CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Vote4BERT2026
Name

(2) 25690 Streamlet Court
Address (number and street)
Bonita Springs, FL 34135
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
RECEIVED
06/30/26 - 8:20 AM
By City Clerk

(3) ID Number:

(4) Check appropriate box(es):

☐ Candidate Office Sought: Political Committee
☐ Political Committee (PC)
☐ Electioneering Communications Org. (ECO)
☐ Party Executive Committee (PTY)
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ **Check here if PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 06 / 13 / 26 To 06 / 26 / 26 Report Type: 26-P2

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 75.00
Loans	$ 0.00
Total Monetary	$ 75.00
In-Kind	$ 3,365.28

(7) Expenditures This Report

Monetary Expenditures	$ 16,097.84
Transfers to Office Account	$ 0.00
Total Monetary	$ 16,097.84

(8) Other Distributions

$ 0.00

(9) TOTAL Monetary Contributions To Date

$ 90,500.00

(10) TOTAL Monetary Expenditures To Date

$ 29,204.12

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Robert Orton
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X *Robert Orton* 06/30/26 - 8:20 AM
Signature

(Type name) Elizabeth Castro
☑ Candidate ☐ Chairperson (only for PC and PTY)

X *Elizabeth Castro* 06/30/26 - 8:20 AM
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Vote4BERT2026 **(2) I.D. Number**

(3) Cover Period 06 / 13 / 26 through 06 / 26 / 26 **(4) Page** 2 of 3

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
06/17/26 1	Bridget LaMont 2805 Sliver Maple Dr. Harrisburg, PA 17112	Individual	Retired	Check			$25.00
06/21/26 2	Norah Brennan 278 Allen Ave. Portland, ME 04103	Individual	Retired	Check			$50.00
06/26/26 3	Beth Castro 10211 Cape Roman Rd Estero, FL 34135	Individual	Retired	InKind	Supplies		$291.00
06/17/26 4	Rob & Deb Orton 25690 Streamlet Court Bonita Springs, FL 34135	Individual	Retired	InKind	IT Expense		$26.18
06/26/26 5	Trust for Public Land 23 Geary Street, Suite 1000 San Francisco, CA 94108	Business	Trail Advocacy	InKind	Labor		$3,048.10
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Vote4BERT2026 **(2) I.D. Number** _____

(3) Cover Period 06/13/26 **through** 06/26/26 **(4) Page** 3 **of** 3

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
06/15/26 1	Bonita Springs Fire Department 9101 Bonita Beach Road SE Bonita Springs, FL 34135	IEI	IndependentExpenditureRegardingAnIssue		$554.95
06/16/26 2	North Arc Media, LLC 5401 S. Kirkman Rd, Suite 310 Orlando, FL 32819	IEI	IndependentExpenditureRegardingAnIssue		$6,695.25
06/17/26 3	Southwest Florida Printing 1925 Trade Center Way, Suite 1 Naples, FL 34109	IEI	IndependentExpenditureRegardingAnIssue		$842.70
06/18/26 4	Amazon 410 Terry Ave N Seattle, WA 98108	IEI	IndependentExpenditureRegardingAnIssue		$251.62
06/22/26 5	Stones' Phones 41-750 Rancho Las Palmas Dr., Suite E-3 Rancho Mirage, CA 92270	IEI	IndependentExpenditureRegardingAnIssue		$7,753.32
/ /					
/ /					
/ /					

Instructions for Campaign Treasurer's Report Summary

(1) **Name:** full name of the candidate, political committee, party executive committee, electioneering communications organization, or individual making an independent expenditure or electioneering communication.

(2) **Address:** the full address or post office box, city, state, and zip code.
□ Check the box if the address has changed since the last report filed.

(3) **ID Number:** identification number assigned by the filing officer.

(4) **Check the appropriate box(es).**

(5) **Report Identifiers**

Cover Period: the dates this report covers (i.e., From 1/1/15 To 1/31/55). **Important**: use the appropriate cover period dates as published by the filing officer.

Report Type: refer to the filing officer's calendar of reporting dates for the correct codes to be used for each reporting period. If report is for a **special election** add "S" in front of the report code (i.e., SG3).

Check one of the appropriate boxes:

□ Original: first report filed for this reporting period.

□ Amendment: must summarize only contributions/fund transfers and expenditures/distributions being reported as additions or deletions. Read instructions for sequence numbers and amendment types on the back of Forms DS-DE 13A and 14A.

□ Special Election Report: **Important:** once a special election report is filed, the entity is required to file all remaining reports due for the special election.

(6) **Contributions This Report:**

Cash and Checks: total amount for this reporting period.
Loans: total amount for this reporting period.
Total Monetary: sum of Cash and Checks and Loans.
In-Kind: the fair market value of the in-kind contribution at the time it is given for this reporting period.

(7) **Expenditures This Report:**

Monetary Expenditures: total amount of monetary expenditures for this reporting period.
Transfers to Office Account: total amount transferred to an office account by elected candidates only.
Total Monetary: sum of Monetary Expenditures and Transfers to Office Account.

(8) **Other Distributions:** the total amount of goods and services contributed to a candidate or other committee by a PC, ECO, or PTY.

(9) **TOTAL Monetary Contributions To Date:** the amount of total monetary contributions to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.

(10) **TOTAL Monetary Expenditures To Date:** the amount of total monetary expenditures to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.

(11) **Type or print the required officer's name and have them sign the report:**

□ Candidate report: treasurer and candidate must sign.
□ PC report: treasurer and chairperson must sign.
□ PTY report: treasurer and chairperson must sign.
□ ECO report: organization's treasurer must sign.
□ IE or EC report: individual must sign (this applies when an individual acts alone to make these expenditures)

AMENDMENT REPORTS: An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94.

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Candidate's full name or name of the political committee (PC), electioneering communications organizations (ECO) or party executive committee (PTY).

(2) The identification number assigned by the filing officer.

(3) Cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer's reporting dates calendar for appropriate year and cover periods.)

(4) Page numbers (e.g., 1 of 3).

(5) Date contribution was RECEIVED (Month/Day/Year).

(6) **Sequence Number** – Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.
For example, a M1 report having 75 contributions would use sequence numbers 1 through 75. The next report (M2), comprised of 40 contributions would use sequence numbers 1 through 40. Contributions on amended M1 reports would begin with sequence number 76 and on amended M2 reports would begin with sequence number 41. See the *Amendment Type* instructions below.

(7) Type full name and address of contributor (including city, state and zip code).

(8) Enter the type of contributor using one of the following codes:
Occupation of contributor for **contributions over $100 only**. (If a business, please indicate nature of business.)

I	Individual	
B	Business	(also includes corporations, organizations, groups, etc.)
E	Electioneering Communications Organizations	
F	Political Committee	(federal or state)
P	Political Parties	(includes federal, state and county executive committees)
O	Other	(e.g., candidate surplus funds to party, etc.)
S	Candidate to Self	

(9) Enter Contribution Type using one of the following codes:
NOTE: Cash includes cash and cashier's checks.

Code	Description
CAS	Cash or Cashier's Check
CHE	Check
COF	Carryover Funds from Previous Campaign
INK	In-Kind
INT	Interest
LOA	Loan
MO	Money Order
MUC	Multiple Uniform Contributions
RCT	Other Receipts
REF	Refund (Negative Amount Only)

(10) Type the description of any in-kind contribution received.
Candidate's Only – If in-kind contribution is from a party executive committee and is allocable toward the contribution limits, type an "A" in this box. If contribution is not allocable, type an "N".

(11) **Amendment Type** (required on amended reports) – To add a new (previously unreported) contribution for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.
The sequence number for contributions with amendment type "ADD" will start at one plus the number of contributions in the original report. For example, amending an original M1 report that had 75 contributions means the sequence number of the first contribution having amendment type "ADD" will be 76; the second "ADD" contribution would be 77, etc. When amending an original M2 report that had 40 contributions, the sixth "ADD" contribution would have sequence number 46.
To correct a previously submitted contribution use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the contribution to be corrected. In combination with the report number being amended, this sequence number will identify the contribution to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(12) Type amount of contribution received. **Political Committees ONLY:** Multiple uniform contributions from the same person, aggregating NMT $250 per calendar year, collected by an organization that is the affiliated sponsor of a PC, may be reported by the PC in an aggregate amount listing the number of contributors together with the amount contributed by each and the total amount contributed during the reporting period. The identity of each person making such uniform contribution must be reported to the filing officer by July 1 of each calendar year, or, in a general election year, NLT the 60th day immediately preceding the primary election.

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Type candidate's full name or name of the political committee (PC), electioneering communications organization (ECO), or party executive committee (PTY).

(2) Type identification number assigned by the filing officer.

(3) Type cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer's reporting dates calendar for appropriate cover periods.)

(4) Type page numbers (e.g., 1 of 3).

(5) Type date of fund transfer (Month/Day/Year*).*

(6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.

For example, a M1 report having 2 fund transfers would use sequence numbers 1 thru 2. The next report (M2), comprised of 4 fund transfers would use sequence numbers 1 thru 4. Fund transfers on amended M1 reports would begin with sequence number 3 and on amended M2 reports would begin with sequence number 5. See the A*mendment Type* instructions below.

(7) Type full name and address of financial institution (including city, state and zip code).

(8) Enter Transfer Type using one of the following codes:

DESCRIPTION	CODE
Transfer FROM identified account to campaign account	F
Transfer TO identified account from the campaign account	T

(9) Nature of Account (e.g., *certificate of deposit, money market, etc...)*

(10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) fund transfer for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for fund transfers with amendment type "ADD" will start at one plus the number of fund transfers in the original report. For example, amending an original M1 report that had 75 fund transfers, means the sequence number of the first fund transfer having amendment type "ADD" will be 76; the second "ADD" fund transfer would be 77, etc. When amending an original M2 report that had 40 fund transfers, the sixth "ADD" fund transfer would have sequence number 46.

To correct a previously submitted fund transfer use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the fund transfer to be corrected. In combination with the report number being amended, this sequence number will identify the fund transfer to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Type amount of fund transfer.

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Candidate's full name or name of the political committee (PC), electioneering communications organization (ECO), or party executive committee (PTY).

(2) Identification number assigned by the filing officer.

(3) Cover period dates (01/01/15 through 01/31/15). (See filing officer's reporting dates calendar for appropriate cover periods.)

(4) Page numbers (e.g., 1 of 3).

(5) Date of expenditure (Month/Day/Year).

(6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting requirements.

For example, a M1 report having 40 expenditures would use sequence numbers 1 through 40. The next report (M2), comprised of 30 expenditures would use sequence numbers 1 through 30. Expenditures on amended M1 reports would begin with sequence number 41 and on amended M2 reports would begin with sequence number 31. See *Amendment Type* instructions below.

(7) Full name and address of entity receiving payment (including city, state and zip code).

(8) Purpose of expenditure (if expenditure is a contribution to a candidate, also type the office sought by the candidate). **PLEASE NOTE**: This column does not apply to candidate expenditures, as candidates cannot contribute to other candidates from campaign funds. However, PCs (supporting candidates) and party executive committees contributing to candidates must report office sought (Section 106.07, F.S.).

(9) Enter Expenditure Type using one of the following codes:

Code	Description
CAN	Candidate Expense
DIS	Disposition of Funds
DFC	Disposition of Funds to Future Campaign (effective 11/1/13)
DPP	Disposition of Funds to Political Party (effective 11/1/13)
DPV	Disposition of Funds to Petition Verification (effective 11/1/13)
ECC	Electioneering Communication
IEC	Independent Expenditure Regarding a Candidate
IEI	Independent Expenditure Regarding an Issue
MON	Monetary (Not to a Candidate)
PCW	Petty Cash Withdrawn
PCS	Petty Cash Spent
PPD	Pre-paid Distribution
REF	Refund (Negative Amount Only)
RMB	Reimbursements
TOA	Transfer to Office Account (Disposition of Funds)

(10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) expenditure for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for expenditures with amendment type "ADD" will start at one plus the number of expenditures in the original report. For example, amending an original M1 reports that had 75 expenditures, means the sequence number of the first expenditure having amendment type "ADD" will be 76; the second "ADD" expenditure would have sequence number 39.

To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Amount of expenditure.

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

THIS FORM IS USED TO REPORT DISTRIBUTIONS OF GOODS OR SERVICES CONTRIBUTED TO A CANDIDATE OR COMMITTEE, INDIRECT EXPENDITURES AND REIMBURSEMENTS.

(1) Name of the entity.

(2) Identification number assigned by the filing officer.

(3) Cover period dates (e.g., 03/01/14 through 03/31/14). (See the filing officer's reporting dates calendar for appropriate cover periods.)

(4) Page numbers (e.g., 1 of 3).

(5) Date of distribution (Month/Day/Year).

(6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.

For example, a M1 report having 40 distributions would use sequence numbers 1 through 40. The next report (M2), comprised of 30 distributions would use sequence numbers 1 through 30. Distributions on amended M1 reports would begin with sequence number 41 and on amended M2 reports would begin with sequence number 31. See *Amendment Type* instructions below.

(7) Full name and address of entity receiving distribution (including city, state and zip code).

(8) Purpose of distribution (if distribution is a contribution to a candidate, also type the office sought by the candidate).

(9) For each distribution that is related to an itemized expenditure previously listed on Itemized Expenditures (Form DS-DE 14), enter the Year, Report Type and Sequence Number associated with the expenditure.

***PARTY EXECUTIVE COMMITTEES ONLY - If distribution is allocable toward the contribution limits, type an "A" in this box. If distribution is nonallocable, type and "N".**

(10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) distribution for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for distributions with amendment type "ADD" will start at one plus the number of distributions in the original report. For example, amending and original M1 report that had 75 distributions, means the sequence number of the first distribution having amendment type "ADD" will be 76; the second "ADD" distribution would be 77, etc. When amending an original M2 report that had 30 distributions, the ninth "ADD" distribution would have sequence number 39.

To correct a previously submitted distribution use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the distribution to be corrected. In combination with the report number being amended, this sequence number will identify the distribution to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assigns the sequence number as described above.

(11) **Amount of distribution.**

(12) **Distribution Type**

Code	Description
PPD	Pre-paid Distribution
RMB	Reimbursements
CCP	Credit Card Purchase
INK	In-Kind Distribution

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Vote4BERT2026
Name

(2) P.O. Box 366518
Address (number and street)

Bonita Springs, FL 34136
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
RECEIVED
06/16/26 - 9:26 AM
By City Clerk

(3) ID Number:

(4) Check appropriate box(es):

☐ Candidate Office Sought:
☑ Political Committee (PC) Political Committee
☐ Electioneering Communications Org. (ECO)
☐ Party Executive Committee (PTY)
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ **Check here if PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 06 / 01 / 26 To 06 / 12 / 26 Report Type: 26-P1

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0.00
Loans	$ 0.00
Total Monetary	$ 0.00
In-Kind	$ 17,909.00

(7) Expenditures This Report

Monetary Expenditures	$ 1,703.70
Transfers to Office Account	$ 0.00
Total Monetary	$ 1,703.70

(8) Other Distributions

$ 0.00

(9) TOTAL Monetary Contributions To Date

$ 90,425.00

(10) TOTAL Monetary Expenditures To Date

$ 13,106.28

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Robert Orton

☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X *Robert Orton* 06/16/26 - 9:26 AM
Signature

(Type name) Elizabeth Castro

☑ Candidate ☐ Chairperson (only for PC and PTY)

X *Elizabeth Castro* 06/16/26 - 9:26 AM
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Vote4BERT2026 **(2) I.D. Number**

(3) Cover Period 06 / 01 / 26 through 06 / 12 / 26 **(4) Page** 2 of 3

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
06/12/26 1	Trust for Public Land 23 Geary Street, Suite 1000 San Francisco, CA 94108	Business	Trail Advocacy	InKind	Labor & Images		$17,909.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Vote4BERT2026 **(2) I.D. Number** _____

(3) Cover Period 06/01/26 **through** 06/12/26 **(4) Page** 3 **of** 3

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
06/08/26 1	Savvy Communications 2601 Woodley Pl NW Washington, DC 20008		CandidateExpense		$1,703.70
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

Instructions for Campaign Treasurer's Report Summary

(1) **Name:** full name of the candidate, political committee, party executive committee, electioneering communications organization, or individual making an independent expenditure or electioneering communication.

(2) **Address:** the full address or post office box, city, state, and zip code.
□ Check the box if the address has changed since the last report filed.

(3) **ID Number:** identification number assigned by the filing officer.

(4) **Check the appropriate box(es).**

(5) **Report Identifiers**

Cover Period: the dates this report covers (i.e., From 1/1/15 To 1/31/55). **Important**: use the appropriate cover period dates as published by the filing officer.

Report Type: refer to the filing officer's calendar of reporting dates for the correct codes to be used for each reporting period. If report is for a **special election** add "S" in front of the report code (i.e., SG3).

Check one of the appropriate boxes:

□ Original: first report filed for this reporting period.

□ Amendment: must summarize only contributions/fund transfers and expenditures/distributions being reported as additions or deletions. Read instructions for sequence numbers and amendment types on the back of Forms DS-DE 13A and 14A.

□ Special Election Report: **Important:** once a special election report is filed, the entity is required to file all remaining reports due for the special election.

(6) **Contributions This Report:**

Cash and Checks: total amount for this reporting period.
Loans: total amount for this reporting period.
Total Monetary: sum of Cash and Checks and Loans.
In-Kind: the fair market value of the in-kind contribution at the time it is given for this reporting period.

(7) **Expenditures This Report:**

Monetary Expenditures: total amount of monetary expenditures for this reporting period.
Transfers to Office Account: total amount transferred to an office account by elected candidates only.
Total Monetary: sum of Monetary Expenditures and Transfers to Office Account.

(8) **Other Distributions:** the total amount of goods and services contributed to a candidate or other committee by a PC, ECO, or PTY.

(9) **TOTAL Monetary Contributions To Date:** the amount of total monetary contributions to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.

(10) **TOTAL Monetary Expenditures To Date:** the amount of total monetary expenditures to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.

(11) **Type or print the required officer's name and have them sign the report:**

□ Candidate report: treasurer and candidate must sign.
□ PC report: treasurer and chairperson must sign.
□ PTY report: treasurer and chairperson must sign.
□ ECO report: organization's treasurer must sign.
□ IE or EC report: individual must sign (this applies when an individual acts alone to make these expenditures)

AMENDMENT REPORTS: An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94.

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Candidate's full name or name of the political committee (PC), electioneering communications organizations (ECO) or party executive committee (PTY).

(2) The identification number assigned by the filing officer.

(3) Cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer's reporting dates calendar for appropriate year and cover periods.)

(4) Page numbers (e.g., 1 of 3).

(5) Date contribution was RECEIVED (Month/Day/Year).

(6) **Sequence Number** – Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.
For example, a M1 report having 75 contributions would use sequence numbers 1 through 75. The next report (M2), comprised of 40 contributions would use sequence numbers 1 through 40. Contributions on amended M1 reports would begin with sequence number 76 and on amended M2 reports would begin with sequence number 41. See the *Amendment Type* instructions below.

(7) Type full name and address of contributor (including city, state and zip code).

(8) Enter the type of contributor using one of the following codes:
Occupation of contributor for **contributions over $100 only**. (If a business, please indicate nature of business.)

I	Individual	
B	Business	(also includes corporations, organizations, groups, etc.)
E	Electioneering Communications Organizations	
F	Political Committee	(federal or state)
P	Political Parties	(includes federal, state and county executive committees)
O	Other	(e.g., candidate surplus funds to party, etc.)
S	Candidate to Self	

(9) Enter Contribution Type using one of the following codes:
NOTE: Cash includes cash and cashier's checks.

Code	Description
CAS	Cash or Cashier's Check
CHE	Check
COF	Carryover Funds from Previous Campaign
INK	In-Kind
INT	Interest
LOA	Loan
MO	Money Order
MUC	Multiple Uniform Contributions
RCT	Other Receipts
REF	Refund (Negative Amount Only)

(10) Type the description of any in-kind contribution received.
Candidate's Only – If in-kind contribution is from a party executive committee and is allocable toward the contribution limits, type an "A" in this box. If contribution is not allocable, type an "N".

(11) **Amendment Type** (required on amended reports) – To add a new (previously unreported) contribution for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.
The sequence number for contributions with amendment type "ADD" will start at one plus the number of contributions in the original report. For example, amending an original M1 report that had 75 contributions means the sequence number of the first contribution having amendment type "ADD" will be 76; the second "ADD" contribution would be 77, etc. When amending an original M2 report that had 40 contributions, the sixth "ADD" contribution would have sequence number 46.
To correct a previously submitted contribution use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the contribution to be corrected. In combination with the report number being amended, this sequence number will identify the contribution to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(12) Type amount of contribution received. **Political Committees ONLY:** Multiple uniform contributions from the same person, aggregating NMT $250 per calendar year, collected by an organization that is the affiliated sponsor of a PC, may be reported by the PC in an aggregate amount listing the number of contributors together with the amount contributed by each and the total amount contributed during the reporting period. The identity of each person making such uniform contribution must be reported to the filing officer by July 1 of each calendar year, or, in a general election year, NLT the 60th day immediately preceding the primary election.

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Type candidate's full name or name of the political committee (PC), electioneering communications organization (ECO), or party executive committee (PTY).

(2) Type identification number assigned by the filing officer.

(3) Type cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer's reporting dates calendar for appropriate cover periods.)

(4) Type page numbers (e.g., 1 of 3).

(5) Type date of fund transfer (Month/Day/Year*).*

(6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.

For example, a M1 report having 2 fund transfers would use sequence numbers 1 thru 2. The next report (M2), comprised of 4 fund transfers would use sequence numbers 1 thru 4. Fund transfers on amended M1 reports would begin with sequence number 3 and on amended M2 reports would begin with sequence number 5. See the A*mendment Type* instructions below.

(7) Type full name and address of financial institution (including city, state and zip code).

(8) Enter Transfer Type using one of the following codes:

DESCRIPTION	CODE
Transfer FROM identified account to campaign account	F
Transfer TO identified account from the campaign account	T

(9) Nature of Account (e.g., *certificate of deposit, money market, etc...)*

(10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) fund transfer for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for fund transfers with amendment type "ADD" will start at one plus the number of fund transfers in the original report. For example, amending an original M1 report that had 75 fund transfers, means the sequence number of the first fund transfer having amendment type "ADD" will be 76; the second "ADD" fund transfer would be 77, etc. When amending an original M2 report that had 40 fund transfers, the sixth "ADD" fund transfer would have sequence number 46.

To correct a previously submitted fund transfer use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the fund transfer to be corrected. In combination with the report number being amended, this sequence number will identify the fund transfer to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Type amount of fund transfer.

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Candidate's full name or name of the political committee (PC), electioneering communications organization (ECO), or party executive committee (PTY).

(2) Identification number assigned by the filing officer.

(3) Cover period dates (01/01/15 through 01/31/15). (See filing officer's reporting dates calendar for appropriate cover periods.)

(4) Page numbers (e.g., 1 of 3).

(5) Date of expenditure (Month/Day/Year).

(6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting requirements.

For example, a M1 report having 40 expenditures would use sequence numbers 1 through 40. The next report (M2), comprised of 30 expenditures would use sequence numbers 1 through 30. Expenditures on amended M1 reports would begin with sequence number 41 and on amended M2 reports would begin with sequence number 31. See *Amendment Type* instructions below.

(7) Full name and address of entity receiving payment (including city, state and zip code).

(8) Purpose of expenditure (if expenditure is a contribution to a candidate, also type the office sought by the candidate). **PLEASE NOTE**: This column does not apply to candidate expenditures, as candidates cannot contribute to other candidates from campaign funds. However, PCs (supporting candidates) and party executive committees contributing to candidates must report office sought (Section 106.07, F.S.).

(9) Enter Expenditure Type using one of the following codes:

Code	Description
CAN	Candidate Expense
DIS	Disposition of Funds
DFC	Disposition of Funds to Future Campaign (effective 11/1/13)
DPP	Disposition of Funds to Political Party (effective 11/1/13)
DPV	Disposition of Funds to Petition Verification (effective 11/1/13)
ECC	Electioneering Communication
IEC	Independent Expenditure Regarding a Candidate
IEI	Independent Expenditure Regarding an Issue
MON	Monetary (Not to a Candidate)
PCW	Petty Cash Withdrawn
PCS	Petty Cash Spent
PPD	Pre-paid Distribution
REF	Refund (Negative Amount Only)
RMB	Reimbursements
TOA	Transfer to Office Account (Disposition of Funds)

(10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) expenditure for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for expenditures with amendment type "ADD" will start at one plus the number of expenditures in the original report. For example, amending an original M1 reports that had 75 expenditures, means the sequence number of the first expenditure having amendment type "ADD" will be 76; the second "ADD" expenditure would have sequence number 39.

To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Amount of expenditure.

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

THIS FORM IS USED TO REPORT DISTRIBUTIONS OF GOODS OR SERVICES CONTRIBUTED TO A CANDIDATE OR COMMITTEE, INDIRECT EXPENDITURES AND REIMBURSEMENTS.

(1) Name of the entity.

(2) Identification number assigned by the filing officer.

(3) Cover period dates (e.g., 03/01/14 through 03/31/14). (See the filing officer's reporting dates calendar for appropriate cover periods.)

(4) Page numbers (e.g., 1 of 3).

(5) Date of distribution (Month/Day/Year).

(6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.

For example, a M1 report having 40 distributions would use sequence numbers 1 through 40. The next report (M2), comprised of 30 distributions would use sequence numbers 1 through 30. Distributions on amended M1 reports would begin with sequence number 41 and on amended M2 reports would begin with sequence number 31. See *Amendment Type* instructions below.

(7) Full name and address of entity receiving distribution (including city, state and zip code).

(8) Purpose of distribution (if distribution is a contribution to a candidate, also type the office sought by the candidate).

(9) For each distribution that is related to an itemized expenditure previously listed on Itemized Expenditures (Form DS-DE 14), enter the Year, Report Type and Sequence Number associated with the expenditure.

***PARTY EXECUTIVE COMMITTEES ONLY - If distribution is allocable toward the contribution limits, type an "A" in this box. If distribution is nonallocable, type and "N".**

(10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) distribution for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for distributions with amendment type "ADD" will start at one plus the number of distributions in the original report. For example, amending and original M1 report that had 75 distributions, means the sequence number of the first distribution having amendment type "ADD" will be 76; the second "ADD" distribution would be 77, etc. When amending an original M2 report that had 30 distributions, the ninth "ADD" distribution would have sequence number 39.

To correct a previously submitted distribution use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the distribution to be corrected. In combination with the report number being amended, this sequence number will identify the distribution to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assigns the sequence number as described above.

(11) **Amount of distribution.**

(12) **Distribution Type**

Code	Description
PPD	Pre-paid Distribution
RMB	Reimbursements
CCP	Credit Card Purchase
INK	In-Kind Distribution

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Vote4BERT2026
Name

(2) P.O. Box 366518
Address (number and street)

Bonita Springs, FL 34136
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
RECEIVED
06/08/26 - 10:02 AM
By City Clerk

(3) ID Number:

(4) Check appropriate box(es):

☐ Candidate Office Sought: Political Committee
☑ Political Committee (PC)
☐ Electioneering Communications Org. (ECO)
☐ Party Executive Committee (PTY)
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ **Check here if PC or ECO has disbanded**
☐ **Check here if PTY has disbanded**
☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 04 / 01 / 26 To 05 / 31 / 26 Report Type: 26-Q2

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 90,425.00
Loans	$ 0.00
Total Monetary	$ 90,425.00
In-Kind	$ 11,407.77

(7) Expenditures This Report

Monetary Expenditures	$ 11,402.58
Transfers to Office Account	$ 0.00
Total Monetary	$ 11,402.58

(8) Other Distributions

$ 0.00

(9) TOTAL Monetary Contributions To Date

$ 90,425.00

(10) TOTAL Monetary Expenditures To Date

$ 11,402.58

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Robert Orton

☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X *Robert Orton* 06/08/26 - 10:02 AM
Signature

(Type name) Elizabeth Castro

☐ Candidate ☑ Chairperson (only for PC and PTY)

X *Elizabeth Castro* 06/08/26 - 10:02 AM
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Vote4BERT2026 **(2) I.D. Number**

(3) Cover Period 04 / 01 / 26 through 05 / 31 / 26 **(4) Page** 2 of 7

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
04/22/26 1	Rob & Deb Orton 25690 Streamlet Ct. Bonita Springs, FL 34135	Individual	Retired	Check			$10,000.00
04/22/26 2	Rob & Deb Orton 25690 Streamlet Court Bonita Springs, FL 34135	Individual	Retired	Check			$25.00
04/25/26 3	Louise Kowitch 26171 Hickory Boulevard Apt. 7D Bonita Springs, FL 34134	Individual	Retired	Check			$100.00
04/25/26 4	Brad Seifers 25211 Divot Dr Bonita Springs, FL 34135	Individual	Retired	Check			$1,000.00
04/25/26 5	Joseph Vermer 159 Ocean Drive West Stamford, CT 06902	Individual	Retired	Check			$100.00
04/25/26 6	Carol Ley 9092 Isla Bella Circle Bonita Springs, FL 34135	Individual	Retired	Check			$100.00
04/25/26 7	Joanne & David Robb 25210 Galashields Cir. Bonita Springs, FL 34134	Individual		Check			$100.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Vote4BERT2026 **(2) I.D. Number**

(3) Cover Period 04 / 01 / 26 through 05 / 31 / 26 **(4) Page** 3 of 7

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
04/25/26 8	Bridget Bartkowiak-Maybank PO Box 112171 Naples, FL 34108	Individual	CCPS Educator	Check			$25.00
04/25/26 9	Susan Feinthel 567 Audubon Blvd #102 Naples, FL 34110	Individual	Retired	Check			$50.00
04/25/26 10	Albert Blumberg 1302 Parkview Drive Haverford, PA 19041	Individual	Retired	Check			$25.00
04/25/26 11	Alfred Molinaro 25747 Lake Amelia Way #104 Bonita Springs, FL 34135	Individual	Retired	Check			$25.00
04/25/26 12	Shannon Murphy 9400 Highland Woods Blvd Bonita Springs, FL 34135	Individual	RN	Check			$50.00
04/25/26 13	Ian Friendly 16967 Cortile Drive Naples, FL 34110	Individual	Retired	Check			$100.00
04/25/26 14	Paul Malinowski 14513 Indigo Lakes Cir Naples, FL 34119	Individual		Check			$100.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Vote4BERT2026 **(2) I.D. Number**

(3) Cover Period 04 / 01 / 26 through 05 / 31 / 26 **(4) Page** 4 of 7

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
04/25/26 15	Dave Darrah 589 Roma Ct Naples, FL 34110	Individual	Retired	Check			$100.00
04/27/26 16	Rob & Deb Orton 25690 Streamlet Court Bonita Springs, FL 34135	Individual	Retired	Check			$25.00
04/27/26 17	Riverside Investment & Development Co. 150 N. Riverside Plaza Chicago, FL 60606	Business	Real Estate	Check			$10,000.00
04/28/26 18	Elizabeth Castro 10211 Cape Roman Road Estero, FL 34135	Individual	Retired	Check			$1,000.00
04/28/26 19	Robert Brady 14841 bellezza lane Naples, FL 34110	Individual	Retired	Check			$5,000.00
05/07/26 20	Barbara and Mike Gasbarro 3667 Woodlake Drive Bonita Springs, FL 34134	Individual	Retired	Check			$10,000.00
05/07/26 21	Peninsula Improvement Corporation 2600 Golden Gate Parkway Naples, FL 34105	Business	Manager	Check			$2,000.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Vote4BERT2026 **(2) I.D. Number**

(3) Cover Period 04 / 01 / 26 through 05 / 31 / 26 **(4) Page** 5 of 7

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
06/09/26 22	Keith Hynes 3331 Creekview Dr Bonita Springs, FL 34134	Individual	Retired	Check			$1,000.00
05/09/26 23	Joyce Fik 10245 Cape Roman Rd Estero, FL 34135	Individual	Retired	Check			$500.00
05/13/26 24	Quality State Investment, LLC. 8841 W. Terry Street Bonita Springs, FL 34135	Business	Investments	Check			$2,000.00
06/13/26 25	Caris Investment, LLC 8841 W. Terry Street Bonita Springs, FL 34135	Business	Investments	Check			$2,000.00
06/13/26 26	Beach Storage, LLC 8841 W. Terry Street Bonita Springs, FL 34135	Business	Investments	Check			$4,000.00
05/14/26 27	Haven Sent Flowers 27515 Old 41 Rd Bonita Springs, FL 34135	Business	Floral	Check			$500.00
05/18/26 28	DataWhys.ai 3331 Crossing Court Bonita Springs, FL 34135	Business	CEO	Check			$5,000.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Vote4BERT2026 **(2) I.D. Number**

(3) Cover Period 04 / 01 / 26 through 05 / 31 / 26 **(4) Page** 6 of 7

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
05/21/26 29	CSX Transportation 500 Water Street Jacksonville, FL 32202	Business	Transportation	Check			$15,000.00
05/25/26 30	Myriam Colson 181 Carica Road Naples, FL 34108	Individual	Retired	Check			$500.00
04/20/26 31	Friends of Bonita Estero Rail Trail, Inc. 25690 Streamlet Court Bonita Springs, FL 34135	Business	Trail Advocacy	Check			$20,000.00
05/31/26 32	Trust for Public Land 23 Geary Street, Suite 1000 San Francisco, FL 94108	Business	Conservation	InKind	Labor		$11,407.77
/ / 							
/ / 							
/ / 							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Vote4BERT2026 **(2) I.D. Number** _____

(3) Cover Period 04 / 01 / 26 **through** 05 / 31 / 26 **(4) Page** 7 **of** 7

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
05 / 13 / 26 1	Stones' Phones 41-750 Rancho Las Palmas Drive Suite E-3 Rancho Mirage, CA 92270	IEI	CandidateExpense		$10,486.28
05 / 13 / 26 2	Bank of America 100 Tryon Street Charlotte, FL 28255	IEI	CandidateExpense		$54.00
04 / 26 / 26 3	Stripe 354 Oyster Point Boulevard San Francisco, FL 94080	IEI	CandidateExpense		$862.30
/ /					
/ /					
/ /					
/ /					
/ /					

Instructions for Campaign Treasurer's Report Summary

(1) **Name:** full name of the candidate, political committee, party executive committee, electioneering communications organization, or individual making an independent expenditure or electioneering communication.

(2) **Address:** the full address or post office box, city, state, and zip code.
□ Check the box if the address has changed since the last report filed.

(3) **ID Number:** identification number assigned by the filing officer.

(4) **Check the appropriate box(es).**

(5) **Report Identifiers**

Cover Period: the dates this report covers (i.e., From 1/1/15 To 1/31/55). **Important**: use the appropriate cover period dates as published by the filing officer.

Report Type: refer to the filing officer's calendar of reporting dates for the correct codes to be used for each reporting period. If report is for a **special election** add "S" in front of the report code (i.e., SG3).

Check one of the appropriate boxes:

□ Original: first report filed for this reporting period.

□ Amendment: must summarize only contributions/fund transfers and expenditures/distributions being reported as additions or deletions. Read instructions for sequence numbers and amendment types on the back of Forms DS-DE 13A and 14A.

□ Special Election Report: **Important:** once a special election report is filed, the entity is required to file all remaining reports due for the special election.

(6) **Contributions This Report:**

Cash and Checks: total amount for this reporting period.
Loans: total amount for this reporting period.
Total Monetary: sum of Cash and Checks and Loans.
In-Kind: the fair market value of the in-kind contribution at the time it is given for this reporting period.

(7) **Expenditures This Report:**

Monetary Expenditures: total amount of monetary expenditures for this reporting period.
Transfers to Office Account: total amount transferred to an office account by elected candidates only.
Total Monetary: sum of Monetary Expenditures and Transfers to Office Account.

(8) **Other Distributions:** the total amount of goods and services contributed to a candidate or other committee by a PC, ECO, or PTY.

(9) **TOTAL Monetary Contributions To Date:** the amount of total monetary contributions to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.

(10) **TOTAL Monetary Expenditures To Date:** the amount of total monetary expenditures to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report.

(11) **Type or print the required officer's name and have them sign the report:**

□ Candidate report: treasurer and candidate must sign.
□ PC report: treasurer and chairperson must sign.
□ PTY report: treasurer and chairperson must sign.
□ ECO report: organization's treasurer must sign.
□ IE or EC report: individual must sign (this applies when an individual acts alone to make these expenditures)

AMENDMENT REPORTS: An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94.

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Candidate's full name or name of the political committee (PC), electioneering communications organizations (ECO) or party executive committee (PTY).

(2) The identification number assigned by the filing officer.

(3) Cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer's reporting dates calendar for appropriate year and cover periods.)

(4) Page numbers (e.g., 1 of 3).

(5) Date contribution was RECEIVED (Month/Day/Year).

(6) **Sequence Number** – Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.
For example, a M1 report having 75 contributions would use sequence numbers 1 through 75. The next report (M2), comprised of 40 contributions would use sequence numbers 1 through 40. Contributions on amended M1 reports would begin with sequence number 76 and on amended M2 reports would begin with sequence number 41. See the *Amendment Type* instructions below.

(7) Type full name and address of contributor (including city, state and zip code).

(8) Enter the type of contributor using one of the following codes:
Occupation of contributor for **contributions over $100 only**. (If a business, please indicate nature of business.)

I	Individual	
B	Business	(also includes corporations, organizations, groups, etc.)
E	Electioneering Communications Organizations	
F	Political Committee	(federal or state)
P	Political Parties	(includes federal, state and county executive committees)
O	Other	(e.g., candidate surplus funds to party, etc.)
S	Candidate to Self	

(9) Enter Contribution Type using one of the following codes:
NOTE: Cash includes cash and cashier's checks.

Code	Description
CAS	Cash or Cashier's Check
CHE	Check
COF	Carryover Funds from Previous Campaign
INK	In-Kind
INT	Interest
LOA	Loan
MO	Money Order
MUC	Multiple Uniform Contributions
RCT	Other Receipts
REF	Refund (Negative Amount Only)

(10) Type the description of any in-kind contribution received.
Candidate's Only – If in-kind contribution is from a party executive committee and is allocable toward the contribution limits, type an "A" in this box. If contribution is not allocable, type an "N".

(11) **Amendment Type** (required on amended reports) – To add a new (previously unreported) contribution for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.
The sequence number for contributions with amendment type "ADD" will start at one plus the number of contributions in the original report. For example, amending an original M1 report that had 75 contributions means the sequence number of the first contribution having amendment type "ADD" will be 76; the second "ADD" contribution would be 77, etc. When amending an original M2 report that had 40 contributions, the sixth "ADD" contribution would have sequence number 46.
To correct a previously submitted contribution use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the contribution to be corrected. In combination with the report number being amended, this sequence number will identify the contribution to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(12) Type amount of contribution received. **Political Committees ONLY:** Multiple uniform contributions from the same person, aggregating NMT $250 per calendar year, collected by an organization that is the affiliated sponsor of a PC, may be reported by the PC in an aggregate amount listing the number of contributors together with the amount contributed by each and the total amount contributed during the reporting period. The identity of each person making such uniform contribution must be reported to the filing officer by July 1 of each calendar year, or, in a general election year, NLT the 60th day immediately preceding the primary election.

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Type candidate's full name or name of the political committee (PC), electioneering communications organization (ECO), or party executive committee (PTY).

(2) Type identification number assigned by the filing officer.

(3) Type cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer's reporting dates calendar for appropriate cover periods.)

(4) Type page numbers (e.g., 1 of 3).

(5) Type date of fund transfer (Month/Day/Year*).*

(6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.

For example, a M1 report having 2 fund transfers would use sequence numbers 1 thru 2. The next report (M2), comprised of 4 fund transfers would use sequence numbers 1 thru 4. Fund transfers on amended M1 reports would begin with sequence number 3 and on amended M2 reports would begin with sequence number 5. See the A*mendment Type* instructions below.

(7) Type full name and address of financial institution (including city, state and zip code).

(8) Enter Transfer Type using one of the following codes:

DESCRIPTION	CODE
Transfer FROM identified account to campaign account	F
Transfer TO identified account from the campaign account	T

(9) Nature of Account (e.g., *certificate of deposit, money market, etc...)*

(10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) fund transfer for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for fund transfers with amendment type "ADD" will start at one plus the number of fund transfers in the original report. For example, amending an original M1 report that had 75 fund transfers, means the sequence number of the first fund transfer having amendment type "ADD" will be 76; the second "ADD" fund transfer would be 77, etc. When amending an original M2 report that had 40 fund transfers, the sixth "ADD" fund transfer would have sequence number 46.

To correct a previously submitted fund transfer use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the fund transfer to be corrected. In combination with the report number being amended, this sequence number will identify the fund transfer to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Type amount of fund transfer.

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Candidate's full name or name of the political committee (PC), electioneering communications organization (ECO), or party executive committee (PTY).

(2) Identification number assigned by the filing officer.

(3) Cover period dates (01/01/15 through 01/31/15). (See filing officer's reporting dates calendar for appropriate cover periods.)

(4) Page numbers (e.g., 1 of 3).

(5) Date of expenditure (Month/Day/Year).

(6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting requirements.

For example, a M1 report having 40 expenditures would use sequence numbers 1 through 40. The next report (M2), comprised of 30 expenditures would use sequence numbers 1 through 30. Expenditures on amended M1 reports would begin with sequence number 41 and on amended M2 reports would begin with sequence number 31. See *Amendment Type* instructions below.

(7) Full name and address of entity receiving payment (including city, state and zip code).

(8) Purpose of expenditure (if expenditure is a contribution to a candidate, also type the office sought by the candidate). **PLEASE NOTE**: This column does not apply to candidate expenditures, as candidates cannot contribute to other candidates from campaign funds. However, PCs (supporting candidates) and party executive committees contributing to candidates must report office sought (Section 106.07, F.S.).

(9) Enter Expenditure Type using one of the following codes:

Code	Description
CAN	Candidate Expense
DIS	Disposition of Funds
DFC	Disposition of Funds to Future Campaign (effective 11/1/13)
DPP	Disposition of Funds to Political Party (effective 11/1/13)
DPV	Disposition of Funds to Petition Verification (effective 11/1/13)
ECC	Electioneering Communication
IEC	Independent Expenditure Regarding a Candidate
IEI	Independent Expenditure Regarding an Issue
MON	Monetary (Not to a Candidate)
PCW	Petty Cash Withdrawn
PCS	Petty Cash Spent
PPD	Pre-paid Distribution
REF	Refund (Negative Amount Only)
RMB	Reimbursements
TOA	Transfer to Office Account (Disposition of Funds)

(10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) expenditure for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for expenditures with amendment type "ADD" will start at one plus the number of expenditures in the original report. For example, amending an original M1 reports that had 75 expenditures, means the sequence number of the first expenditure having amendment type "ADD" will be 76; the second "ADD" expenditure would have sequence number 39.

To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Amount of expenditure.

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

THIS FORM IS USED TO REPORT DISTRIBUTIONS OF GOODS OR SERVICES CONTRIBUTED TO A CANDIDATE OR COMMITTEE, INDIRECT EXPENDITURES AND REIMBURSEMENTS.

(1) Name of the entity.

(2) Identification number assigned by the filing officer.

(3) Cover period dates (e.g., 03/01/14 through 03/31/14). (See the filing officer's reporting dates calendar for appropriate cover periods.)

(4) Page numbers (e.g., 1 of 3).

(5) Date of distribution (Month/Day/Year).

(6) **Sequence Number** - Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.

For example, a M1 report having 40 distributions would use sequence numbers 1 through 40. The next report (M2), comprised of 30 distributions would use sequence numbers 1 through 30. Distributions on amended M1 reports would begin with sequence number 41 and on amended M2 reports would begin with sequence number 31. See *Amendment Type* instructions below.

(7) Full name and address of entity receiving distribution (including city, state and zip code).

(8) Purpose of distribution (if distribution is a contribution to a candidate, also type the office sought by the candidate).

(9) For each distribution that is related to an itemized expenditure previously listed on Itemized Expenditures (Form DS-DE 14), enter the Year, Report Type and Sequence Number associated with the expenditure.

***PARTY EXECUTIVE COMMITTEES ONLY - If distribution is allocable toward the contribution limits, type an "A" in this box. If distribution is nonallocable, type and "N".**

(10) **Amendment Type** (required on amended reports) - To add a new (previously unreported) distribution for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.

The sequence number for distributions with amendment type "ADD" will start at one plus the number of distributions in the original report. For example, amending and original M1 report that had 75 distributions, means the sequence number of the first distribution having amendment type "ADD" will be 76; the second "ADD" distribution would be 77, etc. When amending an original M2 report that had 30 distributions, the ninth "ADD" distribution would have sequence number 39.

To correct a previously submitted distribution use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the distribution to be corrected. In combination with the report number being amended, this sequence number will identify the distribution to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assigns the sequence number as described above.

(11) **Amount of distribution.**

(12) **Distribution Type**

Code	Description
PPD	Pre-paid Distribution
RMB	Reimbursements
CCP	Credit Card Purchase
INK	In-Kind Distribution

efile Public Visual Render | ObjectId: 202631339349309088 - Submission: 2026-05-13 | TIN: 23-7222333

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07-01-2024 , and ending 06-30-2025

B Check if applicable:
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE TRUST FOR PUBLIC LAND

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
23 GEARY STREET 1000

City or town, state or province, country, and ZIP or foreign postal code
SAN FRANCISCO, CA 94108

D Employer identification number
23-7222333

E Telephone number
(415) 495-4014

G Gross receipts $ 349,011,001

F Name and address of principal officer:
CARRIE HAUSER
23 GEARY STREET 1000
SAN FRANCISCO, CA 94108

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.TPL.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1972

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CREATES PARKS AND PROTECTS LAND FOR PEOPLE, ENSURING HEALTHY, LIVABLE COMMUNITIES.

2 Check this box ☐

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	30
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	437
6	Total number of volunteers (estimate if necessary)	**6**	331
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	175,780,974	245,607,254
9	Program service revenue (Part VIII, line 2g)	56,029,135	47,868,131
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,382,830	7,307,462
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	85,567	462,603
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	237,278,506	301,245,450
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	62,323,477	151,592,318
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	52,517,258	59,045,268
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,701,587	2,044,062
b	Total fundraising expenses (Part IX, column (D), line 25) 19,543,407		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	80,936,816	69,855,146
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	197,479,138	282,536,794
19	Revenue less expenses. Subtract line 18 from line 12	39,799,368	18,708,656

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	396,538,094	432,699,986
21	Total liabilities (Part X, line 26)	163,538,758	169,324,207
22	Net assets or fund balances. Subtract line 21 from line 20	232,999,336	263,375,779

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.

Sign Here	Signature of officer KEYSHA BAILEY CHIEF FINANCIAL OFFICER Type or print name and title	2026-05-05 Date

Paid Preparer Use Only				
Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01008919
Firm's name HOOD & STRONG LLP			Firm's EIN 94-1254756	
Firm's address 2580 N 1ST ST STE 460 SAN JOSE, CA 95131			Phone no. (408) 998-8400	

May the IRS discuss this return with the preparer shown above? See Instructions. . . . . ☑ **Yes** ☐ **No**

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2024)

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**

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 174,155,705 including grants of $ 145,972,899) (Revenue $ 15,148,635)

LAND - WE COMPLETED 58 CONSERVATION TRANSACTIONS THAT PROTECTED 100,060 ACRES.

4b (Code:) (Expenses $ 61,957,430 including grants of $ 4,109,745) (Revenue $ 32,662,186)

PARK AND SCHOOLYARD - WE COMPLETED 13 NEW SCHOOLYARDS AND 2 NEW PARKS.

4c (Code:) (Expenses $ 2,850,514 including grants of $ 1,509,674) (Revenue $ 57,310)

FUND - WE HELPED PASS 24 STATE AND LOCAL BALLOT MEASURES--A 100 PERCENT SUCCESS RATE-- THAT GENERATED $16,110,864,240 IN PUBLIC FUNDS FOR PARKS AND NATURAL SPACES.

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

4e **Total program service expenses** 238,963,649

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)? *If "Yes," complete Schedule A*	**1**	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions. . . .	**2**	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III* . .	**5**		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right			

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

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

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			

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

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	394		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	437			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					

See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d** 5			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**	Yes	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

		Yes	No

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	31		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

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 , 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

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
MICHELLE PANDORI 23 GEARY STREET 1000 SAN FRANCISCO, CA 94108 (415) 495-4014

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's 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, box 6 of 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANE C REGAS PRESIDENT (THRU 9/30/24)	40.00	X		X				525,365	0	31,498
(2) LUCAS ST CLAIR CHAIR	1.00	X		X				0	0	0
(3) DAVID POPPE VICE CHAIR	1.00	X		X				0	0	0
(4) FLORENCE WILLIAMS SECRETARY	1.00	X		X				0	0	0
(5) JOE LIPSCOMB TREASURER	1.00	X		X				0	0	0
(6) JODI ARCHAMBAULT DIRECTOR	1.00	X						0	0	0
(7) J FRANKLIN FARROW DIRECTOR	1.00	X						0	0	0
(8) MICKEY FEARN DIRECTOR	1.00	X						0	0	0
(9) ANITA GRAHAM DIRECTOR	1.00	X						0	0	0
(10) ALLEGRA HAPPY HAYNES DIRECTOR	1.00	X						0	0	0
(11) ALEX M JOHNSON DIRECTOR	1.00	X						0	0	0
(12) JENNIFER JONES DIRECTOR	1.00	X						0	0	0
(13) PHILIP JUNE DIRECTOR	1.00	X						0	0	0
	1.00									

(14) CHRIS KNIGHT DIRECTOR		X						0	0	0
(15) CHRISTOPER G LEA DIRECTOR	1.00	X						0	0	0
(16) ELIOT MERRILL DIRECTOR	1.00	X						0	0	0
(17) IGNACIA MORENO DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE PARISH DIRECTOR	1.00	X						0	0	0
(19) MICHAEL PARISH DIRECTOR	1.00	X						0	0	0
(20) THOMAS REEVE DIRECTOR	1.00	X						0	0	0
(21) LAURA RICHARDS DIRECTOR	1.00	X						0	0	0
(22) TED ROOSEVELT V DIRECTOR	1.00	X						0	0	0
(23) L ANTON SEALS JR DIRECTOR	1.00	X						0	0	0
(24) SHERYL TISHMAN DIRECTOR	1.00	X						0	0	0
(25) TAYLOR TOYNES DIRECTOR	1.00	X						0	0	0
(26) JEROME VASCELLARO DIRECTOR	1.00	X						0	0	0
(27) LINDI VON MUTIUS DIRECTOR	1.00	X						0	0	0
(28) ALVIN WARREN DIRECTOR	1.00	X						0	0	0
(29) KEITH WEAVER DIRECTOR	1.00	X						0	0	0
(30) SUSAN D WHITING DIRECTOR	1.00	X						0	0	0
(31) KENNETH WONG DIRECTOR	1.00	X						0	0	0
(32) F JEROME TONE DIRECTOR (THRU 10/23/24)	1.00	X						0	0	0
(33) ALEXIS G SANT DIRECTOR (THRU 10/23/24)	1.00	X						0	0	0

(34) JOANNE S GILL DIRECTOR (THRU 10/23/24)	1.00	X						0	0	0
(35) CARRIE HAUSER PRESIDENT	40.00	X		X				222,719	0	3,024
(36) DAVID M CARSON SVP, GENERAL COUNSEL/CORP SECRETARY	40.00			X				259,068	0	28,205
(37) KATHERINE M PANDORI VP, FINANCE & ACCOUNTING	40.00			X				237,782	0	30,291
(38) MARGARET MADDEN VP, ASSOCIATE GENERAL COUNSEL	40.00			X				217,527	0	26,349
(39) JAMES H OBENDORF SVP/CHIEF FINANCIAL & ADMIN OFFICER	40.00			X				316,658	0	43,658
(40) CATHERINE BROWN ASSISTANT SECRETARY	40.00			X				125,060	0	19,598
(41) PEGGY CHIU ASSISTANT SECRETARY	40.00			X				185,976	0	40,746
(42) ELIZABETH FEE ASSISTANT SECRETARY	40.00			X				72,815	0	2,094
(43) PETER FODOR ASSISTANT SECRETARY	40.00			X				24,100	0	77
(44) STACY GAYHART ASSISTANT SECRETARY	40.00			X				100,795	0	26,788
(45) ALEX GHIO ASSISTANT SECRETARY	40.00			X				159,796	0	13,161
(46) MIMI FALLER HELVIE ASSISTANT SECRETARY	40.00			X				142,351	0	37,476
(47) JANE KIM ASSISTANT SECRETARY	40.00			X				141,483	0	23,124
(48) JENNIFER KOLTO ASSISTANT SECRETARY	40.00			X				99,043	0	30,100
(49) JOY LEGGET-MURPHY ASSISTANT SECRETARY	40.00			X				127,310	0	18,877
(50) GILMAN MILLER ASSISTANT SECRETARY	40.00			X				175,795	0	35,315
(51) DENISE MULLANE ASSISTANT SECRETARY	40.00			X				187,909	0	30,919
(52) GORDON OKAWA ASSISTANT SECRETARY	40.00			X				146,777	0	31,333
(53) POLLY POWELL ASSISTANT SECRETARY	40.00			X				89,998	0	15,309
(54) TILY SHUE ASSISTANT SECRETARY	40.00			X				214,839	0	27,118
(55) ANTHONY A TRAVERSO ASSISTANT SECRETARY	40.00			X				192,766	0	33,216
(56) THOMAS TYNER ASSISTANT SECRETARY	40.00			X				201,555	0	27,182
(57) JUSTIN YOST ASSISTANT SECRETARY (THRU 11/1/24)	40.00			X				117,296	0	26,617
(58) KENNETH J DANTER EXEC VP/ CHIEF PROGRAM OFFICER	40.00					X		317,086	0	50,525
(59) WILLIAM LEE SVP, POLICY, ADVOCACY, & GOV'T RELATIONS	40.00					X		255,061	0	46,851
(60) PATRICIA WATSON SVP/CHIEF PHILANTHROPY OFFICER	40.00					X		440,518	0	33,892
(61) LUIS BENITEZ CHIEF IMPACT OFFICER (THRU 9/30/24)	40.00					X		261,420	0	32,255
(62) HOWARD FRUMKIN SVP, LAND AND PEOPLE LAB	40.00					X		296,825	0	21,476
1b Sub-Total										

c Total from continuation sheets to Part VII, Section A . .			
d Total (add lines 1b and 1c)	5,855,693	0	787,074

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 178

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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	9,264,577
DOYLE-BALDANTE INC 535 BROADHOLLOW ROAD MELVILLE, NY 11747	CONSTRUCTION SERVICES	6,180,026
FREDANTE CONSTRUCTION 18 WOODLEE ROAD COLD SPRING HARBOR, NY 11724	CONSTRUCTION SERVICES	4,111,115
SUAREZ & MUNOZ 2490 AMERICAN AVENUE HAYWARD, CA 94545	CONSTRUCTION SERVICES	3,657,633
GESSLER CONSTRUCTIN 565 EAST SAINT ANDREWS DRIVE MEDIA, CA 19063	CONSTRUCTION SERVICES	2,728,837

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 78

Part VIII **Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** derated campaigns . .				
	1b embership dues . .				
	1c indraising events . . 421,094				
	1d lated organizations				
	1e vernment grants (contributions) 78,472,140				
	1f All other contributions, gifts, grants, and similar amounts not included above 166,714,020				
	g Noncash contributions included in lines 1a - 1f:$ 63,065,177				
	h Total. Add lines 1a-1f 245,607,254				

Program Service Revenue

		Business Code				
2a	GOVT COST REIMBURSEMENTS	237990	35,269,459	35,269,459		
b	LANDOWNER FEE	813312	6,138,148	6,138,148		
c	GOVT CONTRACT FEES	541300	4,888,930	4,888,930		
d	CONTRACT REVENUE	541300	881,830	881,830		
e	PROJECT REIMBURSEMENTS	237990	552,958	552,958		
f	All other program service revenue.		136,806	136,806		
g	**Total.** Add lines 2a–2f.	47,868,131				
3	Investment income (including dividends, interest, and other similar amounts)		6,154,939			6,154,939
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					

		(i) Real	(ii) Personal				
6a	Gross rents	6a	506,002				
b	Less: rental expenses	6b	0				
c	Rental income or (loss)	6c	506,002				
d	Net rental income or (loss)			506,002			506,002

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	7a	48,799,466				
b	Less: cost or other basis and sales expenses	7b	47,646,943				
c	Gain or (loss)	7c	1,152,523				
d	Net gain or (loss)			1,152,523			1,152,523

Other Revenue

a	Gross income from fundraising events (not including $ 421,094 of contributions reported on line 1c). See Part IV, line 18	8a	75,209				
b	Less: direct expenses . . .	8b	118,608				
c	Net income or (loss) from fundraising events . .			-43,399			-43,399
9a	Gross income from gaming activities. See Part IV, line 19 . . .	9a					
b	Less: direct expenses . . .	9b					
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances . .	10a					
b	Less: cost of goods sold . .	10b					
c	Net income or (loss) from sales of inventory . .						

		Business Code				
11a						
b						
c	OtherRevenueMiscAmt					
d	All other revenue					
e	**Total.** Add lines 11a–11d					
12	**Total revenue.** See instructions					

	301,245,450	47,868,131	0	7,770,065

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	151,592,318	151,592,318		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,739,300	3,165,649	1,832,662	1,740,989
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	40,628,933	21,463,275	9,623,320	9,542,338
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,440,054	1,288,927	576,785	574,342
9 Other employee benefits	5,430,351	2,837,834	1,297,349	1,295,168
10 Payroll taxes	3,806,630	1,981,625	918,611	906,394
11 Fees for services (non-employees):				
a Management				
b Legal	254,886	142,690	112,196	
c Accounting	246,160		246,160	
d Lobbying	523,062	523,062		
e Professional fundraising services. See Part IV, line 17	2,044,062			2,044,062
f Investment management fees	365,397		365,397	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,926,457	2,231,268	2,221,957	473,232
12 Advertising and promotion	1,858,210	746	1,855,276	2,188
13 Office expenses	3,091,846	1,539,191	855,809	696,846
14 Information technology	909,441	200,219	648,387	60,835
15 Royalties				
16 Occupancy	4,450,062	2,699,759	887,060	863,243
17 Travel	2,534,746	1,124,055	933,909	476,782
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	662,519	265,516	141,101	255,902
20 Interest	3,219,893	3,219,893		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	67,444		67,444	
23 Insurance	1,106,408	575,965	266,997	263,446
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DESIGN & CONSTRUCTION	38,603,084	38,603,084		
b APPRAISAL & SURVEY	2,555,722	2,555,722		
c ENVIRONMENTAL ASSESSMEN	1,986,670	1,986,670		
d RESEARCH CONSULTANTS	1,783,031	603,713	1,179,318	
e All other expenses	710,108	362,468		347,640
25 **Total functional expenses.** Add lines 1 through 24e	282,536,794	238,963,649	24,029,738	19,543,407
26 **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 ☑ 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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		3,478,768	1	2,071,952
	2	Savings and temporary cash investments		27,782,026	2	39,200,294
	3	Pledges and grants receivable, net		26,509,781	3	21,078,408
	4	Accounts receivable, net		25,232,140	4	17,245,177
	5	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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		4,000,000	7	5,025,000
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,622,059	9	1,710,879
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,536,323			
	b	Less: accumulated depreciation	10b 2,376,088	227,680	10c	160,235
	11	Investments—publicly traded securities		115,840,222	11	161,467,576
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		191,845,418	15	184,740,465
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		396,538,094	16	432,699,986
Liabilities	17	Accounts payable and accrued expenses		26,460,492	17	26,202,253
	18	Grants payable			18	
	19	Deferred revenue		29,223,191	19	12,950,144
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		58,402,077	24	75,417,711
	25	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		49,452,998	25	54,754,099
	26	**Total liabilities.** Add lines 17 through 25		163,538,758	26	169,324,207
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		53,519,133	27	77,275,127
	28	Net assets with donor restrictions		179,480,203	28	186,100,652
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		232,999,336	32	263,375,779
	33	Total liabilities and net assets/fund balances		396,538,094	33	432,699,986

Part XI **Reconcilliation 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**	301,245,450
2	Total expenses (must equal Part IX, column (A), line 25)	**2**	282,536,794
3	Revenue less expenses. Subtract line 2 from line 1	**3**	18,708,656
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	**4**	232,999,336
5	Net unrealized gains (losses) on investments	**5**	11,655,577
6	Donated services and use of facilities	**6**	
7	Investment expenses	**7**	
8	Prior period adjustments	**8**	
9	Other changes in net assets or fund balances (explain in Schedule O)	**9**	12,210
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	**10**	263,375,779

Part XII **Financial Statements and Reporting**

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ 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?	**2a**		No
	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?	**2b**	Yes	
	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?	**2c**	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	**3a**	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	**3b**	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render | ObjectId: 20263133934930908 8 - Submission: 2026-05-13 | TIN: 23-7222333

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
THE TRUST FOR PUBLIC LAND

Employer identification number
23-7222333

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990) 2024**

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	110,279,044	151,611,898	251,423,147	175,780,974	245,607,254	934,702,317
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	110,279,044	151,611,898	251,423,147	175,780,974	245,607,254	934,702,317
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						48,532,429
6 **Public support.** Subtract line 5 from line 4.						886,169,888

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	110,279,044	151,611,898	251,423,147	175,780,974	245,607,254	934,702,317
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	3,173,730	4,349,024	5,886,281	4,414,132	6,660,941	24,484,108
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .		39,112	110,890	81,222	75,209	306,433
11 **Total support.** Add lines 7 through 10						959,492,858

12	Gross receipts from related activities, etc. (see instructions)	12	207,748,476

13 **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

14	Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	92.360 %
15	Public support percentage for 2023 Schedule A, Part II, line 14	15	91.790 %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Schedule A (Form 990) 2024

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

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business						

	not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	**Total.** Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b. .						
8	**Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		**(a)** 2020	**(b)** 2021	**(c)** 2022	**(d)** 2023	**(e)** 2024	**(f)** Total
9	Amounts from line 6. . .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	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.** (Add lines 9, 10c, 11, and 12.). .						

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

15	Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** 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—2023.** 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 . . . . ▶ ☐

Schedule A (Form 990) 2024

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the*			

	determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
c	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? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?*If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

Schedule A (Form 990) 2024

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	**Adjusted Net Income** (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):	1		
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	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	**2**		
3	Subtract line 2 from line 1d	**3**		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6	Multiply line 5 by 0.035	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (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 85% of line 1	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4 Enter greater of line 2 or line 3	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

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

Schedule A (Form 990) 2024

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 **Total annual distributions.** 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 2024 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-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			

a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	SPECIAL EVENT REVENUE - 2020 AMOUNT: $ 0. 2021 AMOUNT: $ 39,112. 2022 AMOUNT: $ 110,890. 2023 AMOUNT: $ 81,222. 2024 AMOUNT: $ 75,209.

Additional Data

Return to Form

Software ID:

Software Version:

efile Public Visual Render | ObjectId: 202631339349309088 - Submission: 2026-05-13 | TIN: 23-7222333

Schedule B (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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)( ) (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 other 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE TRUST FOR PUBLIC LAND

Employer identification number
23-7222333

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
RESTRICTED			☐ Person ☐ Payroll

	,	$ RESTRICTED	☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 1-2025)

Page 3

Schedule B (Form 990) (Rev. 1-2025) Page **3**

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

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
-		$	

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

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

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

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

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

Schedule B (Form 990) (Rev. 1-2025)

Page 4

Schedule B (Form 990) (Rev. 1-2025) Page **4**

Name of organization
THE TRUST FOR PUBLIC LAND

Employer identification number
23-7222333

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $ ____________
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 B (Form 990) (Rev. 1-2025)

Additional Data

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SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

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-.
1					
2					
3					
4					
5					
6					

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

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
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **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)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	**(a)** Yes	**(a)** No	**(b)** Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		1,645
e Publications, or published or broadcast statements?		No	

f	Grants to other organizations for lobbying purposes?	Yes		1,514,674
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,065,707
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			2,582,026
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

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.

Return Reference	Explanation
PART II-B, LINE 1:	118TH CONGRESS, 2ND SESSION JULY 1, 2024 - DECEMBER 31, 2024 BUDGET / APPROPRIATIONS H.R. 4821, S.2605 DEPARTMENT OF THE INTERIOR, ENVIRONMENT, AND RELATED AGENCIES APPROPRIATIONS ACT OF 2024 H.R. 4820, S.2437 TRANSPORTATION, HOUSING, AND URBAN DEVELOPMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2024 H.R. 4368, S.2131 AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2024 H.R. 4365, S.2587 DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2024 H.R. 4366 THE CONSOLIDATED APPROPRIATIONS ACT, 2024 DEFENSE H.R. 2670 S.2226 NATIONAL DEFENSE AUTHORIZATION ACT, 2024 NATURAL RESOURCES AND WILDLIFE S.1149 RECOVERING AMERICA'S WILDLIFE ACT H.R. 913, S.373 REINVESTING IN SHORELINE ECONOMIES AND ECOSYSTEMS (RISEE) ACT OF 2023 H.R. 3437, S.COLORADO OUTDOOR RECREATION AND ECONOMY (CORE) ACT H.R. 1317, S.594 CONTINENTAL DIVIDE TRAIL COMPLETION ACT H.R. RIM OF THE VALLEY CORRIDOR PRESERVATION ACT H.R. BERRYESSA SNOW MOUNTAIN NATIONAL MONUMENT EXPANSION ACT S. 1776 PROTECTING UNIQUE AND BEAUTIFUL LANDSCAPES BY INVESTING IN CALIFORNIA (PUBLIC) LANDS ACT H.R. 3424, S.2631 FOREST CONSERVATION EASEMENT PROGRAM ACT OF 2023 S. 1366 FOREST INCENTIVES PROGRAM ACT OF 2023 LOCAL PARKS AND SCHOOLYARDS H.R. 1065, S.448 OUTDOORS FOR ALL ACT H.R 6925 EVERY KID OUTDOORS REAUTHORIZATION ACT H.R. 1705, S.919 A. DONALD MCEACHIN ENVIRONMENTAL JUSTICE FOR ALL ACT S1538 LIVING SCHOOLYARDS ACT S.873 AMERICA'S OUTDOOR RECREATION ACT H.R. 6492 EXPLORE ACT 119TH CONGRESS, 1ST SESSION JANUARY 1, 2025 - JUNE 30, 2025 BUDGET / APPROPRIATIONS H.R. 1968 FULL-YEAR CONTINUING APPROPRIATIONS AND EXTENSIONS ACT 2025 H.R. 4754, S. 2431 DEPARTMENT OF THE INTERIOR, ENVIRONMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2026 H.R. 4552, S. 2465 TRANSPORTATION, HOUSING, AND URBAN DEVELOPMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2026 H.R.4121, S. 2256 AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2026 H.R. 4016, S. 2572 DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2026 H.R. 4553, S. 3293 ENERGY AND WATER DEVELOPMENT AND RELATED AGENCIES APPROPRIATIONS ACT, 2026 DEFENSE S. 2296 NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2026 NATURAL RESOURCES AND WILDLIFE H.R. 2556, S. 765 COLORADO OUTDOOR RECREATION AND ECONOMY (CORE) ACT H.R. 3451, S. 1135 BONNEVILLE SHORELINE TRAIL STUDY ACT H.R. 2877, S.1470 CONTINENTAL DIVIDE NATIONAL SCENIC TRAIL COMPLETION ACT S.1547 AMERICA THE BEAUTIFUL ACT H.R. 3555 PROTECT OUR PARKS ACT OF 2025 AGRICULTURE AND FORESTRY H.R. 3930, S. 2042 ROADLESS AREA CONSERVATION ACT OF 2025 H.R. 471, S.1462 FIX OUR FORESTS ACT H.R 582, S. 3609 COMMUNITY PROTECTION AND WILDFIRE RESILIENCY ACT H.R. 3476, S. 1050 FOREST CONSERVATION EASEMENT PROGRAM ACT OF 2025 ACTIVE TRANSPORTATION H.R. 6671, S. 3413 RESTORING ESSENTIAL PUBLIC ACCESS AND IMPROVING RESILIENT INFRASTRUCTURE PROGRAM ACT (REPAIR) H.R. 4420, S. COOL CORRIDORS ACT OF 2025 H.R. 5452 SAFE STREETS FOR ALL REAUTHORIZATION AND IMPROVEMENT ACT H.R. 3931 KIDS ON THE GO ACT OF 2025 LOCAL PARKS AND SCHOOLYARDS H.R. 3009 TREES ACT OF 2025 NOVEMBER 2024 BALLOT MEASURES CALIFORNIA STATEWIDE PROPOSITION 4 - SAFE DRINKING WATER, WILDFIRE PREVENTION, DROUGHT PREPAREDNESS, AND CLEAN AIR BOND ACT OF 2024 STATEWIDE PROPOSITION 2 - KINDERGARTEN THROUGH GRADE 12 SCHOOLS AND LOCAL COMMUNITY COLLEGE PUBLIC EDUCATION FACILITIES MODERNIZATION, REPAIR, AND SAFETY BOND ACT OF 2024 LOS ANGELES UNIFIED SCHOOL DISTRICT - MEASURE US SANTA CRUZ COUNTY - SAFE DRINKING WATER, CLEAN BEACHES, WILDFIRE RISK REDUCTION AND WILDLIFE PROTECTION INITIATIVE COLORADO DENVER PUBLIC SCHOOL DISTRICT ISSUE 4A EAGLE COUNTY CONSERVATION DISTRICT ISSUE A CITY OF LAKEWOOD BALLOT ISSUE 2A CITY OF TRINIDAD REFERENDUM NO. 1 FLORIDA CLAY COUNTY - LAND CONSERVATION REFERENDUM TO PROTECT WATER QUALITY

	NO. 1 FLORIDA CLAY COUNTY - LAND CONSERVATION REFERENDUM TO PROTECT WATER QUALITY, WILDLIFE HABITAT, FORESTS AND FARMS LAKE COUNTY - CLEAN WATER PROTECTION, OVERDEVELOPMENT PREVENTION, NATURAL AREA PRESERVATION, PARKS AND TRAILS GENERAL OBLIGATION BOND REFERENDUM MARTIN COUNTY - REFERENDUM LANDS TO PROTECT WATER QUALITY, NATURAL AREAS AND WILDLIFE HABITAT ONE-HALF PERCENT SALES SURTAX OSCEOLA COUNTY - BONDS TO RENEW ENVIRONMENTAL LANDS CONSERVATION PROGRAM AND TO IMPROVE AND PROTECT WATER QUALITY GEORGIA CITY OF CHAMBLEE - GENERAL OBLIGATION BONDS FOR PARKS, TRAILS, AND OUTDOOR RECREATIONAL AREAS ILLINOIS LAKE COUNTY FOREST PRESERVE DISTRICT - BOND FOR HABITAT RESTORATION AND LAND ACQUISITION MCHENRY COUNTY CONSERVATION DISTRICT - PROPOSITION TO INCREASE THE LIMITING RATE FOR THE MCHENRY COUNTY CONSERVATION DISTRICT MAINE STATEWIDE - QUESTION 4 TOWN OF SCARBOROUGH - REFERENDUM QUESTION NO. 3 MINNESOTA STATEWIDE - CONSTITUTIONAL AMENDMENT - AMENDMENT 1 ENVIRONMENT AND NATURAL RESOURCES TRUST FUND RENEWAL NEW MEXICO BERNALILLO COUNTY - BOND QUESTION 3 - PARKS AND RECREATION BONDS CIUDAD SOIL AND WATER CONSERVATION DISTRICT - MILL LEVY FOR LAND, WATER, AND NATURAL RESOURCES CONSERVATION NEW YORK CITY OF KINGSTON - COMMUNITY PRESERVATION PLAN SOUTH CAROLINA JASPER COUNTY - QUESTION 1 WASHINGTON SAN JUAN COUNTY - PROPOSITION NO. 1 - EXTENDING CONSERVATION AREA REAL ESTATE EXCISE TAX

Schedule C (Form 990) 2024

Additional Data

Return to Form

Software ID:

Software Version:

efile Public Visual Render | ObjectId: 20263133934930908 8 - Submission: 2026-05-13 | TIN: 23-7222333

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* for instructions and the latest information.**

OMB No. 1545-0047

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (e.g., recreation or education)
- ☑ Protection of natural habitat
- ☑ Preservation of open space
- ☑ Preservation of an historically important land area
- ☑ Preservation of a certified historic structure

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 Year
a Total number of conservation easements	2a	11
b Total acreage restricted by conservation easements	2b	1,447.13
c Number of conservation easements on a certified historic structure included in (a)	2c	2
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 7

4 Number of states where property subject to conservation easement is located ▶ 10

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 ▶ 334.00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ 47,390

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 are a 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 programs
- **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 in 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	36,858,677	29,826,690	26,632,833	28,746,611	21,022,700
b Contributions	6,545,319	4,419,208	2,239,740	2,418,374	2,195,833
c Net investment earnings, gains, and losses	4,022,545	2,612,779	954,117	-4,532,152	5,528,078
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	47,426,541	36,858,677	29,826,690	26,632,833	28,746,611

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ 35.430 %
- **b** Permanent endowment ▶ 50.300 %
- **c** Term endowment ▶ 14.270 %

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	**3a(i)**		No
(ii) Related organizations	**3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land				
b Buildings		453,008	453,008	0
c Leasehold improvements		280,314	205,376	74,938
d Equipment		1,445,521	1,406,366	39,155
e Other		357,480	311,338	46,142
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				160,235

Schedule D (Form 990) (Rev. 1-2025)

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)		
Total. *(Column (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)		
Total. *(Column (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	1,843,670
(2)OTHER DEPOSITS	342,970
(3)OPEN SPACE HOLDINGS	98,870,886
(4)ASSETS HELD IN CHARITABLE TRUSTS	72,878,481
(5)INTEREST RECEIVABLE	1,007,921
(6)ESCROW CLEARING	24,742
(7)OPERATING LEASE ASSETS	9,771,795
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	184,740,465

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	
LIABILITIES TO BENEFICIARIES OF CHARITABLE TRUSTS	38,817,622
MITIGATION ADVANCES	605,345
OPTION PAYMENTS RECEIVED	4,760,000
OPERATING LEASE LIABILITIES	10,571,132

OPERATING LEASE LIABILITIES	10,571,152
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	54,754,099

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Schedule D (Form 990) (Rev. 1-2025)

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.

1	Total revenue, gains, and other support per audited financial statements			**1**	313,032,228
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	**2a**	11,655,577		
b	Donated services and use of facilities	**2b**	383		
c	Recoveries of prior year grants	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	11,655,960
3	Subtract line **2e** from line **1**			**3**	301,376,268
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIII.)	**4b**	-130,818		
c	Add lines **4a** and **4b**			**4c**	-130,818
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			**5**	301,245,450

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.

1	Total expenses and losses per audited financial statements			**1**	282,655,785
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	**2a**	383		
b	Prior year adjustments	**2b**			
c	Other losses	**2c**			
d	Other (Describe in Part XIII.)	**2d**	118,608		
e	Add lines **2a** through **2d**			**2e**	118,991
3	Subtract line **2e** from line **1**			**3**	282,536,794
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			**5**	282,536,794

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.

Return Reference	Explanation
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, 2025, EASEMENTS VALUED AT $94,289,000 WERE ACQUIRED AND $86,577,000 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, LIVABLE COMMUNITIES FOR GENERATIONS TO COME".
PART X, LINE 2:	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. 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 FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED

	STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES RECLASSIFIED TO REVENUE -118,608. UNCOLLECTIBLE GRANTS -12,210.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES RECLASSIFIED TO REVENUE 118,608.

Schedule D (Form 990) (Rev. 1-2025)

Additional Data

Return to Form

Software ID:

Software Version:

efile Public Visual Render | ObjectId: 202631339349309088 - Submission: 2026-05-13 | TIN: 23-7222333

SCHEDULE G (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

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

2a 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? Yes	**(iii)** No	**(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
M&R STRATEGIC SERVICES 1101 CONNECTICUT AVE NW WASHINGTON, DC 20036	ANNUAL FUND/MEMBERSHIP		No	3,059,628	852,560	2,207,068
MAL WARWICK & ASSOCIATES INC 2550 9TH STREET SUITE 103 BERKELEY, CA 94710	ANNUAL FUND/MEMBERSHIP		No	2,595,758	723,303	1,872,455
CORDER AND WALLER CONSULTING 232 COLLEGE BLVD SAN ANTONIO, TX 78209	5 MILE CREEK GREENBELT PLAN		No	2,530,059	167,618	2,362,441
COMMUNITY COUNSELING SERVICE 527 MADISON AVE 5TH FL NEW YORK, NY 10022	INDIA BASIN		No	252,500	210,139	42,361
CHARIOT GIVING INC 850 7TH AVE SUITE 600 NEW YORK, NY 10019	ANNUAL FUND/MEMBERSHIP		No	76,351	21,275	55,076
THE STELTER COMPANY PO BOX 5228 DES MOINES, IA 50305	PLANNED GIVING		No	0	55,510	-55,510
Total ▶				8,514,296	2,030,405	6,483,891

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 GEORGIA ANNUAL (event type)	(b) Event #2 VINEYARD EVENT (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	396,103	100,200		496,303
	2 Less: Contributions	360,894	60,200		421,094
	3 Gross income (line 1 minus line 2)	35,209	40,000		75,209
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	3,481	79		3,560
	6 Rent/facility costs	2,800			2,800
	7 Food and beverages	48,647			48,647
	8 Entertainment	1,250			1,250
	9 Other direct expenses	47,629	14,722		62,351
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				118,608
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-43,399

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	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ 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: _____

Schedule G (Form 990) (Rev. 1-2025)

Page 3

Schedule G (Form 990) (Rev. 1-2025) Page **3**

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 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.

Return Reference	Explanation

Schedule G (Form 990) (Rev. 1-2025)

Additional Data

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Software ID:

Software Version:

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Schedule I (Form 990)

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OJAI VALLEY LAND CONSERVANCY PO BOX 1092 OJAI, CA 92023	77-0169682	501(C)(3)	251,272	0			GRANTS
(2) PACIFIC CREST TRAIL ASSOCIATION 2150 RIVER PLAZA DRIVE STE 155 SACRAMENTO, CA 95833	33-0051202	501(C)(3)	44,650	0			GRANTS
(3) COLORADO OPEN LANDS 1546 COLE BLVD STE 200 LAKEWOOD, CO 80401	84-0866211	501(C)(3)	54,000	0			GRANTS
(4) LAND TRUST ALLIANCE INC 1250 H ST NW SUITE 600 WASHINGTON, DC 20005	04-2751357	501(C)(3)	10,000	0			CONTRIBUTIONS
(5) NATIONAL RECREATION AND PARK ASSOCIATION 22377 BELMONT RIDGE ROAD ASHBURN, VA 20148	13-5563001	501(C)(3)	103,500	0			CONTRIBUTIONS
(6) PARK PRIDE INC PO BOX 4936 ATLANTA, GA 303024936	58-1883895	501(C)(3)	7,500	0			CONTRIBUTIONS
(7) TREASURER STATE OF MAINE 35 STATE HOUSE STATION AGUSTA, ME 043330035	01-6000001	STATE OF ME	246,728	0			GRANTS
(8) EAST CLEVELAND CITY SCHOOL DISTRICT BOARD OF EDUCATION 1843 STANWOOD RD EAST CLEVELAND, OH 44112		CLEVELAND SCHOOL DIS	275,000	0			PARK CONSTRUCTION GRANT
(9) GREATER NEWARK CONSERVANCY INC 32 PRINCE ST NEWARK, NJ 07103	22-2691309	501(C)(3)	10,000	0			GRANTS
(10) IDAHO DEPARTMENT OF LANDS 3780 INDUSTRIAL AVENUE SOUTH COEUR DALENE, ID 83815		STATE OF ID	50,000	18,568,750	APPRAISAL	BARGAIN SALE OF 10846.82 ACRES OF LAND IN ID	GRANTS, LAND CONSERVATION
(11) THE PENNSYLVANIA HORTICULTURAL SOCIETY 100 N 20TH STREET SUITE 405 PHILADELPHIA, PA 19103	23-1352265	501(C)(3)	35,300	0			GRANTS
(12) THE KEYSTONE CENTER 1628 STS JOHN ROAD KEYSTONE, CO 80435	84-0688506	501(C)(3)	10,000	0			CONTRIBUTIONS
(13) WAIPA FOUNDATION PO BOX 1189 HANALEI, HI 96714	99-0313224	501(C)(3)	319,187	0			GRANTS
(14) FEATHER RIVER LAND TRUST PO BOX 1826 QUINCY, CA 95971	68-0449687	501(C)(3)	16,275	0			GRANTS
(15) CALIFORNIA RANGELAND TRUST 3900 LENNANE DRIVE 210 SACRAMENTO, CA 95834	31-1631453	501(C)(3)	171,920	6,757,500	APPRAISAL	DONATION OF 13515 ACRES OF LAND IN CA	GRANTS, LAND CONSERVATION
(16) THE NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	25,000	0			GRANTS
(17) CONNECTICUT LAND CONSERVATION COUNCIL INC 27 WASHINGTON ST MIDDLETOWN, CT 06457	82-2683386	501(C)(3)	6,000	0			CONTRIBUTIONS
(18) CITY AND COUNTY OF DENVER 201 W COLFAX AVENUE DENVER, CO 80202	84-6000580	CITY OF DENVER	10,000	0			GRANTS
(19) WWRC ACTION FUND 1402 THIRD AVENUE SUITE 507 SEATTLE, WA 98101	91-1445276	501(C)(4)	25,000	0			CONTRIBUTIONS
(20) APPALACHIAN TRAIL CONSERVANCY POBOX 807 HARPERS FERRY, WV 25425	52-6046689	501(C)(3)	20,000	0			GRANTS
(21) LAND STUDIO INC 2519 DETROIT RD SUITE 100	34-1212421	501(C)(3)	9,213	0			GRANTS

CLEVELAND, OH 44113							
(22) CHICAGO PARK DISTRICT 4830 S WESTERN AVE CHICAGO, IL 60609	36-6005822	CITY OF CHICAGO	125,000	0			PARK CONSTRUCTION GRANT
(23) UNITED PARKS AS ONE PO BOX 1372 NEWARK, NJ 07101	47-3148873	501(C)(3)	108,506	0			GRANTS
(24) GREENLATINOS 1919 14TH ST SUITE 700 BOULDER, CO 80302	26-3386082	501(C)(3)	10,000	0			CONTRIBUTIONS
(25) URBAN SUSTAINABILITY DIRECTORS 500 WESTOVER DRIVE 14973 SANFORD, NC 27330	82-5015863	501(C)(3)	11,190	0			CONTRIBUTIONS
(26) URBAN AGRICULTURE COOPERATIVE 58 CRAWFORD ST 1 NEWARK, NJ 07102	82-1079237	501(C)(3)	118,456	0			GRANTS
(27) COUNTY OF EL PASO SCHOOL DISTRICT 2 1060 HARRISON ROAD COLORADO SPRINGS, CO 80905	84-6001175	COUNTY OF EL PASO	8,000	0			PARK CONSTRUCTION GRANT
(28) KAULUAKALANA PO BOX 833 KAILUA, HI 96734	83-3612121	501(C)(3)	111,833	0			GRANTS
(29) STATE OF MARYLAND UNIVERSITY OF MARYLAND COLLEGE PARK 4300 TERRAPIN TRAIL COLLEGE PARK, MD 20742	52-6002033	STATE OF MD	13,600	0			GRANTS
(30) MALAMA HULEIA PO BOX 662092 LIHUE, HI 96766	47-1610214	501(C)(3)	54,895	0			GRANTS
(31) FRIENDS OF THE SEARS SUNKEN GARDEN 4559 SOUTH FORRESTVILLE CHICAGO, IL 60653	87-3629629	501(C)(3)	25,000	0			GRANTS
(32) FRIENDS OF THE CHICAGO RIVER 121 WEST WACKER DRIVE STE 1700 CHICAGO, IL 60601	36-3559764	501(C)(3)	20,000	0			GRANTS
(33) CITY OF CHATTANOOGA 101 E 11TH ST RM 101 CHATTANOOGA, TN 37402	62-6000259	CITY OF CHATTANOOGA	10,000	0			GRANTS
(34) GLOBAL PHILANTHROPY PARTNERSHIP 303 E WACKER DR STE 2108 CHICAGO, IL 60601	56-2342600	501(C)(3)	13,000	0			GRANTSANDCONTRIBUTIONS
(35) THE PARK PEOPLE 1510 S GRANT STREET DENVER, CO 80210	84-6045624	501(C)(3)	14,334	0			GRANTS
(36) CARROLL COUNTY BOARD OF COMMISSIONERS PO BOX 338 CARROLLTON, GA 30112	58-6000794	CARROLL COUNTY	15,609	0			PARK CONSTRUCTION GRANT
(37) FLORIDA WILDLIFE CORRIDOR FOUNATION INC 2606 FAIRFIELD AVE S BLDG 7 ST PETERSBURG, FL 33712	20-1822793	501(C)(3)	10,000	0			CONTRIBUTIONS
(38) GEORGIA BIKE'S INC 1075 W BROAD ST ATHENS, GA 30606	20-0295376	501(C)(3)	10,000	0			CONTRIBUTIONS
(39) CITY OF RALEIGH PO BOX 590 RALEIGH, NC 27602	56-6000236	CITY OF RALEIGH	8,000	0			GRANTS
(40) ROARING FORK MOUNTAIN BIKE ASSOCIATION PO BOX 2635 ASPEN, CO 81612	46-5412595	501(C)(3)	15,000	0			GRANTS
(41) ROARING FORK OUTDOOR VOLUNTEERS 520 SOUTH THIRD STREET 32 CARBONDALE, CO 81623	84-1302819	501(C)(3)	15,000	0			GRANTS
(42) OUTSIDE INTERACTIVE INC 1600 PEARL ST STE 300 BOULDER, CO 80302	84-2875265		40,000	0			CONTRIBUTIONS
(43) INDEPENDENT SCHOOL DISTRICT NO 286 BROOKLYN CENTER 5910 SHINGLE CREEK PKWY BROOKLYN CENTER, MN 55430	41-6009038	BROOKLYN SCHOOL DIST	131,345	0			PARK CONSTRUCTION GRANT
(44) IN A LANDSCAPE 5331 S MACADAM AVE 258-1007 PORTLAND, OR 97239	82-4203573	501(C)(3)	29,960	0			CONTRIBUTIONS
(45) CITY OF AUBURN 24 SOUTH STREET AUBURN, NY 13021	15-6000403	CITY OF AUBURN	108,771	0			GRANTS
(46) COBB COUNTY DEPARTMENT OF TRANSPORTATION 1890 COUNTY SERVICES PARKWAY MARIETTA, GA 300084014		COBB COUNTY	305,026	0			PARK CONSTRUCTION GRANT
(47) SLAVIC VILLAGE DEVELOPMENT CORP 5620 BROADWAY AVE STE 200 CLEVELAND, OH 44127	34-1344279	501(C)(3)	5,534	0			GRANTS
(48) REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES 3323 PUBLIC AFFAIRS BUILDING	95-6006143	UCLA	50,000	0			GRANTS

LOS ANGELES, CA 90095							
(49) SEE YOU AT THE TOP INC 4550 LEE RD CLEVELAND, OH 44128	45-2392163	501(C)(3)	115,783	0			GRANTS
(50) FRIENDS OF LOCKELAND SPRINGS PARK 1716 FOREST AVE NASHVILLE, TN 37206	99-3179342	501(C)(3)	50,000	0			GRANTS
(51) RISE SOUTHEAST ELEVATE 1615 MURRAY BLVD COLORADO SPRINGS, CO 80916	99-0438996		87,665	0			GRANTS
(52) POTTER VALLEY TRIBE 2251 S STATE ST UKIAH, CA 95482	68-0210870	TRIBAL	13,750	0			GRANTS
(53) NATURAL RESOURCES CONSERVATION COMMITTEE 28 SECOND ST UNIT 213 EDWARDS, CO 81632	99-4177121	527	7,500	0			CONTRIBUTIONS
(54) CLEAN WATERS & HEALTHY FOREST COMMITTEE 803 WARM SANDS DR SE ALBUQUERQUE, NM 87123	99-4349415	527	10,000	0			CONTRIBUTIONS
(55) YES ON PROP 4 CALIFORNIANS FOR SAFE DRINKING WATER & WILDFIRE 555 CAPITOL MALL STE 400 SACRAMENTO, CA 95814	99-4186021	501(C)(4)	1,142,174	0			CONTRIBUTIONS
(56) SUGI FOUNDATION 3701 SACRAMENTO STREET SAN FRANCISCO, CA 94118	84-2041713	501(C)(3)	56,000	0			PARK CONSTRUCTION GRANT
(57) TRINIDAD CITIZENS FOR REFERENDUM 1 38850 COUNTY ROAD 246 TRINIDAD, CO 81082	99-4784744	527	7,000	0			CONTRIBUTIONS
(58) PROTECT CLAY 1103 HAYS STREET TALLAHASSEE, FL 32301	93-2682530	527	20,000	0			CONTRIBUTIONS
(59) LAKE FOREVER 1103 HAYS STREET TALLAHASSEE, FL 32301	93-4317649	501(C)(4)	30,000	0			CONTRIBUTIONS
(60) RENEW OSCEOLA'S LAND AND WATER 1103 HAYS STREET TALLAHASSEE, FL 32301	33-1327330	501(C)(4)	65,000	0			CONTRIBUTIONS
(61) YES ON PROP 2 CALIFORNIANS FOR QUALITY SCHOOLS 555 CAPITOL MALL STE 400 SACRAMENTO, CA 95814	99-4436662	501(C)(3)	175,000	0			CONTRIBUTIONS
(62) COMMUNITY PEDIATRIC FOUNDATION OF WASHINGTON PO BOX 318 MERCER ISLAND, WA 98040	91-2133539	501(C)(3)	60,900	0			GRANTS
(63) UPGRADE SCHOOLS FOR LA KIDS - YES ON US 2024 777 S FIGUEROA ST STE 4050 LOS ANGELES, CA 90017	99-4548335	501(C)(4)	25,000	0			CONTRIBUTIONS
(64) URBAN LEAGUE OF ESSEX COUNTY 508 CENTRAL AVE NEWARK, NJ 07107	22-1554540	501(C)(3)	25,000	0			GRANTS
(65) VILLAGE MICRO FUND 1679 OLYMPIAN WAY SW ATLANTA, GA 30310	47-1748802	501(C)(3)	25,000	0			GRANTS
(66) COUNTY OF SUFFOLK PO BOX 6100 HAUPPAUGE, NY 117880099	11-6000464	COUNTY OF SUFFOLK	150,000	0			GRANTS
(67) CITY OF CONCORD 1950 PARKSIDE DRIVE CONCORD, CA 94519	94-6000315	CITY OF CONCORD	275,982	0			GRANTS
(68) BUREAU OF LAND MANAGEMENT FOUNDATION 1849 C ST NW STE 5648 WASHINGTON, DC 20240	88-1553091	501(C)(3)	50,000	0			CONTRIBUTIONS
(69) CITY OF CHANDLER COMMUNITY SERVICES 175 S ARIZONA AVENUE CHANDLER, AZ 85225	86-6000238	CITY OF CHANDLER	124,172	0			GRANTS
(70) BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM 21 N PARK STREET SUITE 6301 MADISON, WI 537151218	39-1805963	UNIVERSITY OF WISCON	20,000	0			CONTRIBUTIONS
(71) CITY OF MESA PO BOX 1466 MESA, AZ 852111466	86-6000252	CITY OF MESA	35,302	0			GRANTS
(72) MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF GEORGIA 7340 OLD NATIONAL HWY RIVERDALE, GA 302961608	58-0706976	501(C)(8)	2,525,000	0			PARK CONSTRUCTION GRANT
(73) ELDERBERRY WISDOM FARM 2281 DELANEY ROAD SE SALEM, OR 97306	84-1861088	501(C)(3)	112,993	0			GRANTS
(74) AINA MOMONA PO BOX 924 KAUNAKAKAI, HI 06748	82-1366588	501(C)(3)	38,448	0			GRANTS
(75) FRESHWATER LAND TRUST PO BOX 337 BIRMINGHAM, AL 35201	72-1387424	501(C)(3)	15,000	0			GRANTS
(76) MEN OF PA'A	87-2712325	501(C)(3)	10,688	0			GRANTS

(76) HER OF HAK 15-304 KAHAKAI BLVD PAHOA, HI 96778	87-2712525	501(C)(3)	10,000	0			GRANTS
(77) KERES CHILDREN'S LEARNING CENTER PO BOX 113 COCHITI PUEBLO, NM 87072	45-4511408	501(C)(3)	62,653	0			GRANTS
(78) BELCOURT SCHOOL DISTRICT #7 1207 WILLIAM HARDESTY ST BELCOURT, ND 58316	45-0383691	BELCOURT SCHOOL DIST	50,904	0			GRANTS
(79) UTE MOUNTAIN UTE TRIBE PO BOX 189 TOWAOC, CO 81334	84-0404385	TRIBAL	88,450	0			GRANTS
(80) CRAZY HORSE SCHOOL PO BOX 260 WANBLEE, SD 575770260	46-0319067	501(C)(3)	100,000	0			GRANTS
(81) RESILIENT VILLAGE FOUNDATION 650 PONCE DE LEON AVE STE 300 1166 ATLATNA, GA 30308	99-4201670	501(C)(3)	30,000	0			GRANTS
(82) SIERRA CLUB FOUNDATION 2101 WEBSTER STREET STE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	25,000	0			GRANTS
(83) KING COUNTY PARKS FOR ALL PO BOX 27113 SEATTLE, WA 98165	33-3968689	501(C)(3)	20,000	0			CONTRIBUTIONS
(84) GROUNDED STRATEGIES 6401 PENN AVANUE FLOOR 3 PITTSBURGH, PA 15206	35-2309836	501(C)(3)	30,000	0			GRANTS
(85) CITY OF PORT ST LUCIE 121 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984	59-6141662	CITY OF PORT ST. LUC	25,000	0			GRANTS
(86) US DEPARTMENT OF THE INTERIOR NATIONAL PARK SERVICE 13461 SUNRISE VALLEY DR STE 200 HERNDON, VA 20171	53-0197094	NPS	24,500	0			GRANTS
(87) TIOSPA ZINA TRIBAL SCHOOL 2 TIOSPA ZINA DRIVE AGENCY VILLAGE, SD 57262	46-0363648	501(C)(3)	43,633	0			GRANTS
(88) ENEMY SWIM DAY SCHOOL 13525 446TH AVENUE WAUBAY, SD 572735715	46-0375463	501(C)(3)	22,256	0			GRANTS
(89) ENDAZHI NITAAWIGING 25065 STATE HWY 1 RED LAKE, MN 56671	87-2042845	501(C)(3)	172,749	0			GRANTS
(90) HEART OF ELLSWORTH PO BOX 954 ELLSWORTH, ME 04605	27-1127363	501(C)(3)	20,000	0			GRANTS
(91) OCETI SAKOWIN COMMUNITY ACADEMY 301 COUNTRY RD RAPID CITY, SD 57701	87-2038807	501(C)(3)	44,731	0			GRANTS
(92) LAND TRUST OF SANTA CRUZ COUNTY 911 CENTER ST SANTA CRUZ, CA 95060	94-2431856	501(C)(3)	250,000	9,130,000	APPRAISAL	DONATION OF 144.1 ACRES OF LAND IN CA	GRANTS, LAND CONSERVATION
(93) NORTHERN RIVERS LAND TRUST PO BOX 112 HARDWICK, VT 05843	20-8285018	501(C)(3)	20,000	0			GRANTS
(94) PATAWOMECK INDIAN TRIBE OF VA 638 KINGS HIGHWAY FREDERICKSBURG, VA 22405	47-1481316	501(C)(3)	1,072,000	0			GRANTS
(95) TOWN OF WOLCOTT 28 RAILROAD STREET PO BOX 100 WOLCOTT, CT 05680		TOWN OF WOLCOTT	37,500	193,333	APPRAISAL	BARGAIN SALE OF 735 ACRES OF LAND IN VT	GRANTS, LAND CONSERVATION
(96) MOUNTAINS RECREATION AND CONSERVATION AUTHORITY 570 WEST AVENUE 26 SUITE 100 LOS ANGELES, CA 90065		LA COUNTY	0	3,940,000	APPRAISAL	DONATION OF 137.85 ACRES OF LAND IN CA	LAND CONSERVATION
(97) LA DEPT OF CULTURE RECREATION AND TOURISM - OFFICE OF STATE PARKS 1051 NORTH STREET BATON ROUGE, LA 70404		STATE OF LA	0	1,686,000	APPRAISAL	BARGAIN SALE OF 2,447.1 ACRES OF LAND IN LA	LAND CONSERVATION
(98) LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES PO BOX 98000 BATON ROUGE, LA 70898		STATE OF LA	0	1,982,000	APPRAISAL	BARGAIN SALE OF 2,873.81 ACRES OF LAND IN LA	LAND CONSERVATION
(99) NEW MEXICO LAND CONSERVANCY 5430 S RICHARDS AVE SANTA FE, NM 87502	06-1648104	501(C)(3)	0	1,890,000	APPRAISAL	DONATION OF 4,200 ACRES OF LAND IN AZ	LAND CONSERVATION
(100) TOWN OF CHINO VALLEY 202 NORTH STATE ROUTE 89 CHINO VALLEY, AZ 86323		TOWN OF CHINO VALLEY	0	420,000	APPRAISAL	BARGAIN SALE OF 22.91 ACRES OF LAND IN AZ	LAND CONSERVATION
(101) DOUGLAS COUNTY 8700 HOSPITAL DRIVE DOUGLASVILLE, GA 30134		DOUGLAS COUNTY	0	5,370,000	APPRAISAL	DONATION OF 766.67 ACRES OF LAND IN GA	LAND CONSERVATION
(102) STATE OF HAWAII-BOARD OF LAND AND NATURAL RESOURCES PO BOX 621		STATE OF HI	0	1,256,667	PUBLIC AGENCY VALUATION	BARGAIN SALE OF 88.43 ACRES OF LAND IN HI	LAND CONSERVATION

HONOLULU, HI 968090621							
(103) NATIONAL PARK SERVICE 1849 C ST NW WASHINGTON, DC 20240		NPS	0	3,375,779	APPRAISAL	BARGAIN SALE OF 0.8 ACRES OF LAND IN MS; BARGAIN SALE .03871 ACRES OF LAND I	LAND CONSERVATION
(104) MN DEPARTMENT OF NATURAL RESOURCES DIVISION OF FISH AND WILDLIFE 500 LAFAYETTE ROAD ST PAUL, MN 55155		MN DNR	0	21,372,152	APPRAISAL	DONATION OF 2,163.59 ACRES OF LAND IN MN	LAND CONSERVATION
(105) US FISH & WILDLIFE SERVICE 922 BOOTLEGGER TRAIL GREAT FALLS, MT 59404		FWS	0	638,940	PUBLIC AGENCY VALUATION	BARGAIN SALE OF 4,468.08 ACRES OF LAND IN MT	LAND CONSERVATION
(106) CITY OF CHATTANOOGA CO CITY ATTORNEY'S OFFICE 100 E 11TH STREET SUITE 200 CHATTANOOGA, TN 37402		CITY OF CHATTANOOGA	0	182,360	TPL ESTIMATE	DONATION OF 11.24 ACRES OF LAND IN TN	LAND CONSERVATION
(107) MONTANA FISH WILDLIFE & PARKS ATTN LAND & WATER UNIT PO BOX 200701 HELENE, MT 596200701		STATE OF MT	0	17,705,105	PUBLIC AGENCY VALUATION	BARGAIN SALE OF 32,821 ACRES OF LAND IN MT	LAND CONSERVATION
(108) COMMONWEALTH OF PENNSYLVANIA-DEPARTMENT OF CONSERVATION & NATURAL RESOURCES PO BOX 8451 HARRISBURG, PA 171058451		STATE OF PA	0	3,237,112	APPRAISAL	BARGAIN SALE OF 1,124.85 ACRES OF LAND IN PA	LAND CONSERVATION
(109) NORTHERN NECK LAND CONSERVANCY PO BOX 697 483 MAIN STREET SUITE B WARSAW, VA 22572	41-2140631	501(C)(3)	0	209,650	APPRAISAL	BARGAIN SALE OF 139.77 ACRES OF LAND IN VA	LAND CONSERVATION
(110) US NAVY 1314 HARWOOD STREET SE WASHINGTON NAVY YARD, DC 20374		US NAVY	0	209,650	APPRAISAL	BARGAIN SALE OF 139.77 ACRES OF LAND IN VA	LAND CONSERVATION
(111) RIVER BEND NATURE CENTER INC PO BOX 186 FARIBAULT, MN 550210186	41-1343804	501(C)(3)	0	298,600	APPRAISAL	DONATION OF 45.93 ACRES OF LAND IN MN	LAND CONSERVATION
(112) COBB COUNTY 100 CHEROKEE STREET SUITE 300 MARIETTA, GA 30090		COBB COUNTY	0	3,600,000	APPRAISAL	DONATION OF 8.76 ACRES OF LAND IN GA	LAND CONSERVATION
(113) THE CRADLE OF TEXAS CONSERVANCY INC PO BOX 353 WEST COLUMBIA, TX 77486	76-0031884	501(C)(3)	0	120,000	TPL ESTIMATE	DONATION OF 32.09 ACRES OF LAND IN TX	LAND CONSERVATION
(114) OREGON STATE UNIVERSITY-PEAVY FOREST SCIENCE CENTER 3100 SW JEFFERSON WAY CORVALLIS, OR 97333		STATE OF OR	0	350,000	PUBLIC AGENCY VALUATION	BARGAIN SALE OF 3,110.45 ACRES OF LAND IN OR	LAND CONSERVATION
(115) KITTITAS COUNTY 205 W 5TH AVE STE 108 ELLENSBURG, WA 989262887		KITTITAS COUNTY	0	4,786,738	TPL ESTIMATE	DONATION OF 3,618 ACRES OF LAND IN WA, DONATION OF GRAZING EQUIPMENT & FIXTU	LAND CONSERVATION
(116) KITTITAS RECLAMATION DISTRICT 315 NORTH WATER STREET ELLENSBURG, WA 989262887		KITTITAS COUNTY	0	4,786,738	TPL ESTIMATE	DONATION OF 3,618 ACRES OF LAND IN WA, DONATION OF GRAZING EQUIPMENT & FIXTU	LAND CONSERVATION
(117) WASHINGTON DEPARTMENT OF FISH & WILDLIFE 600 CAPITAL WAY OLYMPIA, WA 98501		STATE OF WA	0	4,786,738	TPL ESTIMATE	DONATION OF 3,618 ACRES OF LAND IN WA, DONATION OF GRAZING EQUIPMENT & FIXTU	LAND CONSERVATION
(118) CONFEDERATED TRIBES AND BANDS OF THE YAKAMA NATION 401 FORT ROAD TOPPENISH, WA 98948		TRIBAL	0	4,786,738	TPL ESTIMATE	DONATION OF 3,618 ACRES OF LAND IN WA, DONATION OF GRAZING EQUIPMENT & FIXTU	LAND CONSERVATION
(119) CITY OF OWATONNA 540 WEST HILLS CIRCLE OWATONNA, MN 55060		CITY OF OWATONNA	0	319,000	APPRAISAL	DONATION OF 40.67 ACRES OF LAND IN MN	LAND CONSERVATION
(120) MARIN COUNTY OPEN SPACE DISTRICT 3501 CIVIC CENTER DRIVE SUITE 260 SAN RAFAEL, CA 94903		MARIN COUNTY	0	13,202,915	APPRAISAL	BARGAIN SALE OF 110 ACRES OF LAND IN CA	LAND CONSERVATION
(121) US FOREST SERVICE REGIONAL 5 LAND ADJUSTMENT TEAM 3644 AVTECH PARKWAY REDDING, CA 96002		US FOREST SERVICE	0	4,138,554	APPRAISAL	DONATION OF 2,954 ACRES OF LAND IN CA	LAND CONSERVATION
(122) FLORIDA DIVISION OF STATE LANDS 3900 COMMONWEALTH BLVD TALLAHASSEE, FL 32399		STATE OF FL	0	37,000	PUBLIC AGENCY VALUATION	BARGAIN SALE OF 2,479.84 ACRES OF LAND IN FL	LAND CONSERVATION
(123) DEPARTMENT OF THE NAVY-NAVAL FACILITIES ENGINEERING SYSTEMS COMMAND HAWAII 400 MARSHALL ROAD BUILDING X-11 JBPHH, HI 968603139		US NAVY	0	1,158,000	APPRAISAL	BARGAIN SALE OF 234 ACRES OF LAND IN HI	LAND CONSERVATION
(124) VHCB 58 EAST STATE STREET SUITE 1 MONTPELIER, VT 05602		VHCB	0	193,333	APPRAISAL	BARGAIN SALE OF 735 ACRES OF LAND IN VT	LAND CONSERVATION
(125) NORTHERN RIVERS LAND TRUST PO BOX 112 HARDWICK, VT 05843	20-8285018	501(C)(3)	0	193,333	APPRAISAL	BARGAIN SALE OF 735 ACRES OF LAND IN VT	LAND CONSERVATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 110

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 15

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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

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

Schedule I (Form 990) Rev. 1-2025

Additional Data

Return to Form

Software ID:

Software Version:

efile Public Visual Render | ObjectId: 202631339349309088 - Submission: 2026-05-13 | TIN: 23-7222333

Schedule J (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE TRUST FOR PUBLIC LAND

Employer identification number
23-7222333

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☐ Compensation survey or study		
	☑ Form 990 of other organizations	☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T **Schedule J (Form 990) (Rev. 1-2025)**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(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 (THRU 9/30/24)	(i)	525,365	0	0	24,150	7,348	556,863	0
	(ii)	0	0	0	0	0	0	0
2 PATRICIA WATSON SVP/CHIEF PHILANTHROPY OFFICER	(i)	425,518	15,000	0	23,773	10,119	474,410	0
	(ii)	0	0	0	0	0	0	0
3 KENNETH J DANTER EXEC VP/ CHIEF PROGRAM OFFICER	(i)	317,086	0	0	19,441	31,084	367,611	0
	(ii)	0	0	0	0	0	0	0
4 JAMES H OBENDORF SVP/CHIEF FINANCIAL & ADMIN OFFICER	(i)	316,658	0	0	22,623	21,035	360,316	0
	(ii)	0	0	0	0	0	0	0
5 HOWARD FRUMKIN SVP, LAND AND PEOPLE LAB	(i)	296,825	0	0	19,897	1,579	318,301	0
	(ii)	0	0	0	0	0	0	0
6 WILLIAM LEE SVP, POLICY, ADVOCACY, & GOV'T RELAT	(i)	255,061	0	0	15,767	31,084	301,912	0

	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
7 LUIS BENITEZ CHIEF IMPACT OFFICER (THRU 9/30/24)	(i)	261,420	0	0	7,949	24,306	293,675	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
8 DAVID M CARSON SVP, GENERAL COUNSEL/CORP SECRETARY	(i)	259,068	0	0	13,025	15,180	287,273	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
9 KATHERINE M PANDORI VP, FINANCE & ACCOUNTING	(i)	237,782	0	0	14,569	15,722	268,073	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
10 MARGARET MADDEN VP, ASSOCIATE GENERAL COUNSEL	(i)	217,527	0	0	15,534	10,815	243,876	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
11 TILY SHUE ASSISTANT SECRETARY	(i)	214,839	0	0	12,072	15,046	241,957	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
12 THOMAS TYNER ASSISTANT SECRETARY	(i)	201,555	0	0	6,147	21,035	228,737	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
13 PEGGY CHIU ASSISTANT SECRETARY	(i)	184,976	1,000	0	11,954	28,792	226,722	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
14 ANTHONY A TRAVERSO ASSISTANT SECRETARY	(i)	192,766	0	0	12,868	20,348	225,982	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
15 CARRIE HAUSER PRESIDENT	(i)	197,719	25,000	0	0	3,024	225,743	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
16 DENISE MULLANE ASSISTANT SECRETARY	(i)	187,909	0	0	13,406	17,513	218,828	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
17 GILMAN MILLER ASSISTANT SECRETARY	(i)	175,795	0	0	11,905	23,410	211,110	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
18 MIMI FALLER HELVIE ASSISTANT SECRETARY	(i)	142,351	0	0	10,167	27,309	179,827	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
19 GORDON OKAWA ASSISTANT SECRETARY	(i)	146,777	0	0	10,508	20,825	178,110	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
20 ALEX GHIO ASSISTANT SECRETARY	(i)	159,796	0	0	11,267	1,894	172,957	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
21 JANE KIM ASSISTANT SECRETARY	(i)	141,483	0	0	4,399	18,725	164,607	0
	(ii)	- 0	- 0	- 0	- 0	- 0	- 0	- 0

Schedule J (Form 990) (Rev. 1-2025)

Page 3

Part III Supplemental Information

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

Return Reference	Explanation

Schedule J (Form 990) (Rev. 1-2025)

Additional Data

Return to Form

Software ID:

Software Version:

efile Public Visual Render | ObjectId: 20263133934930908 8 - Submission: 2026-05-13 | TIN: 23-7222333

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **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* for the latest information.**

OMB No. 1545-0047

2024

Open to Public Inspection

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	61	2,678,450	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	21	60,386,727	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 ▶ (_____)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	5	
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?	30a		No
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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
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.			

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.

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER OF CONTRIBUTORS REPRESENTS THE NUMBER OF DONORS.

Schedule M (Form 990) (2024)

Additional Data

Return to Form

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Software Version:

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SCHEDULE O
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE TRUST FOR PUBLIC LAND

Employer identification number
23-7222333

Return Reference	Explanation
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 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.
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 XI, LINE 9:	RETURNED GRANTS 12,210.

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render | ObjectId: 202631339349309088 - Submission: 2026-05-13 | TIN: 23-7222333

SCHEDULE R (Form 990)

(Rev. January 2025)

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* for instructions and the latest information.

OMB No. 1545-0047

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	(g) No

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y **Schedule R (Form 990) (Rev. 1-2025)**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)CHARITABLE REMAINDER TRUSTS (30)	INVESTMENTS	CA	THE TRUST FOR PUBLIC LAND	T				Yes	

(2)POOLED INCOME FUND (2)	INVESTMENTS	CA	THE TRUST FOR PUBLIC LAND	T				Yes	

Schedule R (Form 990) (Rev. 1-2025)

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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

Schedule R (Form 990) (Rev. 1-2025)

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income (related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproprtionate allocations?		**(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) (Rev. 1-2025)

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEES

(Sections 106.011(2) and 106.021(1), F.S.)

Received
APR 20 2026
Office of the City Clerk
City of Bonita Springs, FL

OFFICE USE ONLY

CHECK APPROPRIATE BOX:

Initial Filing for: ☑ Primary Treasurer ☐ Deputy Treasurer

Re-filing to Change: ☐ Primary Treasurer ☐ Deputy Treasurer ☐ Primary/Secondary Depository

1. Committee	2. Telephone
Vote4BERT2026	(941) 882-0055

3. Name of Treasurer or Deputy Treasurer	4. Email (optional)	5. Telephone (optional)
Robert Orton	pilotrob17@gmail.com	(919) 604-0146

6. Mailing Address
P.O. Box 366518, Bonita Springs, FL 34136

7. Street Address
25690 Streamlet Ct., Bonita Springs, FL 34135

8. The following bank has been designated as the ☑ **Primary Depository** ☐ **Secondary Depository**

9. Name of Bank	10. Street Address
Bank of America	24550 S. Tamiami Trail

11. City	12. State	13. Zip Code
Bonita Springs	FL	34134

14. Signature of Chairman	15. Name of Chairman (Print or Type)
X [signature]	Elizabeth Castro

Campaign Treasurer's Acceptance of Appointment

I, Robert Orton (Please Print or Type), do hereby accept the appointment as treasurer or deputy treasurer for Vote4BERT2026 (Committee)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

April 20, 2026
Date

X [signature]
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 6 (Rev. 4/19)

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

Received

APR 2 0 2026

Office of the City Clerk
City of Bonita Springs, FL

1. Full Name of Committee
VOTE4BERT2026

Telephone
941-882-0055

Mailing Address (include city, state and zip code)
P.O. Box 366518, Bonita Springs, FL 34136

Street Address (include city, state and zip code)
P.O. Box 366518, Bonita Springs, FL 34136

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
Friends of Bonita Estero Rail Trail (BERT)	P.O. Box 366578, Bonita Springs, Florida, 34136	501(c)3

3. Area, Scope and Jurisdiction of the Committee
Bonita Springs August 18, 2026 Referendum vote for Bonita Estero Rail Trail purchase

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)
Positive outcome for referendum vote on Bonita Estero Rail Trail that promotes Health, Environment, Economic, Safety

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
Elizabeth Castro	10211 Cape Roman Road, Estero FL 34135	Chairperson
Robert Orton	25690 Streamlet Ct, Bonita Springs FL 34135	Treasurer

(continued on reverse side)

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
Elizabeth Castro	10211 Cape Roman Road, Estero FL 34135	Chairperson
Robert Orton	25690 Streamlet Ct, Bonita Springs FL 34135	Treasurer

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
NONE			

8. List Any Issues this Committee is Supporting: Approval of the purchase of Bonita Estero Rail Trail

List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party
NONE

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?
NONE

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
Bank of America	24550 S. Tamiami Trail, Bonita Springs, FL 34134

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
None			

STATE OF Florida Lee COUNTY

I, Elizabeth Castro, certify that the information in this Statement of Organization is complete, true and correct.

X _____ April 20, 2026
Signature of Chairman of Political Committee — Date

REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

OFFICE USE ONLY

Received

APR 2 0 2026

Office of the City Clerk
City of Bonita Springs, FL

☑ Original Appointment ☐ Change of Appointment

☐ Change of Mailing Address ☐ Change of Physical Address

Registered Agent and Office Information

Name	Telephone
Elizabeth Castro	703-403-6011

Street Address		
10211 Cape Roman Road		
City	**State**	**Zip Code**
Estero	FL	34135
Mailing Address		
P.O. Box 366518		
City	**State**	**Zip Code**
Bonita Springs	FL	34136

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

Elizabeth Castro — **Signature of Registered Agent**

April 20, 2026 — **Date**

Former Registered Agent and Office Information (for changes only)

Name	Telephone

Street Address		
City	**State**	**Zip Code**

Committee or Organization Information

Name of Committee or Organization	
Vote4BERT2026	
Street Address	**Telephone**
P.O. Box 366518	941-882-0055
City	**State**	**Zip Code**
Bonita Springs	FL	34136

Elizabeth Castro — **Signature of Chairperson**

Elizabeth Castro — **Printed Name of Chairperson**

April 20, 2026 — **Date**

Form DS-DE 41 (revised 6/11)