF COMM & MARKETING OFFICER	(i)	286,926.	18,000.	0.	15,552.	19,446.	339,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES H OBENDORF SVP/CHIEF FINANCIAL & ADMIN OFFICER	(i)	285,059.	0.	0.	15,770.	19,448.	320,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KENNETH J DANTER SVP, FIELD PROGRAMS	(i)	262,543.	0.	0.	14,579.	28,700.	305,822.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) WILLIAM LEE SVP, POLICY, ADVOCACY, & GOV'T RELAT	(i)	223,331.	13,500.	0.	13,704.	28,700.	279,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID M CARSON SVP, GENERAL COUNSEL/CORP SECRETARY	(i)	221,415.	0.	0.	12,165.	14,469.	248,049.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KATHERINE M PANDORI VP, DIRECTOR OF FINANCE & ACTG	(i)	213,402.	0.	0.	9,671.	8,359.	231,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DAVID EMERY PECK PRINCIPAL GIFT OFFICER	(i)	199,753.	0.	0.	10,788.	19,412.	229,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CARTER STRICKLAND ASSISTANT SECRETARY	(i)	191,778.	0.	0.	9,874.	26,557.	228,209.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) TILY SHUE ASSISTANT SECRETARY	(i)	191,848.	0.	0.	9,645.	17,520.	219,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARGARET MADDEN VP, ASSOCIATE GENERAL COUNSEL	(i)	193,273.	0.	0.	10,554.	10,041.	213,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) THOMAS TYNER ASSISTANT SECRETARY	(i)	180,331.	0.	0.	6,018.	19,372.	205,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) PETE FODOR ASSISTANT SECRETARY	(i)	170,594.	0.	0.	8,448.	19,347.	198,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DENISE MULLANE ASSISTANT SECRETARY	(i)	165,186.	0.	0.	8,637.	16,103.	189,926.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) SUSAN SCHMIDT ASSISTANT SECRETARY	(i)	149,509.	0.	0.	8,826.	28,517.	186,852.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ANTHONY A. TRAVERSO ASSISTANT SECRETARY	(i)	164,577.	0.	0.	8,979.	9,058.	182,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) GILMAN MILLER ASSISTANT SECRETARY	(i)	152,003.	0.	0.	8,210.	22,161.	182,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) PEGGY CHIU ASSISTANT SECRETARY	(i)	143,141.	3,000.	0.	8,110.	26,368.	180,619.	0.
	(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)							
	(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **THE TRUST FOR PUBLIC LAND** Employer identification number **23-7222333**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	158	3,621,014.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	33	33,000,486.	APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **6**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

**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 REPRESENTS THE NUMBER OF DONORS.

Horizontal lines for supplemental information input.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

THE TRUST FOR PUBLIC LAND

Employer identification number

23-7222333

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT 990 IS INITIALLY REVIEWED BY THE ORGANIZATION'S CFO AND ASSISTANT  
TREASURER, VP OF FINANCE & ACCOUNTING AND GENERAL COUNSEL. AFTER ANY  
CLARIFICATIONS OR QUESTIONS ARE RESOLVED THE DRAFT FORM 990 IS FORWARDED TO  
THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND A MEETING IS SCHEDULED  
WITH TPL'S ACCOUNTING FIRM, CFO & TREASURER AND VP OF FINANCE & ACCOUNTING.  
ANY QUESTIONS FROM THE AUDIT COMMITTEE ARE ANSWERED AND CHANGES  
INCORPORATED. THE FINAL DOCUMENT IS APPROVED BY THE AUDIT COMMITTEE AND  
FORWARDED TO THE FULL BOARD FOR 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  
FAMILY OR AFFILIATED ENTITY, IT IS REVIEWED BY THE FULL BOARD. POTENTIAL  
CONFLICTS INVOLVING THE PURCHASE OF GOODS AND SERVICES WITH A VALUE THAT  
DOES NOT EXCEED \$5,000 MAY BE REVIEWED BY THE GENERAL COUNSEL. THE POLICY  
APPLIES TO EMPLOYEES, MEMBERS OF THE BOARD OF DIRECTORS, ADVISORY BOARD  
MEMBERS, MAJOR DONORS, AND CERTAIN FORMER EMPLOYEES AND DIRECTORS, AS WELL  
AS THEIR IMMEDIATE FAMILIES AND AFFILIATED ENTITIES. THE POLICY IS PROVIDED  
TO ALL STAFF AS WELL AS THE MEMBERS OF THE BOARD OF DIRECTORS AND ADVISORY  
BOARD MEMBERS, IS CONTAINED IN THE HUMAN RESOURCES MANUAL, AND REMINDERS OF  
THE POLICY ARE ISSUED PERIODICALLY. THE POLICY IS DISCUSSED IN ORIENTATION

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization THE TRUST FOR PUBLIC LAND	Employer identification number 23-7222333
---	--

MEETINGS WITH NEW STAFF AND BOARD MEMBERS, AND IN MEETINGS OF LEGAL AND PROJECT STAFF, THE TWO GROUPS MOST LIKELY TO ENCOUNTER POTENTIAL CONFLICTS OF INTEREST. ADDITIONALLY, POTENTIAL CONFLICTS OF INTEREST ARE ON THE CHECKLIST OF MATTERS TO BE DISCLOSED IN FACT SHEETS SUBMITTED TO THE PROJECT REVIEW COMMITTEE OR TO THE TRANSACTION COMMITTEE OF THE BOARD OF DIRECTORS FOR THE APPROVAL OF CONSERVATION REAL ESTATE TRANSACTIONS. ONCE A YEAR ALL BOARD MEMBERS ARE POLLED ABOUT TRANSACTIONS AND ARRANGEMENTS WITH THE ORGANIZATION. AWARENESS OF THE POLICY IS HIGH, AS EVIDENCED BY QUESTIONS PRESENTED TO THE OFFICE OF THE GENERAL COUNSEL. IF A MATTER IS BROUGHT TO THE BOARD OF DIRECTORS FOR REVIEW, THE BOARD 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 CONFLICT OF INTEREST, THE TRANSACTION IS PROHIBITED OR ITS TERMS MUST BE REVISED SUCH THAT IT CAN MEET THE STANDARDS REQUIRED UNDER THE POLICY, NAMELY (A) ALL MATERIAL INTEREST HAVE BEEN DISCLOSED; (B) THE TRANSACTION IS DEEMED TO BE FAIR AND REASONABLE TO TPL AND IN TPL'S BEST INTERESTS; (C) THE TRANSACTION DOES NOT CONFER ANY SPECIAL BENEFIT ON THE INTERESTED PARTY; AND (D) THE INTERESTED 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 OF 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.

Name of the organization

THE TRUST FOR PUBLIC LAND

Employer identification number

23-7222333

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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, SECTION A:

THE TRUST FOR PUBLIC LAND BOARD MEMBERS DIANE C REGAS, STEPHEN BAIRD,  
 WHITNEY HATCH, PAGE KNUDSEN-COWLES, CAROLINE P NIEMCZYK, THOMAS REEVE  
 ALSO SERVE ON THE BOARD OF THE TRUST FOR PUBLIC LAND ACTION FUND.

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

UNCOLLECTIBLE GRANTS	-463,557.
RETURNED GRANTS	-828,171.
INVESTMENT IN AFFILIATES	68,757.
TOTAL TO FORM 990, PART XI, LINE 9	-1,222,971.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **THE TRUST FOR PUBLIC LAND** Employer identification number **23-7222333**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE TRUST FOR PUBLIC LAND ACTION FUND - 04-3515341, 101 MONTGOMERY STREET, STE 900, SAN FRANCISCO, CA 94104	TO SUPPORT FUNDING MEASURES FOR PARKS AND CONSERVATION	CALIFORNIA	501(C)(4)		THE TRUST FOR PUBLIC LAND		X



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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE TRUST FOR PUBLIC LAND ACTION FUND	B	259,340.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

