

Form **990**

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

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	NATIONAL PARK FOUNDATION		52-1086761	
	Doing Business As NPF			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number	
1201 EYE STREET NW 550 B		202-354-6497		
City, town, or post office, state, and ZIP code		G Gross receipts \$		
WASHINGTON, DC 20005-5931		33,114,950.		
F Name and address of principal officer: NEIL J. MULHOLLAND		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)		
J Website: WWW.NATIONALPARKS.ORG		H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1967		
		M State of legal domicile: DC		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	22	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	22	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	41	
	6	Total number of volunteers (estimate if necessary)	22	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 19,292,779.	Current Year: 19,666,973.
	9	Program service revenue (Part VIII, line 2g)	620,001.	1,238,508.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,753,245.	2,465,160.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,023,679.	1,360,223.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,689,704.	24,730,864.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,064,671.	9,841,928.
	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)	3,259,256.	4,069,829.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	105,000.	129,400.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶	4,069,772.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,749,993.	9,379,002.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,178,920.	23,420,159.
19	Revenue less expenses. Subtract line 18 from line 12	1,510,784.	1,310,705.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 98,269,178.	End of Year: 104,040,609.
	21	Total liabilities (Part X, line 26)	20,383,760.	20,672,211.
	22	Net assets or fund balances. Subtract line 21 from line 20	77,885,418.	83,368,398.

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		Date		
	NEIL J. MULHOLLAND, PRESIDENT & CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ELIZABETH W. HELLER		3/13/14		P00397829
	Firm's name ▶ TATE AND TRYON	Firm's EIN ▶ 52-1855942			
	Firm's address ▶ 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036		Phone no. (202) 293-2200		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For calendar year 2012, or fiscal year beginning OCT 1, 2012, and ending SEP 30, 2013

2012

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

NATIONAL PARK FOUNDATION

52-1086761

Name and title of officer

NEIL J MULHOLLAND

PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>24730864</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize TATE AND TRYON to enter my PIN 52108
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Neil Mulholland* Date ▶ 03.14.14

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52472853350
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Erin Mulholland* Date ▶ 3/13/2014

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Product: Exempt

Category:

Name: NATIONAL PARK FOUNDATION

IRS Center: Ogden

e-Postmark: 3/17/2014 11:58:20 AM

FEIN: 52-1086761

Notification:

Fiscal Year 10/1/2012

Fiscal Year 9/30/2013

Begin Date:

End Date:

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	3/17/2014	Upload Started			
	3/17/2014	Ready to Release by Customer			
	3/17/2014	Released for Transmission - Validation in Progress			790809
	3/17/2014	Ready to transmit - Validation Complete			
	3/17/2014	Transmitted to FD	52472820140760334e18		
	3/17/2014	Accepted by FD on 3/17/2014			



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	September 30, 2013
Notice date	February 17, 2014
Employer ID number	52-1086761
To contact us	Phone 1-877-829-5500 FAX 801-620-5670

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NATIONAL PARK FOUNDATION
% CFO
1201 EYE STREET NW SUITE 550B
WASHINGTON DC 20005-5905



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Page 1 of 1

Important information about your September 30, 2013 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your September 30, 2013 Form 990.

Your new due date is May 15, 2014.

What you need to do

File your September 30, 2013 Form 990 by May 15, 2014. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE NATIONAL PARK FOUNDATION, THE OFFICIAL CHARITY OF AMERICA'S NATIONAL PARKS, RAISES PRIVATE FUNDS THAT DIRECTLY AID, SUPPORT AND ENRICH AMERICA'S OVER 400 NATIONAL PARKS AND THEIR PROGRAMS, SO THAT THEY MAY BE EXPERIENCED BY ALL, FOR GENERATIONS TO COME. CHARTERED BY

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 [X] No

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

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

4a (Code:) (Expenses \$ 6,057,656. including grants of \$ 5,178,569.) (Revenue \$) PROTECT SPECIAL PLACES: THE NATIONAL PARK FOUNDATION, THE OFFICIAL CHARITY OF AMERICA'S NATIONAL PARKS, IS DEDICATED TO PROTECTING AMERICA'S GREATEST NATURAL, HISTORIC AND CULTURAL TREASURES BY FUNDING INITIATIVES THAT SAFEGUARD OUR ICONIC LANDSCAPES, PRESERVE THE PLACES WHERE HISTORY HAPPENED, DEMONSTRATE ENVIRONMENTAL LEADERSHIP, PROMOTE SUSTAINABLE PRACTICES, INSPIRE INNOVATIVE SOLUTIONS, AND MOTIVATE CITIZENS TO ACTION.

I. NPF CONTINUES TO SEEK PRIVATE PHILANTHROPIC SUPPORT FOR THE CONSTRUCTION OF AND PROGRAMMATIC OPPORTUNITIES ASSOCIATED WITH THE FLIGHT 93 NATIONAL MEMORIAL.

II. NPF FUNDS THE RESTORATION AND PRESERVATION OF HUNDREDS OF MILES OF

4b (Code:) (Expenses \$ 5,415,549. including grants of \$ 1,181,134.) (Revenue \$ 0.) REACH NEW AUDIENCES: THE NATIONAL PARK FOUNDATION, THE OFFICIAL CHARITY OF AMERICA'S NATIONAL PARKS, IS DEDICATED TO CELEBRATING OUR DIVERSE HERITAGE - SUPPORTING INCLUSIVE AND ABUNDANT OPPORTUNITIES FOR AUDIENCES OF ALL GENDERS, AGES, RACES, ETHNICITIES AND SEXUAL ORIENTATIONS TO EXPERIENCE ENJOY AND CREATE LIFE-LONG RELATIONSHIPS WITH AMERICA'S SPECIAL PLACES. WE ALSO DEDICATE OURSELVES TO BRINGING AMERICA'S NATIONAL PARKS TO THE PEOPLE - ESTABLISHING OUR PARKS AND THEIR PROGRAMS AS ENGINES FOR SUSTAINABILITY, VOLUNTEERISM AND ECONOMIC STABILITY IN COMMUNITIES BIG AND SMALL.

I. NPF'S "AMERICAN LATINO HERITAGE FUND" AND "AFRICAN AMERICAN EXPERIENCE FUND" ARE DEDICATED TO PRESERVING AND PROTECTING THE RICH

4c (Code:) (Expenses \$ 523,517. including grants of \$ 342,601.) (Revenue \$ 0.) EDUCATE THROUGH EXPERIENCE: THE NATIONAL PARK FOUNDATION, THE OFFICIAL CHARITY OF AMERICA'S NATIONAL PARKS, IS DEDICATED TO ESTABLISHING NATIONAL PARKS AS POWERFUL LEARNING ENVIRONMENTS THAT PROVIDE IN-DEPTH AND MODERN, REAL-WORLD EXPERIENCES THAT SHAPE LIVES AND STRENGTHEN OUR PARKS.

I. NPF BROUGHT AN ESTIMATED 67,000 STUDENTS TO THE NATIONAL PARKS THROUGH THE "TICKET TO RIDE" PROGRAM IN FY13.

II. NPF HAS WORKED WITH TEACHERS IN ALL 50 STATES TO EMBRACE NATIONAL PARKS AS CLASSROOMS AND CENTERS FOR ACTIVE LEARNING.

III. NPF'S "PARK TEACHERS", "PARK STEWARDS", AND "PARKS CLIMATE CHALLENGE" PROGRAMS EMPOWER BOTH TEACHERS AND STUDENTS IN POWERFUL

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,111,039. including grants of \$ 3,139,624.) (Revenue \$ 1,609,642.)

4e Total program service expenses 16,107,761.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included in line 1a, above, who are independent (22); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CO, HI, MA, MN, NH, NM, OH, PA, SC, TN, UT, VA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization: NEIL J. MULHOLLAND, PRESIDENT & CEO - 202-354-6464 1201 EYE STREET NW, NO. 550 B, WASHINGTON, DC 20005-5931

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HONORABLE KEN SALAZAR CHAIRMAN	2.00	X		X				0.	0.	0.
(2) HONORABLE SALLY JEWELL CHAIRMAN	2.00	X		X				0.	0.	0.
(3) JOHN NAU, III VICE CHAIR	5.00	X		X				0.	0.	0.
(4) JOHN SEITER TREASURER	5.00	X		X				0.	0.	0.
(5) JONATHAN JARVIS SECRETARY	2.00	X		X				0.	0.	0.
(6) ELLEN ALBERDING DIRECTOR	2.00	X						0.	0.	0.
(7) AMB. ELIZABETH FRAWLEY BAGLEY DIRECTOR	2.00	X						0.	0.	0.
(8) AL BALDWIN DIRECTOR	2.00	X						0.	0.	0.
(9) KATHLEEN BROWN DIRECTOR	2.00	X						0.	0.	0.
(10) BRUCE DEIFIK DIRECTOR	2.00	X						0.	0.	0.
(11) KIRK DORNBUSH DIRECTOR	2.00	X						0.	0.	0.
(12) SUSAN GONZALES DIRECTOR	2.00	X						0.	0.	0.
(13) TOM GOSS DIRECTOR	2.00	X						0.	0.	0.
(14) STEPHEN L. HIGHTOWER DIRECTOR	2.00	X						0.	0.	0.
(15) JAY KISLAK DIRECTOR	2.00	X						0.	0.	0.
(16) PETER KNIGHT DIRECTOR	2.00	X						0.	0.	0.
(17) JOSEPH P. LANDY DIRECTOR	2.00	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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELLEN MALCOLM DIRECTOR	2.00	X						0.	0.	0.
(19) HENRY R. MUNOZ, III DIRECTOR	2.00	X						0.	0.	0.
(20) CHARLIE PECK DIRECTOR	2.00	X						0.	0.	0.
(21) ROXANNE QUIMBY DIRECTOR	2.00	X						0.	0.	0.
(22) DAVID SHAW DIRECTOR	2.00	X						0.	0.	0.
(23) CHRIS SULLIVAN DIRECTOR	2.00	X						0.	0.	0.
(24) BRYAN TRAUBERT DIRECTOR	2.00	X						0.	0.	0.
(25) ERNESTO M. VASQUEZ, AIA, NCARB DIRECTOR	2.00	X						0.	0.	0.
(26) MARY JO VEVERKA DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,156,546.	0.	66,722.
d Total (add lines 1b and 1c)								1,156,546.	0.	66,722.

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 **8**

	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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GREY GROUP 200 FIFTH AVE, NEW YORK, NY 10010	MARKETING & COMMUNICATION SVCS	1,172,526.
CROW'S NEST MEDIA, LLC, 14938 LA CUMBRE DR, PACIFIC PALISADES, CA 90272	COMMUNICATION SVCS	180,000.
DESIGN DATA SYSTEMS, INC., 610 PROFESSIONAL DR, STE 102, GAITHERSBURG, MD	INFORMATION TECHNOLOGY SVCS	175,499.
MIDIALA APONTE, 5402 CONNECTICUT AVE NW, STE 200, WASHINGTON, DC 20015	PROGRAM CONSULTING SVCS	128,708.
STEPTOE & JOHNSON, LLP, 1330 CONNECTICUT AVE NW, WASHINGTON, DC 20036	LEGAL SVCS	115,400.

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 **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 147,571.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 198,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 19,321,402.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		19,666,973.			
	Program Service Revenue	2 a PARK FUND MANAGEMENT	Business Code 900099	1,193,338.	1,193,338.	
b LITIGATION SETTLEMENTS		900099	45,170.	45,170.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,238,508.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,375,338.		1,375,338.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		1,056,757.		1,056,757.	
	6 a Gross rents	(i) Real	250.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	250.			
	d Net rental income or (loss)		250.		250.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	9,372,994.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	8,283,172.			
		c Gain or (loss)	1,089,822.			
	d Net gain or (loss)		1,089,822.		1,089,822.	
	8 a Gross income from fundraising events (not including \$ 147,571. of contributions reported on line 1c). See Part IV, line 18	a	31,916.			
		b Less: direct expenses	100,914.			
c Net income or (loss) from fundraising events			-68,998.		-68,998.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	371,134.				
	b Less: cost of goods sold	0.				
	c Net income or (loss) from sales of inventory		371,134.	371,134.		
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS INCOME	900099	1,080.			1,080.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		1,080.			
12 Total revenue. See instructions.		24,730,864.	1,609,642.	0.	3,454,249.	

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 to any question 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 governments and organizations in the United States. See Part IV, line 21	9,325,401.	9,325,401.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	516,527.	516,527.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	558,253.	169,053.	212,328.	176,872.
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	2,978,513.	865,135.	1,204,538.	908,840.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,801.		51,801.	
9 Other employee benefits	233,343.	167,283.	-100,987.	167,047.
10 Payroll taxes	247,919.		247,919.	
11 Fees for services (non-employees):				
a Management				
b Legal	117,766.	73,934.	41,588.	2,244.
c Accounting	55,655.		55,655.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	129,400.			129,400.
f Investment management fees	958,669.	958,669.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,138,783.	1,594,002.	299,430.	245,351.
12 Advertising and promotion	155,229.	103,208.	52,021.	
13 Office expenses	202,804.	98,048.	56,535.	48,221.
14 Information technology	527,013.	47,869.	479,144.	
15 Royalties				
16 Occupancy	729.		729.	
17 Travel	423,581.	199,412.	142,400.	81,769.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,828,350.	1,478,114.	216,590.	133,646.
20 Interest	3,849.		3,849.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,469.		32,469.	
23 Insurance	14,186.		14,186.	
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 DIRECT MAIL EXPENSES	2,425,603.	468,218.	0.	1,957,385.
b BANK CHARGES	217,537.	13,102.	29,326.	175,109.
c RESERVES/BAD DEBT EXPEN	169,523.	0.	169,523.	0.
d DONOR PREMIUMS	31,995.	10,920.	3,351.	17,724.
e All other expenses	75,261.	18,866.	30,231.	26,164.
25 Total functional expenses. Add lines 1 through 24e	23,420,159.	16,107,761.	3,242,626.	4,069,772.
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 to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	700.	1	700.	
	2 Savings and temporary cash investments	10,255,110.	2	9,151,736.	
	3 Pledges and grants receivable, net	3,755,415.	3	5,458,960.	
	4 Accounts receivable, net	40,625.	4	599,000.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	51,610.	9	82,318.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 503,207.			
	b Less: accumulated depreciation	10b 341,597.	144,222.	10c 161,610.	
	11 Investments - publicly traded securities	65,350,202.	11	69,966,929.	
	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	18,671,294.	15	18,619,356.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	98,269,178.	16	104,040,609.		
Liabilities	17 Accounts payable and accrued expenses	1,212,544.	17	1,402,011.	
	18 Grants payable	458,422.	18	650,844.	
	19 Deferred revenue	41,500.	19	0.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	18,671,294.	21	18,619,356.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	20,383,760.	26	20,672,211.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	28,572,877.	27	31,622,974.	
	28 Temporarily restricted net assets	39,434,962.	28	41,732,034.	
	29 Permanently restricted net assets	9,877,579.	29	10,013,390.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	77,885,418.	33	83,368,398.		
34 Total liabilities and net assets/fund balances	98,269,178.	34	104,040,609.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,730,864.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,420,159.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,310,705.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,885,418.
5	Net unrealized gains (losses) on investments	5	3,954,674.
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	217,601.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	83,368,398.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,813,767.	21,574,872.	13,276,645.	19,292,779.	19,666,973.	89,625,036.
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 ...	730,986.	704,708.	101,183.	218,926.	117,736.	1,873,539.
4 Total. Add lines 1 through 3	16,544,753.	22,279,580.	13,377,828.	19,511,705.	19,784,709.	91,498,575.
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)						3,316,838.
6 Public support. Subtract line 5 from line 4.						88,181,737.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	16,544,753.	22,279,580.	13,377,828.	19,511,705.	19,784,709.	91,498,575.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	2,196,424.	1,790,078.	2,003,375.	1,965,838.	2,432,345.	10,388,060.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,203.	217.	300.	5,506.	1,080.	8,306.
11 Total support. Add lines 7 through 10						101,894,941.
12 Gross receipts from related activities, etc. (see instructions)					12 13,183,098.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	86.54 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	89.84 %
16a 33 1/3% support test - 2012. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 in 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, 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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

MISCELLANEOUS INCOME

2008 AMOUNT: \$ 1,203.

2009 AMOUNT: \$ 217.

2010 AMOUNT: \$ 300.

2011 AMOUNT: \$ 5,506.

2012 AMOUNT: \$ 1,080.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

NATIONAL PARK FOUNDATION

52-1086761

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>539,782.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>1,170,993.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>2,375,835.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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.) ▶ \$ _____
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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

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

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

Name of organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a 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.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of 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-			
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(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					

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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		132,367.
j Total. Add lines 1c through 1i			132,367.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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

Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

SALARIES AND BENEFITS - \$91,025; PROFESSIONAL SERVICES - \$38,815;

TRAVEL AND OTHERS - \$2,527; TOTAL OTHER ACTIVITIES - \$132,367.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to 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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in 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" to 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	18,671,280.
d Additions during the year	2,409,919.
e Distributions during the year	2,461,843.
f Ending balance	18,619,356.

2a Did the organization include an amount on Form 990, Part X, line 21? 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" to 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	39,902,360.	35,259,781.	30,423,201.	24,470,452.	29,132,130.
b Contributions	27,151.	81,000.	5,153,143.	3,328,165.	5,848.
c Net investment earnings, gains, and losses	5,110,366.	5,853,080.	3,119,577.	3,225,571.	-3,935,799.
d Grants or scholarships			278,965.	600,987.	731,727.
e Other expenditures for facilities and programs	1,467,108.	1,291,501.	2,874,439.		
f Administrative expenses			282,736.		
g End of year balance	43,572,769.	39,902,360.	35,259,781.	30,423,201.	24,470,452.

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

- a Board designated or quasi-endowment 54.18 %
- b Permanent endowment 22.98 %
- c Temporarily restricted endowment 22.84 %

The percentages in 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		X
(ii) related organizations		X

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

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

Part VI Land, Buildings, and Equipment. 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		37,777.		37,777.
b Buildings				
c Leasehold improvements				
d Equipment		465,430.	341,597.	123,833.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				161,610.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FUNDS MANAGED AS AGENTS FOR OTHERS	18,619,356.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	18,619,356.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. 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

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

1	Total revenue, gains, and other support per audited financial statements	1	30,098,542.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,954,674.
b	Donated services and use of facilities	2b	916,263.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	396,077.
e	Add lines 2a through 2d	2e	5,267,014.
3	Subtract line 2e from line 1	3	24,831,528.
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	-100,664.
c	Add lines 4a and 4b	4c	-100,664.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,730,864.

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

1	Total expenses and losses per audited financial statements	1	24,833,163.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	916,263.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	496,991.
e	Add lines 2a through 2d	2e	1,413,254.
3	Subtract line 2e from line 1	3	23,419,909.
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	250.
c	Add lines 4a and 4b	4c	250.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	23,420,159.

Part XIII Supplemental Information

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

PART IV, LINE 2B: FUNDS MANAGED AS AGENT FOR OTHER ENTITIES ARE EXCLUDED

FROM NET ASSETS. THE FOUNDATION ACTS AS THE CUSTODIAL AGENT OF THESE FUNDS SO THE RELATED REVENUES AND EXPENSES ARE NOT RECOGNIZED IN THE STATEMENT OF ACTIVITIES.

PART V, LINE 4: THE FOUNDATION CURRENTLY APPROPRIATES FUNDS FOR THE DISTRIBUTION OF PROGRAM SUPPORT ACTIVITIES BASED UPON THE DEMAND FOR THESE PURPOSES AND ON THE AVAILABILITY OF FUNDS DURING THE PARTICULAR YEAR.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECOVERY OF INDIRECT COSTS 396,077.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL INCOME NETTED WITH EXPENSES 250.

GALA EVENT EXPENSES REPORTED IN PART VIII -100,914.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -100,664.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INDIRECT COSTS 396,077.

GALA EVENT EXPENSES REPORTED IN PART VIII 100,914.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 496,991.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL INCOME NETTED WITH EXPENSES 250.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NPF GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	179,487.			179,487.
	2 Less: Contributions	147,571.			147,571.
	3 Gross income (line 1 minus line 2)	31,916.			31,916.
Direct Expenses	4 Cash prizes	0.			
	5 Noncash prizes	2,443.			2,443.
	6 Rent/facility costs	48,382.			48,382.
	7 Food and beverages	7,500.			7,500.
	8 Entertainment	22,500.			22,500.
	9 Other direct expenses	20,089.			20,089.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(100,914)
	11 Net income summary. Combine line 3, column (d), and line 10				-68,998.

Part III Gaming. Complete if the organization answered "Yes" to 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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate 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 operated in:

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to 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 complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MALWARWICK ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 2550 NINTH ST, STE 103, BERKELEY, CA 94170

(I) NAME OF FUNDRAISER: ODEL SIMMS & ASSOCIATES

(I) ADDRESS OF FUNDRAISER:
1593 SPRING HILL RD, STE 450, TYSON'S CORNER, VA 22182

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: KERSTEN DIRECT

(I) ADDRESS OF FUNDRAISER: 855 EAST COLLINS BLVD, RICHARDSON, TX 75081

SCHEDULE G, PART I, LINE 2B, COLUMN (V): OF THE \$2,189,548 PAID TO THE FUNDRAISING CONSULTANTS DURING THE FISCAL YEAR, \$129,400 WERE FOR MANAGEMENT RETAINER FEES. THE REMAINDER WAS FOR EXPENSES RELATED TO DIRECT MAILING COSTS, POSTAGE, AND OTHER FULFILLMENT EXPENSES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization **NATIONAL PARK FOUNDATION** Employer identification number **52-1086761**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
3RD EYE YOUTH EMPOWERMENT, INC 28 UNION STREET, NEW BEDFORD, MA 02740	04-3582197	GOVT ENTITY	15,000.	0.			CONNECT-2013 IMPACT GRANT
ACADIA NATIONAL PARK P.O. BOX 177 BAR HARBOR, ME 04609-0177	53-0197094	GOVT ENTITY	11,988.	0.			PROTECT-2013 ALBRIGHT-WIRTH GRANT
AIA LEGACY, INC. 1799 NEW YORK AVE, NW WASHINGTON, DC 20006	59-3819154	501(C)(3)	9,700.	0.			CONNECT-2013 AMERICA'S BEST IDEA
ALABAMA SCENIC RIVER TRAIL ASSOCIATION - 218 EAST 12TH ST - ANNISTON, AL 36207	26-0619582	GOVT ENTITY	15,994.	0.			CONNECT-2013 ACTIVE TRAILS
ALASKA SEALIFE CENTER P.O. BOX 1329 SEWARD, AK 99664	92-0132479	GOVT ENTITY	15,000.	0.			PROTECT-ALASKA REGIONAL OFFICE
ALICE FERGUSON FOUNDATION 2001 BRYAN POINT ROAD ACCOKEEK, MD 20607	52-0694646	GOVT ENTITY	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 147.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) (2012)

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

(a) Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
ALPINO MOUNTAIN SPORTS FOUNDATION 1590 LITTLE RAVEN ST. #306 DENVER, CO 80202	20-8044590	501(C)(3)	15,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA
AMERICAN FORK CITY 454 NORTH CENTER ST AMERICAN FORK, UT 84003	87-6000209	GOVT ENTITY	13,000.	0.			CONNECT-2013 ACTIVE TRAILS
APPOMATTOX 1865 FOUNDATION 827 WOLF CREEK LANE APOMATTOX, VA 24522	45-4236806	GOVT ENTITY	5,725.	0.			CONNECT-2013 TICKET TO RIDE
ASSATEAGUE ISLAND NATIONAL SEASHORE - P.O. BOX 611, 7206 NATIONAL SEASHORE LANE - BERLIN, MD 21811	26-1594926	501(C)(3)	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS
BADLANDS NATURAL HISTORY ASSOCIATION - P.O. BOX 47 - INTERIOR, SD 57750	46-0278822	501(C)(3)	8,000.	0.			CONNECT-2013 TICKET TO RIDE
BADLANDS NATURAL HISTORY ASSOCIATION - P.O. BOX 47 - INTERIOR, SD 57750	46-0278822	501(C)(3)	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS
BADLANDS NATURAL HISTORY ASSOCIATION - P.O. BOX 47 - INTERIOR, SD 57750	46-0278822	501(C)(3)	8,000.	0.			PROTECT-2013 ALBRIGHT-WIRTH GRANT
BANDELIER NATIONAL MONUMENT 15 ENTRANCE ROAD LOS ALAMOS, NM 87544-9508	85-0356010	501(C)(3)	22,500.	0.			CONNECT-BANDELIER CONSERVATION CORPS
BIG SOUTH FORK NATIONAL RIVER AND RECREATION AREA - 4564 LEATHERWOOD ROAD, - ONEIDA, TN 37841	53-0197094	GOVT ENTITY	5,957.	0.			CONNECT-2013 AMERICA'S BEST IDEA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE PARKWAY FOUNDATION 717 S. MARSHALL ST, SUITE 105B WINSTON-SALEM, NC 27101	31-1512730	GOVT ENTITY	18,000.	0.			CONNECT-2013 ACTIVE TRAILS
BOSTON AFRICAN AMERICAN NATIONAL HISTORIC SITE - 14 BEACON STREET, SUITE 503 - BOSTON, MA 02108	53-0197094	GOVT ENTITY	10,000.	0.			CONNECT-AAEF: COMMUNITY ENGAGEMENT
BOSTON HARBOR ISLANDS 408 ATLANTIC AVE, SUITE 223 BOSTON, MA 02110	04-3268863	GOVT ENTITY	8,000.	0.			CONNECT-2013 TICKET TO RIDE
BOSTON HARBOR ISLANDS 408 ATLANTIC AVE, SUITE 223 BOSTON, MA 02110	04-3268863	GOVT ENTITY	100,000.	0.			PROTECT-LEGACY PROJECT GRANT
BOYS & GIRLS CLUB OF NORTHERN ARIZONA - 989 S. MAIN ST, SUITE A, - COTTONWOOD, AZ 86326	86-0688398	501(C)(3)	5,875.	0.			CONNECT-2013 AMERICA'S BEST IDEA
BROWN V BOARD OF EDUCATION 1515 SE MONROE STREET TOPEKA, KS 66612-1143	53-0197094	GOVT ENTITY	7,920.	0.			CONNECT-2013 TICKET TO RIDE
BRYCE CANYON NATURAL HISTORY ASSOCIATION - P.O BOX 640051 - BRYCE, UT 84764-0051	87-0258075	GOVT ENTITY	13,390.	0.			CONNECT-2013 AMERICA'S BEST IDEA
BRYCE CANYON NATURAL HISTORY ASSOCIATION - P.O. BOX 640051 - BRYCE, UT 84764-0051	87-0258075	GOVT ENTITY	21,480.	0.			PROTECT-GUEST DONATIONS
BUCK ISLAND REEF NATIONAL MONUMENT 2100 CHURCH STREET, #100 CHRISTIANSTED, VI 00820-4611	53-0197094	GOVT ENTITY	8,000.	0.			CONNECT-2013 TICKET TO RIDE

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

(a) Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
BUFFALO NATIONAL RIVER PARTNERS P.O. BOX 1914 HARRISON, AR 72602	26-1467465	GOVT ENTITY	20,000.	0.			CONNECT-2013 ACTIVE TRAILS
C & O CANAL TRUST, INC. 1850 DUAL HWY. , SUITE 100 HAGERSTOWN, MD 21740	30-0401642	GOVT ENTITY	8,000.	0.			CONNECT-2013 TICKET TO RIDE
CABRILLO NATIONAL MONUMENT FOUNDATION - 1800 CABRILLO MEMORIAL WAY - SAN DIEGO, CA 92106	95-1884723	501(C)(3)	8,000.	0.			CONNECT-2013 TICKET TO RIDE
CATOCTIN FOREST ALLIANCE, INC. P.O. BOX 411 THURMONT, MD 21788-0411	26-4223157	GOVT ENTITY	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS
CHICKAMAUGA & CHATTANOOGA NMP P.O. BOX 2128 PT. OGLETHORPE, GA 30742	53-0197094	GOVT ENTITY	5,300.	0.			CONNECT-2013 AMERICA'S BEST IDEA
CHICKASAW NATIONAL RECREATION AREA 1008 WEST 2ND STREET SULPHUR, OK 73086-4814	53-0197094	GOVT ENTITY	13,400.	0.			CONNECT-2013 ACTIVE TRAILS
CHRIST CENTERED COM. MISSION OUTREACH/COM. FOUND. - REVEREND SYLVIA KING, 531 SOMERSET ST. - JOHANSTSTOWN, PA 15901	25-1637373	GOVT ENTITY	11,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA
COLORADO NATIONAL MONUMENT 1750 RIMROCK DR, FRUITA FRUITA, CO 81521-0001	53-0197094	GOVT ENTITY	14,284.	0.			CONNECT-2013 AMERICA'S BEST IDEA
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL - 1403 WEST HINES HILL RD. - PENINSULA, OH 44264	34-1917257	GOVT ENTITY	15,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA

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

(a) Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
COOPER-GLOBAL CHAUFFEURED TRANSPORTATION - 2711 PEACHTREE SQUARE - ATLANTA, GA 30360	84-1677086	GOVT ENTITY	7,980.	0.			CONNECT-2013 TICKET TO RIDE
CRATER LAKE NATURAL HISTORY ASSOCIATION - P.O. BOX 157 - CRATER LAKE, OR 97604	93-0519716	501(C)(3)	22,000.	0.			INSPIRE-2013 PARK CLIMATE CHALLENGE
CURECANTI NATIONAL RECREATION AREA 102 ELK CREEK GUNNISON, CO 81230	53-0197094	GOVT ENTITY	14,065.	0.			CONNECT-2013 AMERICA'S BEST IDEA
CUYAHOGA VALLEY NATIONAL PARK 15610 VAUGHN RD. BRECKSVILLE, OH 44141-3018	53-0197094	GOVT ENTITY	20,000.	0.			CONNECT-2013 ACTIVE TRAILS
CUYAHOGA VALLEY NATIONAL PARK 15610 VAUGHN RD. BRECKSVILLE, OH 44141-3018	53-0197094	GOVT ENTITY	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS
DAYTON AVIATION HERITAGE NATIONAL HISTORICAL PARK - 16 SOUTH WILLIAMS STREET - DAYTON, OH 45402	53-0197094	GOVT ENTITY	10,825.	0.			CONNECT-IMPACT GRANT
DAYTON AVIATION HERITAGE NATIONAL HISTORICAL PARK - 16 SOUTH WILLIAMS STREET - DAYTON, OH 45402	53-0197094	GOVT ENTITY	6,880.	0.			CONNECT-2013 TICKET TO RIDE
DEATH VALLEY NATIONAL PARK P.O. BOX 579 DEATH VALLEY, CA 92328	53-0197094	GOVT ENTITY	17,900.	0.			PROTECT-EMPLOYEE INNOVATION GRANT
DEATH VALLEY NATURAL HISTORY ASSOCIATION - P.O. BOX 188 - DEATH VALLEY, CA 92328	95-2083126	501(C)(3)	7,438.	0.			PROTECT-EMPLOYEE INNOVATION GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
DENSHO 1416 S. JACKSON ST. SEATTLE, WA 98144	91-2164150	GOVT ENTITY	13,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA
DEPT. OF INTERIOR, NATIONAL PARK SERVICE - 1901 SPINNAKER DRIVE - VENTURA, CA 93001-4354	53-0197094	GOVT ENTITY	203,601.	0.			PROTECT-CHANNEL INP LAW ENFORCEMENT
DISCOVER YOUR NORTHWEST 164 S. JACKSON STREET SEATTLE, WA 98104	91-0921955	501(C)(3)	23,750.	0.			CONNECT-2013 TICKET TO RIDE
DOI, NATIONAL PARK SERVICE FORT MASON BUILDING 201 SAN FRANCISCO, CA 94123-0022	53-0197094	GOVT ENTITY	7,743.	0.			PROTECT-2013 ALBRITH WIRTH GRANT
DON BOSCO CRISTO REY HIGH SCHOOL 1010 LARCH AVE TAKOMA PARK, MD 20912	06-1786297	GOVT ENTITY	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS
DUNES NP ASSOCIATION P.O. BOX 1130 PORTAGE, IN 46368	45-4000129	GOVT ENTITY	37,700.	0.			PROTECT-ACCEPT & ADMINISTER
DUPLIN COUNTY BOARD OF EDUCATION P.O. BOX 128 KENASVILLE, NC 28349	56-6001020	GOVT ENTITY	5,500.	0.			CONNECT-2013 TICKET TO RIDE
EASTERN NATIONAL 470 MARYLAND DR. SUITE 1 FORT WASHINGTON, PA 19034	23-1401703	501(C)(3)	8,000.	0.			CONNECT-2013 TICKET TO RIDE
FLAGSTAFF AREA NATIONAL MONUMENTS 6400 NORTH HWY 89 FLAGSTAFF, AZ 86004	53-0197094	GOVT ENTITY	7,700.	0.			CONNECT-2013 ACTIVE TRAILS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
FLIGHT 93 NATIONAL MEMORIAL 109 WEST MAIN STREET, SUITE 104 SOMERSET, PA 15501	53-0197094	GOVT ENTITY	3,000,000.	0.			PROTECT-FL93 MEMORIAL-PHASE 1B CAP. CON
FREEDOM'S FRONTIER NATIONAL HERITAGE AREA - 200 W. 9TH STREET - LAWRENCE, KS 66044	48-1246975	501(C)(3)	12,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA
FRIENDS OF ACADIA 43 COTTAGE ST. BAR HARBOR, ME 04609	01-0425071	501(C)(3)	25,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA
FRIENDS OF AZTEC RUINS NATIONAL MONUMENT - #84 COUNTY RD 2900, - AZTEC, NM 87410-9715	45-3951868	GOVT ENTITY	5,600.	0.			INSPIRE-2013-14 PARK STEWARDS
FRIENDS OF CHICKAMAUGA & CHATTANOOGA NMP - P.O. BOX 748, - CHATTANOOGA, TN 37401	58-1708782	GOVT ENTITY	6,300.	0.			CONNECT-2013 AMERICA'S BEST IDEA
FRIENDS OF DAVID CROCKETT STATE PARK - 37 BEASLEY RD - LAWRENCEBURG, TN 38464	03-0597133	GOVT ENTITY	20,000.	0.			CONNECT-2013 ACTIVE TRAILS
FRIENDS OF FLIGHT 93 C/O FLIGHT 93 NATIONAL MEMORIAL, 109 WEST MAIN STREET - SOMERSET, PA 15501	27-0505853	GOVT ENTITY	200,000.	0.			PROTECT-1ST INSTALLMENT FLIGHT 93 MEMORIAL
FRIENDS OF FORT MCHENRY 802 S. CAROLINE STREET BALTIMORE, MD 21231	52-2060624	GOVT ENTITY	7,500.	0.			CONNECT-2013 TICKET TO RIDE
FRIENDS OF HOMESTEAD NM OF AMERICA 8523 WEST STATE HWY 4 BEATRICE, NE 98310	47-0842437	GOVT ENTITY	7,000.	0.			CONNECT-2013 TICKET TO RIDE

Schedule I (Form 990)

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FRIENDS OF LBJ NATIONAL HISTORICAL PARK - P.O. BOX 1831 - JOHNSON CITY, TX 78636	32-0202408	GOVT ENTITY	7,930.	0.			CONNECT-2013 TICKET TO RIDE
FRIENDS OF MINUTE MAN NATIONAL PARK - 174 LIBERTY STREET - CONCORD, MA 01742	22-3090536	GOVT ENTITY	10,342.	0.			PROTECT-CLOSE OUT RMIMA FUND
FRIENDS OF SAGUARO NP 2700 NORTH KINNEY RD TUCSON,, AZ 85743	86-0842503	GOVT ENTITY	14,995.	0.			CONNECT-2013 AMERICA'S BEST IDEA
FRIENDS OF THE APOSTLE ISLANDS NATIONAL LAKESHORE - P.O. BOX 1574 - BAYFIELD, WI 54814	20-0079065	GOVT ENTITY	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS
FRIENDS OF THE CENTER ALLIANCE LTD. - 29270 COUNTY HIGHWAY G - ASHLAND, WI 54806	39-1701350	501(C)(3)	22,000.	0.			INSPIRE-2013 PARK CLIMATE CHALLENGE
FRIENDS OF THE FLORISSANT FOSSIL BEDS INC - P.O. BOX 851 - FLORISSANT, CO 80816	84-1114146	GOVT ENTITY	15,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA
FRIENDS OF THE SMOKIES P.O. BOX 1660 KODAK, TN 37764-7660	62-1564782	GOVT ENTITY	5,796.	0.			PROTECT-GREAT SMOKY M. CABIN REPAIR
GATEWAY NATIONAL RECREATION AREA 210 NEW YORK AVENUE STATEN ISLAND, NY 10305	53-0197094	GOVT ENTITY	50,000.	0.			PROTECT-CONSERVATION INTERNS
GATEWAY NATIONAL RECREATION AREA 210 NEW YORK AVENUE STATEN ISLAND, NY 10305	53-0197094	GOVT ENTITY	6,192.	0.			PROTECT-2013 ALBRIGHT-WIRTH GRANT

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GEORGE WASHINGTON BIRTHPLACE NATIONAL MONUMENT - 1732 POPES CREEK ROAD - COLONIAL BEACH, VA 22443	53-0197094	GOVT ENTITY	12,600.	0.			CONNECT-2013 ACTIVE TRAILS
GLACIER BAY NATIONAL PARK AND PRESERVE - P.O. BOX 140 - GUSTAVUS, AK 99826-0140	53-0197094	GOVT ENTITY	111,000.	0.			PROTECT-WHALE 68 ARTICULATION&INSTALLATION
GLEN CANYON NATIONAL RECREATION AREA - P.O. BOX 1507 - PAGE, AZ 86040-1507	53-0197094	GOVT ENTITY	15,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA
GLEN CANYON NATURAL HISTORY ASSOCIATION - P.O. BOX 1835 - PAGE, AZ 86040	74-2429545	501(C)(3)	6,807.	0.			CONNECT-2013 ACTIVE TRAILS
GLEN CANYON NATURAL HISTORY ASSOCIATION - P.O. BOX 1835 - PAGE, AZ 86040	74-2429545	501(C)(3)	14,902.	0.			PROTECT-GUEST DONATION
GOLDEN GATE NP CONSERVANCY FORT MASON BUILDING 201 SAN FRANCISCO, CA 94123-0022	94-2781708	GOVT ENTITY	15,000.	0.			CONNECT-2013 IMPACT GRANT
GRAND CANYON ASSOCIATION P.O. BOX 399 GRAND CANYON, AZ 86023	86-0179548	501(C)(3)	13,500.	0.			CONNECT-GRAND CANYON FELLOWSHIP FUND
GRAND CANYON ASSOCIATION P.O. BOX 399 GRAND CANYON, AZ 86023	86-0179548	501(C)(3)	8,000.	0.			CONNECT-2013 TICKET TO RIDE
GRAND CANYON ASSOCIATION P.O. BOX 399 GRAND CANYON, AZ 86023	86-0179548	501(C)(3)	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS

Schedule I (Form 990)

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GRAND CANYON ASSOCIATION P.O. BOX 399 GRAND CANYON, AZ 86023	86-0179548	501(C)(3)	216,001.	0.			PROTECT-GUEST DONATION
GRAND CANYON ASSOCIATION P.O. BOX 399 GRAND CANYON, AZ 86023	86-0179548	501(C)(3)	75,000.	0.			PROTECT-HYDROLOGY PROGRAM GRAND AT CNP
GRAND CANYON YOUTH 2131 N 1ST ST FLAGSTAFF, AZ 86004	86-0905180	GOVT ENTITY	10,000.	0.			CONNECT-2013 ACTIVE TRAILS
GRAND TETON ASSOCIATION P.O. BOX 170 MOOSE, WY 83012	83-0185073	GOVT ENTITY	20,000.	0.			CONNECT-2013 ACTIVE TRAILS
GRAND TETON ASSOCIATION P.O. BOX 170 MOOSE, WY 83012	83-0185073	GOVT ENTITY	8,000.	0.			LISA - 02/06/14 10:02AM WORKSHEET SCHEDULE I
GREAT BASIN INSTITUTE 16750 MT. ROSE HIGHWAY RENO, NV 89511	88-0431016	501(C)(3)	22,000.	0.			INSPIRE-2013 PARK CLIMATE CHALLENGE
GREAT SMOKY MOUNTAINS ASSO P.O. BOX 130 GATLINBURG, TN 37738	62-0576032	GOVT ENTITY	7,500.	0.			CONNECT-2013 TICKET TO RIDE
GREENING YOUTH FOUNDATION 201 17TH ST NW SUITE 300 ATLANTA, GA 30363	26-1211569	GOVT ENTITY	9,055.	0.			CONNECT-2013 AMERICA'S BEST IDEA
GROUNDWORK HUDSON VALLEY 22 MAIN ST, 2ND FLOOR YONKERS, NY 10701	11-3579493	GOVT ENTITY	15,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA

Schedule I (Form 990)

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GULF ISLANDS NATIONAL SEASHORE MISSISSIPPI DISTRICT, DAVIS BAYOU UNIT, 1801 GULF BREEZE PARKWAY - GULF BREE	53-0197094	GOVT ENTITY	8,000.	0.			CONNECT-2013 TICKET TO RIDE
GULF ISLANDS NATIONAL SEASHORE MISSISSIPPI DISTRICT, DAVIS BAYOU UNIT, 1801 GULF BREEZE PARKWAY - GULF BREE	53-0197094	GOVT ENTITY	5,200.	0.			CONNECT-2013 ACTIVE TRAILS
HARPERS FERRY HISTORICAL ASSOCIATION - P.O. BOX 197 - HARPERS FERRY, WV 25425	55-0526963	GOVT ENTITY	8,000.	0.			CONNECT-2013 TICKET TO RIDE
HERITAGE TRAILS PARTNERSHIP OF THE MISSISSIPPI GC - P.O. BOX 4743 - BILOXI, MS 39532	27-1790689	GOVT ENTITY	14,798.	0.			CONNECT-2013 ACTIVE TRAILS
HISTORIC HAMPTON, INC. 535 HAMPTON LANE TOWSON, MD 21286	52-1165196	501(C)(3)	15,000.	0.			CONNECT-2013 IMPACT GRANT
IDAHO STATE UNIVERSITY 921 SOUTH 8TH AVENUE, STOP 8219 POCATELLO, ID 83209-8219	82-6000924	GOVT ENTITY	18,591.	0.			PROTECT-GLACIER BAY WHALE PROJECT
ISLE ROYALE NATIONAL PARK 800 E. LAKESHORE DRIVE HOUGHTON, MI 49931-1895	53-0197094	GOVT ENTITY	35,970.	0.			PROTECT-CLOSE OUT RISRA FUND
JEFFERSON NP ASSOCIATION ONE MEMORIAL DRIVE, SUITE 1900 ST. LOUIS, MO 63102-1500	43-6062751	GOVT ENTITY	15,000.	0.			CONNECT-2013 IMPACT GRANT
JEFFERSON NP ASSOCIATION ONE MEMORIAL DRIVE, SUITE 1900 ST. LOUIS, MO 63102-1500	43-6062751	GOVT ENTITY	13,975.	0.			CONNECT-2013 AMERICA'S BEST IDEA

Schedule I (Form 990)

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JEFFERSON NP ASSOCIATION ONE MEMORIAL DRIVE, SUITE 1900 ST. LOUIS, MO 63102-1500	43-6062751	GOVT ENTITY	14,995.	0.			CONNECT-2013 TICKET TO RIDE
JEFFERSON NP ASSOCIATION ONE MEMORIAL DRIVE, SUITE 1900 ST. LOUIS, MO 63102-1500	43-6062751	GOVT ENTITY	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS
JOSHUA TREE NATIONAL PARK 74485 NATIONAL PARK DRIVE TWENTYNINE PALMS, CA 92277-3597	53-0197094	GOVT ENTITY	14,600.	0.			CONNECT-2013 ACTIVE TRAILS
JOSHUA TREE NP ASSOCIATION 77485 NATIONAL PARK DRIVE TWENTYNINE PALMS, CA 92277	95-2312513	GOVT ENTITY	7,968.	0.			CONNECT-2013 TICKET TO RIDE
KEMOTRAIL CORPS, INC. 905 KENNESAW MOUNTAIN DRIVE KENNESAW, GA 30152	33-1064049	501(C)(3)	8,000.	0.			CONNECT-2013 TICKET TO RIDE
KEWEENAW NHP ADVISORY COMMISSION 25970 RED JACKET ROAD CALUMET, MI 49913-0471	38-3595884	GOVT ENTITY	14,549.	0.			CONNECT-2013 AMERICA'S BEST IDEA
KING GEORGE YMCA 10545 KINGS HIGHWAY KING GEORGE, VA 22485	54-0965826	GOVT ENTITY	7,400.	0.			CONNECT-2013 ACTIVE TRAILS
KIWANIS DIVISION 18 FOUNDATION P.O. BOX 650 WOODLAKE, CA 93286	27-3908054	GOVT ENTITY	7,500.	0.			CONNECT-2013 TICKET TO RIDE
LOS COMPADRES DE SAN ANTONIO 6701 SAN JOSE' DR SAN ANTONIO, TX 78214	74-2308287	GOVT ENTITY	12,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA

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MAMMOTH CAVE NATIONAL PARK 1 MAMMOTH CAVE PARKWAY, PP BOX 7 MAMMOTH CAVE, KY 42259	53-0197094	GOVT ENTITY	15,160.	0.			CONNECT-2013 ACTIVE TRAILS
MARRIOTT BUSINESS SERVICES P.O. BOX 403717 ATLANTA, GA 30384-3717	52-2055918		5,994.	0.			CONNECT-YOUTH & HARTZOG AWARDS DINNER
MISSISSIPPI RIVER FUND 26 EXCHANGE ST., SUITE 408 ST. PAUL, MN 55101	87-0786530	501(C)(3)	10,490.	0.			CONNECT-2013 AMERICA'S BEST IDEA
MISSISSIPPI RIVER FUND 26 EXCHANGE ST., SUITE 408 ST. PAUL, MN 55101	87-0786530	501(C)(3)	7,796.	0.			CONNECT-2013 TICKET TO RIDE
MONROE COUNTY HISTORICAL SOCIETY 111 S. MACOMB ST MONROE, MI 48161	38-1377728	501(C)(3)	18,000.	0.			CONNECT-2013 ACTIVE TRAILS
MONROE COUNTY HISTORICAL SOCIETY 111 S. MACOMB ST MONROE, MI 48161	38-1377728	501(C)(3)	15,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA
MONROE COUNTY HISTORICAL SOCIETY 111 S. MACOMB ST MONROE, MI 48161	38-1377728	501(C)(3)	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS
MOORES CREEK CONSERVATION ALLIANCE 40 PATRIOTS HALL DRIVE CURRIE, NC 28435	27-3445231	GOVT ENTITY	6,900.	0.			CONNECT-2013 IMPACT GRANT
MOORES CREEK NATIONAL BATTLEFIELD 40 PATRIOTS HALL DRIVE CURRIE, NC 28435	53-0197094	GOVT ENTITY	7,900.	0.			CONNECT-2013 IMPACT GRANT

Schedule I (Form 990)

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MOUNT RAINIER NATIONAL PARK 55210 238TH AVENUE EAST ASHFORD, WA 98304-9751	53-0197094	GOVT ENTITY	12,656.	0.			CONNECT-2013 AMERICA'S BEST IDEA
MOUNT RUSHMORE NATIONAL MEMORIAL 13000 HIGHWAY 244 KEYSTONE, SD 57751-0268	53-0197094	GOVT ENTITY	50,000.	0.			PROTECT-ACCEPT & ADMINISTER
NATCHEZ TRACE PARKWAY 2680 NATCHEZ TRACE PARKWAY TUPELO, MS 38804	53-0197094	GOVT ENTITY	8,000.	0.			CONNECT-2013 TICKET TO RIDE
NATCHEZ TRACE PARKWAY 2680 NATCHEZ TRACE PARKWAY TUPELO, MS 38804	53-0197094	GOVT ENTITY	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS
NATIONAL ALLIANCE OF FAITH & JUSTICE - P.O. BOX 77075 - WASHINGTON, DC 20013	55-0851833	GOVT ENTITY	40,000.	0.			CONNECT-SUPPORT MARCH ON WASHINGTON ANNIVERSARY EVENT
NATIONAL ALLIANCE OF FAITH & JUSTICE - P.O. BOX 77075 - WASHINGTON, DC 20013	55-0851833	GOVT ENTITY	8,000.	0.			CONNECT-2013 TICKET TO RIDE
NATIONAL CHAVEZ CENTER 29700 WOODFORD-TEHACHAPI ROAD KEENE, CA 93531	77-0159465	GOVT ENTITY	150,000.	0.			PROTECT-FOR CESAR CHAVEZ NM
NATIONAL MALL AND MEMORIAL PARKS 900 OHIO DRIVE, SW WASHINGTON, DC 20242	53-0197094	GOVT ENTITY	925,000.	0.			PROTECT-REPAIRS TO MLK JR .MEMORIAL
NATIONAL PARK SERVICE 1849 C STREET NW WASHINGTON, DC 20240	53-0197094	GOVT ENTITY	10,000.	0.			CONNECT- DIRECTOR DISC. FUND

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NATIONAL PARK SERVICE 1849 C STREET NW WASHINGTON, DC 20240	53-0197094	GOVT ENTITY	8,665.	0.			CONNECT-HARRY YOUNT AWARDS
NATIONAL PARK SERVICE 1849 C STREET NW WASHINGTON, DC 20240	53-0197094	GOVT ENTITY	661,134.	0.			PROTECT-COL. CHARLES YOUNT
NATIONAL PARK SERVICE 1849 C STREET NW WASHINGTON, DC 20240	53-0197094	GOVT ENTITY	56,415.	0.			PROTECT-ALASKA REGIONAL OFFICE
NATIONAL PARK SERVICE 1849 C STREET N.W. WASHINGTON, DC 20240	53-0197094	GOVT ENTITY	25,000.	0.			PROTECT-2013 ALBRIGHT-WIRTH GRANT
NATIONAL PARK SERVICE- NATIONAL MALL RECYCLE PROGRAM - 540 MERRICK ROAD - BALDWIN, NY 11510	11-3470039	GOVT ENTITY	22,075.	0.			PROTECT-RECYCLING ON THE NATIONAL MALL
NATIONAL PARKS OF AMERICAN SAMOA PAGO PAGO AMERICAN SAMOA, AS 96799	53-0197094	GOVT ENTITY	8,000.	0.			CONNECT-2013 TICKET TO RIDE
NATIONAL WRITING PROJECT UNIVERSITY OF CALIFORNIA, 2105 BANCROFT WAY #1042 - BERKELEY, CA 94720-1042	94-3130846	GOVT ENTITY	10,000.	0.			CONNECT-NORTHEAST REGIONAL OFFICE
NATUREBRIDGE 28 GEARY STREET, SUITE # 650 SAN FRANCISCO, CA 94108	94-2145930	GOVT ENTITY	8,000.	0.			CONNECT-2013 TICKET TO RIDE
NEW ORLEANS JAZZ NATIONAL HISTORICAL PARK - 419 DECATUR STREET - NEW ORLEANS, LA 70130	53-0197094	GOVT ENTITY	5,471.	0.			CONNECT-2013 TICKET TO RIDE

Schedule I (Form 990)

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NEW VENTURE FUND 1201 CONNECTICUT AVE, NW, SUITE 300 WASHINGTON, DC 20036	20-5806345	GOVT ENTITY	25,000.	0.			CONNECT-SUPPORT MARCH ON WASHINGTON ANNIVERSARY EVENT
NIAGARA FALLS NATIONAL HERITAGE AREA - 112 EAST PARK ST - ROME, NY 13480	46-1240940	GOVT ENTITY	11,543.	0.			CONNECT-2013 AMERICA'S BEST IDEA
NORTH COUNTRY HEALTHCARE 2920 N 4TH ST FLAGSTAFF, AZ 86004	86-0663432	GOVT ENTITY	7,160.	0.			CONNECT-2013 ACTIVE TRAILS
NORTH COUNTRY TRAIL ASSOCIATION INC. - 229 E MAIN STREET - LOWELL, MI 49331	38-2423480	GOVT ENTITY	20,000.	0.			CONNECT-2013 ACTIVE TRAILS
NORTHWEST COLLEGE 231 WEST SIXTH ST, BLDG 1 POWELL, WY 82435-1898	83-6001133	GOVT ENTITY	19,950.	0.			CONNECT-2013 ACTIVE TRAILS
NPS C&O CANAL NHP 1850 DUAL HIGHWAY SUITE 100 HAGERSTOWN, MD 21740	53-0197094	GOVT ENTITY	9,098.	0.			CONNECT-2013 IMPACT GRANT
OCMULGEE NATIONAL MONUMENT ASSOCIATION - 1207 EMERY HWY - MACON, GA 31217	58-6033981	501(C)(3)	11,000.	0.			CONNECT-2013 ACTIVE TRAILS
OLYMPIC NATIONAL PARK 600 EAST PARK AVENUE PORT ANGELES, WA 98362	53-0197094	GOVT ENTITY	13,450.	0.			PROTECT-RESOURCE PROTECTION OF ELWHA PROJECT
OZARK NATIONAL SCENIC RIVERWAYS 404 WATERCRESS DRIVE- P.O. BOX 490 VAN BUREN, MO 63965-0490	53-0197094	GOVT ENTITY	7,927.	0.			CONNECT-2013 TICKET TO RIDE

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PENNANT ENTERPRISES, INC. 73 MIDDLETON RD. BOXFORD, MA 01921	02-0551137	GOVT ENTITY	10,000.	0.			CONNECT-2013 IMPACT GRANT
POCONO ENVIRONMENTAL EDUCATION RR2 BOX 1010 DINGMAN'S FERRY, PA 18328	23-2424742	GOVT ENTITY	20,000.	0.			CONNECT-2013 ACTIVE TRAILS GRANT
POCONO ENVIRONMENTAL EDUCATION RR2 BOX 1010 DINGMAN'S FERRY, PA 18328	23-2424742	GOVT ENTITY	8,000.	0.			CONNECT-2013 TICKET TO RIDE
POINT REYES NATIONAL SEASHORE ASSOCIATION - 1 BEAR VALLEY ROAD, BUILDING 70 - POINT REYES STATION, CA 94956	94-2228894	501(C)(3)	20,000.	0.			CONNECT-2013 ACTIVE TRAILS
PRESIDENT'S PARK (WHITE HOUSE) 1100 OHIO DRIVE, SW, ROOM 344 WASHINGTON, DC 20242	53-0197094	GOVT ENTITY	5,300.	0.			CONNECT-2013 AMERICA'S BEST IDEA
RESURRECTION BAY CONSERVATION ALLIANCE - P.O. BOX 1092 - SEWARD, AK 99664-1092	92-0167038	GOVT ENTITY	7,400.	0.			PROTECT-ALASKA REGIONAL OFFICE
ROOSEVELT-VANERBILT NAT'L HIST. ASSN. - P.O. BOX 235 - HYDE PARK, NY 12538	14-6035855	GOVT ENTITY	16,599.	0.			PROTECT-CLOSE OUT RELRA FUND
RUSSELL CAVE NATIONAL MONUMENT 3729 COUNTY ROAD 98 BRIDGEPORT, AL 35740	53-0197094	GOVT ENTITY	7,998.	0.			CONNECT-2013 TICKET TO RIDE
SAGUARO NATIONAL PARK 3693 S. OLD SPANISH TRAIL TUCSON, AZ 85730-5601	53-0197094	GOVT ENTITY	9,000.	0.			CONNECT-2013 ACTIVE TRAILS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
SAGUARO NATIONAL PARK 3693 S. OLD SPANISH TRAIL TUCSON, AZ 85730-5601	53-0197094	GOVT ENTITY	6,002.	0.			INSPIRE-2013-14 PARK STEWARDS
SAINT GAUDENS MEMORIAL 34 SOUTH HIGHLAND AV OSSINING, NY 10562	02-0223438	GOVT ENTITY	12,000.	0.			PROTECT-ST.GAUDENS NHS CIVIL WAR SEVNT
SAN JUAN ISLAND NATIONAL HISTORICAL PARK - P.O. BOX 429 - FRIDAY HARBOR, WA 98250	53-0197094	GOVT ENTITY	15,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA
SAN JUAN ISLAND NATIONAL HISTORICAL PARK - P.O. BOX 429 - FRIDAY HARBOR, WA 98250	53-0197094	GOVT ENTITY	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS
SAN JUAN NATIONAL HISTORIC SITE 501 CALLE NORZAGARAY SAN JUAN, PR 00901	53-0197094	GOVT ENTITY	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS
SANTA MONICA MOUNTAINS 401 WEST HILLCREST DRIVE THOUSAND OAKS, CA 91360-4223	95-4187832	GOVT ENTITY	37,881.	0.			PROTECT-CLOSE OUT RSAME FUND
SEQUOIA & KINGS NATIONAL PARK FOUNDATION - P.O. BOX 3047 - VISALIA, CA 93278-3047	77-0099339	GOVT ENTITY	75,000.	0.			PROTECT-LEGACY PROJECT GRANT
SHENANDOAH NATIONAL PARK ASSOCIATION - 3655 US HIGHWAY 211 EAST - LURAY, VA 22835	54-0952015	GOVT ENTITY	8,000.	0.			CONNECT-2013 TICKET TO RIDE
SOUTH FLORIDA NATIONAL PARK 1390 S DIXIE HWY STE 2203 CORAL GABLES, FL 33146-2945	13-4341209	GOVT ENTITY	6,000.	0.			CONNECT-2013 TICKET TO RIDE

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

(a) Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST CONSERVATION CORPS. 701 CAMINO DEL RIO SUITE 101 DURANGO,, CO 81301	84-1450808	GOVT ENTITY	8,000.	0.			CONNECT-2013 ACTIVE TRAILS
ST. CROIX RIVER ASSOCIATION P.O. BOX 655 ST. CROIX FALLS, WI 54024	26-3025933	GOVT ENTITY	15,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA
STRAIGHT TALK ON PRISON 2638 CHANSLOR AVE RICHMOND, CA 94804	71-1019980	GOVT ENTITY	14,700.	0.			CONNECT-2013 AMERICA'S BEST IDEA
STUDENT CONSERVATION ASSOC. P.O. BOX 550 CHARLESTOWN, NH 03603	91-0880684	GOVT ENTITY	15,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA
THEODORE ROOSEVELT INAUGURAL SITE FOUNDATION - 641 DELAWARE AVE - BUFFALO, NY 14202	16-6094785	GOVT ENTITY	5,356.	0.			CONNECT-2013 TICKET TO RIDE
TIMPANOGOS CAVE NATIONAL MONUMENT RR 3, BOX 200 AMERICAN FORK, UT 84003-9803	53-0197094	GOVT ENTITY	8,000.	0.			CONNECT-2013 TICKET TO RIDE
TIMPANOGOS CAVE NATIONAL MONUMENT RR 3, BOX 200 AMERICAN FORK, UT 84003-9803	53-0197094	GOVT ENTITY	7,000.	0.			CONNECT-2013 ACTIVE TRAILS
TRIANGLE BIKEWORKS 172 KINGSTON DRIVE CHAPEL HILL, NC 27514	46-1229632	GOVT ENTITY	15,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA
WASHINGTON DEPT.OF FISH & WILDLIFE 600 CAPITOL WAY NORTH OLYMPIA, WA 98501	91-1632572	GOVT ENTITY	596,211.	0.			PROTECT-ELWHA RIVER RESTORATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON'S NATIONAL PARK FUND P.O. BOX 64626 UNIVERSITY PLACE, WA 98464-0626	01-0869799	501(C)(3)	23,133.	0.			PROTECT-GUEST DONATIONS
WESTERN NATIONAL 12880 NORTH VISTOSO VILLAGE TUCSON, AZ 85755	86-0107049	GOVT ENTITY	13,300.	0.			CONNECT-2013 AMERICA'S BEST IDEA
WESTERN NATIONAL 12880 NORTH VISTOSO VILLAGE TUCSON, AZ 85755	86-0107049	GOVT ENTITY	16,000.	0.			CONNECT-2013 TICKET TO RIDE
WESTERN NATIONAL 12880 NORTH VISTOSO VILLAGE TUCSON, AZ 85755	86-0107049	GOVT ENTITY	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS
WILLOW BEND ENVIRONMENTAL EDUCATION CENTER - 703 E. SAWMILL RD - FLAGSTAFF, AZ 86001	86-0376501	GOVT ENTITY	15,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA
WOLF TRAP FOUNDATION FOR THE PERFORMING ARTS - 1645 TRAP ROAD, - VIENNA, VA 22182	23-7011544	GOVT ENTITY	6,105.	0.			CONNECT-ACCEPT & ADMINISTER
WOODSTOCK UNION HIGH SCHOOL 100 AMSDEN WAY WOODSTOCK, VT 05091	03-6002723	GOVT ENTITY	7,000.	0.			INSPIRE-2013-14 PARK STEWARDS
WRANGELL INSTITUTE FOR SCIENCE & ENVIRONMENT - P.O. BOX 439, - COOPER CENTER, AK 99573	92-0175090	GOVT ENTITY	6,164.	0.			CONNECT-2013 AMERICA'S BEST IDEA
YELLOWSTONE PARK FOUNDATION 222 EAST MAIN STREET, SUITE 301 BOZEMAN, MT 59715	83-0311166	501(C)(3)	15,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA

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

(a) Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
YELLOWSTONE PARK FOUNDATION 222 EAST MAIN STREET, SUITE 301 BOZEMAN, MT 59715	83-0311166	501(C)(3)	8,000.	0.			CONNECT-2013 TICKET TO RIDE
YELLOWSTONE PARK FOUNDATION 222 EAST MAIN STREET, SUITE 301 BOZEMAN, MT 59715	83-0311166	501(C)(3)	30,699.	0.			PROTECT-JEAN MERCER ENDOWMENT EARNINGS
YELLOWSTONE PARK FOUNDATION 222 EAST MAIN STREET, SUITE 301 BOZEMAN, MT 59715	83-0311166	501(C)(3)	10,000.	0.			PROTECT-COUGAR STUDY AT YELLOWSTONE NP
YOSEMITE CONSERVANCY P.O. BOX 230 EL PORTAL, CA 95318	94-3058041	501(C)(3)	162,852.	0.			PROTECT-GUEST DONATIONS
YOSEMITE CONSERVANCY P.O. BOX 230 EL PORTAL, CA 95318	94-3058041	501(C)(3)	75,000.	0.			PROTECT-2012 LEGACY PROJECT
YOSEMITE NATIONAL PARK P.O. BOX 577 YOSEMITE, CA 95389	53-0197094	GOVT ENTITY	14,875.	0.			CONNECT-IMPACT GRANT
YOSEMITE NATIONAL PARK P.O. BOX 577 YOSEMITE, CA 95389	53-0197094	GOVT ENTITY	5,551.	0.			PROTECT-ACCEPT & ADMINISTER
ZION NATIONAL HISTORY ASSOCIATION C/O ZION NATIONAL PARK SPRINGDALE, UT 84767	87-0256961	GOVT ENTITY	15,000.	0.			CONNECT-2013 AMERICA'S BEST IDEA
ZION NATIONAL HISTORY ASSOCIATION C/O ZION NATIONAL PARK SPRINGDALE, UT 84767	87-0256961	GOVT ENTITY	8,000.	0.			CONNECT-2013 TICKET TO RIDE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PROTECT-TRANSPORTATION SCHOLARS	10	443,849.	0.		
PROTECT-DIEGO RIVERA MURAL NHL NOMINATION	1	20,000.	0.		
PROTECT-WHALE ARTICULATION AND INSTALLATION PROJECT	1	52,678.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2:

THE NATIONAL PARK FOUNDATION MONITORS THE USE OF GRANTED FUNDS BY EXECUTING
 FORMAL AGREEMENTS WITH EACH GRANTEE. THESE AGREEMENTS CERTIFY THE USE OF
 FUNDS TO SPECIFICALLY MEET THE REQUIREMENTS OF THE GRANT. IN ADDITION, NPF
 PURSUES A ROBUST MONITORING PROCESS, EMPLOYING INTERNAL AND EXTERNAL
 REVIEWERS, TO CONFIRM GRANT FUNDS ARE USED AS STIPULATED IN THE GRANT
 AGREEMENT.

**SCHEDULE J
(Form 990)**

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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.										
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" to line 5a or 5b, describe in Part III.										
6 For persons listed in 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	X								
b Any related organization?	6b	X								
If "Yes" to line 6a or 6b, describe in Part III.										
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NEIL J. MULHOLLAND PRESIDENT & CEO	(i)	232,411.	0.	511.	0.	8,345.	241,267.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN DAVIS SVP, CORPORATE PARTNERSHIPS	(i)	116,139.	0.	47,941.	4,669.	3,709.	172,458.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A: DURING 2012, KAREN DAVIS RECEIVED A SEVERANCE PAYMENT
IN THE AMOUNT OF \$40,106 AS A RESULT OF A SEPARATION FROM SERVICE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE US CONGRESS CHARTERED THE NATIONAL PARK FOUNDATION TO STRENGTHEN
THE CONNECTION BETWEEN THE AMERICAN PEOPLE AND THEIR NATIONAL PARKS BY
RAISING PRIVATE FUNDS, MAKING STRATEGIC GRANTS, CREATING INNOVATIVE
PARTNERSHIPS, AND INCREASING PUBLIC AWARENESS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONGRESS AS THE NONPROFIT PARTNER OF THE NATIONAL PARK SERVICE, THE
NATIONAL PARK FOUNDATION PLAYS A CRITICAL ROLE IN CONSERVATION AND
PRESERVATION EFFORTS, ESTABLISHING NATIONAL PARKS AS POWERFUL LEARNING
ENVIRONMENTS, AND GIVING ALL AUDIENCES AN EQUAL AND ABUNDANT
OPPORTUNITY TO EXPERIENCE, ENJOY AND SUPPORT AMERICA'S TREASURED
PLACES.

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

LAND AND WATER TRAILS.

III. NPF DIRECTS FUNDS ARISING FROM COURT ORDERS, MITIGATION AND THE
SETTLEMENT OF CRIMINAL AND CIVIL CASES TO THE MOST CRITICAL
CONSERVATION AND RESTORATION PROJECTS.

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

LEGACY AND HISTORY OF OUR DIVERSE AMERICAN CULTURE AND STORY, AS TOLD
THROUGH THE NATIONAL PARKS.

II. NPF'S "AMERICA'S BEST IDEA" PROGRAM CONNECTS DIVERSE, UNDERSERVED,
AND UNDER-ENGAGED COMMUNITIES TO THEIR NATIONAL PARKS.

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PLACE-BASED LEARNING OPPORTUNITIES MADE POSSIBLE THROUGH THE NATIONAL PARKS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER NPF PROGRAM SERVICE ACCOMPLISHMENTS

EXPENSES \$ 4,111,039. INCL GRANTS OF \$ 3,139,624. REVENUE \$ 1,609,642.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION IS NOT REQUIRED TO FILE A FORM 990 WITH THE INTERNAL REVENUE SERVICE PURSUANT TO ITS IRS DETERMINATION LETTER; HOWEVER, IN 2013, THE BOARD ELECTED TO BEGIN FILING ON A VOLUNTARY BASIS AND WILL CONTINUE TO IN THE FUTURE. THE 990 IS REVIEWED BY THE AUDIT AND FINANCE COMMITTEES BEFORE BEING FINALIZED. THE FINAL 990 IS MADE AVAILABLE TO THE BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: IF AN INDIVIDUAL HAS A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST IN CONNECTION WITH ANY FOUNDATION TRANSACTION OR MATTER, THE INDIVIDUAL MUST IMMEDIATELY NOTIFY THE PRESIDENT OR VICE CHAIR AND DISCLOSE ALL THE MATERIAL FACTS CONCERNING THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST AND HIS OR HER RELATIONSHIP TO THE TRANSACTION OR MATTER AT ISSUE.

IF THE CONFLICT OF INTEREST ARISES IN CONNECTION WITH THE ACTIVITIES OF ANY DELIBERATIVE BODY (E.G., THE BOARD OF DIRECTORS, COMMITTEE OF THE BOARD), THE INDIVIDUAL WITH THE CONFLICT MUST IMMEDIATELY DISCLOSE THE CONFLICT TO THE OTHER MEMBERS OF THE BODY AND THE INDIVIDUAL MUST NOT PARTICIPATE IN THE DELIBERATION, CONSIDERATION OR VOTE ON THE TRANSACTION OR MATTER AT ISSUE. A NOTATION MUST BE MADE IN THE MINUTES OF ANY MEETING AT WHICH

Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

DELIBERATION, CONSIDERATION OR VOTE ON THE TRANSACTION OR MATTER AT ISSUE IS UNDERTAKEN INDICATING THAT THE INDIVIDUAL WITH A CONFLICT OR POTENTIAL CONFLICT OF INTEREST WAS EXCUSED FROM THE MEETING DURING THE TIME THAT CONSIDERATION OF THE TRANSACTION OR MATTER WAS UNDERTAKEN, TOOK NO PART IN ANY DISCUSSION PERTAINING TO THE TRANSACTION OR MATTER AND REFRAINED FROM VOTING ON THE TRANSACTION OR MATTER.

THE FOUNDATION HAS INSTITUTED A MANDATORY DISCLOSURE POLICY UNDER WHICH EACH OF THE FOLLOWING CATEGORIES OF INDIVIDUALS WILL BE REQUIRED ON AN ANNUAL BASIS TO SIGN AND SUBMIT A MANDATORY DISCLOSURE STATEMENT TO THE PRESIDENT OR VICE CHAIR:

1. BOARD OF DIRECTORS.
2. OFFICERS.
3. OTHER SPECIFIC APPOINTEES AS DESIGNATED BY THE PRESIDENT OR THE BOARD OF DIRECTORS.

THE PRESIDENT SHALL MAINTAIN AND ANNUALLY UPDATE A FILE OF MANDATORY DISCLOSURE STATEMENTS SIGNED BY EACH ABOVE-NAMED INDIVIDUAL.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE REGULARLY CONDUCTS REVIEWS OF COMPENSATION FOR OFFICERS, DIRECTORS, AND TOP MANAGEMENT. THE COMMITTEE USES VARIOUS RESOURCES FOR DETERMINING COMPARABLE DATA DURING THE DELIBERATION AND DECISION PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER OF AGENCY FUNDS DUE TO ENDOWMENT RECLASSIFICATION 217,601.

FORM 990, PART XII, LINE 2C:

THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR.