

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

B Check if applicable: <input checked="" 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 NATIONAL PARK FOUNDATION		D Employer identification number 52-1086761
	Doing Business As NPF		E Telephone number 202-354-6460
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 55,435,764.
	1110 VERMONT AVENUE, NW	200	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: WILLIAM GILBERT SHAFROTH		If "No," attach a list. (see instructions)	
SAME AS C ABOVE		H(c) Group exemption number ▶	
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			
J Website: ▶ WWW.NATIONALPARKS.ORG			
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

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 22
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 22
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 48
	6 Total number of volunteers (estimate if necessary) 6 22
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 19,666,973. Prior Year 41,242,574. Current Year
	9 Program service revenue (Part VIII, line 2g) 1,238,508. 1,622,609.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,465,160. 2,541,523.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,360,223. 1,315,951.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 24,730,864. 46,722,657.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,841,928. 12,708,923.
	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) 4,069,829. 4,891,373.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 129,400. 180,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,058,013.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,379,002. 12,248,878.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 23,420,159. 30,029,174.
19 Revenue less expenses. Subtract line 18 from line 12 1,310,705. 16,693,483.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 104,040,609. Beginning of Current Year 130,566,444. End of Year
	21 Total liabilities (Part X, line 26) 20,672,211. 26,493,502.
	22 Net assets or fund balances. Subtract line 21 from line 20 83,368,398. 104,072,942.

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
	WILLIAM GILBERT SHAFROTH, PRESIDENT & CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ELIZABETH HELLER		
Preparer Use Only	Firm's name ▶ TATE AND TRYON	Firm's EIN ▶ 52-1855942	Check if self-employed <input type="checkbox"/> PTIN P00397829
	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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 6,514,788. including grants of \$ 5,607,367.) (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 \$ 8,257,686. including grants of \$ 3,356,897.) (Revenue \$) CONNECT WITH 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. IN APRIL OF 2015, THE NATIONAL PARK FOUNDATION LAUNCHED FIND YOUR PARK, A PUBLIC AWARENESS AND EDUCATION CAMPAIGN TO CELEBRATE THE

4c (Code:) (Expenses \$ 728,707. including grants of \$ 534,400.) (Revenue \$) INSPIRE 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 100,000 STUDENTS TO THE NATIONAL PARKS THROUGH THE "TICKET TO RIDE" PROGRAM IN FY14.

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 STEWARDS", AND "PARKS CLIMATE CHALLENGE" PROGRAMS EMPOWER BOTH TEACHERS AND STUDENTS IN POWERFUL PLACE-BASED LEARNING

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,320,757. including grants of \$ 3,210,259.) (Revenue \$ 1,891,805.)

4e Total program service expenses 19,821,938.

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 other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	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?		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i>	22 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>	23 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 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) 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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	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>	27	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>	28a	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>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding (1a-1c), employee reporting (2a-2b), unrelated business income (3a-3b), foreign accounts (4a-4b), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7d), sponsoring organizations (8-9), and section 501(c)(7), (12), (11), (12a), (29) organizations (10-14b).

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 22		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 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: **THE ORGANIZATION - 202-354-6460**
1110 VERMONT AVENUE, NW, NO. 200, WASHINGTON, DC 20005

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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			
HONORABLE SALLY JEWELL CHAIRMAN	5.00	X		X				0.	0.	0.
JONATHAN B. JARVIS SECRETARY	5.00	X		X				0.	0.	0.
ELLEN S. ALBERDING VICE CHAIR	5.00	X		X				0.	0.	0.
JOHN L. NAU, III VICE CHAIR EMERITUS	5.00	X		X				0.	0.	0.
PETER KNIGHT TREASURER	2.00	X		X				0.	0.	0.
JOHN SEITER - UNTIL 9/2014 TREASURER	5.00	X		X				0.	0.	0.
ELIZABETH FRAWLEY BAGLEY DIRECTOR	2.00	X						0.	0.	0.
AL BALDWIN DIRECTOR	2.00	X						0.	0.	0.
KATHLEEN BROWN DIRECTOR	2.00	X						0.	0.	0.
KIRK DORNBUSH DIRECTOR	2.00	X						0.	0.	0.
SUSAN GONZALES - UNTIL 4/2014 DIRECTOR	2.00	X						0.	0.	0.
TOM GOSS DIRECTOR	2.00	X						0.	0.	0.
STEPHEN L. HIGHTOWER DIRECTOR	2.00	X						0.	0.	0.
BRIEN O'BRIEN - AS OF 3/2014 DIRECTOR	2.00	X						0.	0.	0.
JOSEPH P. LANDY - UNTIL 7/2014 DIRECTOR	2.00	X						0.	0.	0.
ELLEN MALCOLM DIRECTOR	2.00	X						0.	0.	0.
HENRY R. MUNOZ, III 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			
CHARLIE PECK - UNTIL 9/2014 DIRECTOR	2.00	X					0.	0.	0.	
ROXANNE QUIMBY DIRECTOR	2.00	X					0.	0.	0.	
DAVID E. SHAW DIRECTOR	2.00	X					0.	0.	0.	
BRYAN TRAUBERT DIRECTOR	2.00	X					0.	0.	0.	
ERNESTO M. VASQUEZ, FAIA, NCARB DIRECTOR	2.00	X					0.	0.	0.	
MARY JO VEVERKA DIRECTOR	2.00	X					0.	0.	0.	
NEIL MULHOLLAND PRESIDENT/CEO	40.00	X		X			287,137.	0.	12,919.	
MARY DICKSON CFO	40.00			X			153,652.	0.	5,572.	
PATRICIA NICKLIN COO - UNTIL 3/21/2014	40.00			X			193,512.	0.	18,726.	
1b Sub-total							634,301.	0.	37,217.	
c Total from continuation sheets to Part VII, Section A							1,005,008.	0.	57,476.	
d Total (add lines 1b and 1c)							1,639,309.	0.	94,693.	

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 **11**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GREY GROUP 200 FIFTH AVE, NEW YORK, NY 10010	MARKETING & COMMUNICATION SVCS	1,022,000.
CROW'S NEST MEDIA, LLC, 14938 LA CUMBRE DR, PACIFIC PALISADES, CA 90272	COMMUNICATION SVCS	180,000.
MIDIALA APONTE, 5402 CONNECTICUT AVE NW, STE 200, WASHINGTON, DC 20015	PROGRAM CONSULTING SVCS	128,499.
STEPTOE & JOHNSON, LLP, 1330 CONNECTICUT AVE NW, WASHINGTON, DC 20036	LEGAL SVCS	115,400.
APPLIED RESEARCH NORTHWEST, 2401 BLUERIDGE AVENUE, SUITE 303, WHEATON, MD 20902	CONSULTANT SVCS	115,356.

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 or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	64,350.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	41,178,224.				
	g Noncash contributions included in lines 1a-1f: \$		657,548.				
	h Total. Add lines 1a-1f		41,242,574.				
Program Service Revenue	2 a PARK FUND MANAGEMENT	Business Code 900099	1,325,711.	1,325,711.			
	b LITIGATION SETTLEMENTS	900099	296,898.	296,898.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		1,622,609.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,150,321.			2,150,321.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		1,045,886.			1,045,886.	
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		9,104,309.					
		b Less: cost or other basis and sales expenses		8,710,878.	2,229.		
		c Gain or (loss)		393,431.	-2,229.		
	d Net gain or (loss)		391,202.			391,202.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	269,196.					
	b Less: cost of goods sold	b	0.				
	c Net income or (loss) from sales of inventory		269,196.	269,196.			
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS INCOME	900099	869.			869.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		869.				
12 Total revenue. See instructions.		46,722,657.	1,891,805.	0.	3,588,278.		

Part IX Statement of Functional Expenses

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

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

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	12,351,604.	12,351,604.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	357,319.	357,319.		
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	1,019,945.	257,163.	331,260.	431,522.
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	3,341,484.	767,249.	1,271,984.	1,302,251.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,108.		70,108.	
9 Other employee benefits	174,165.	128,158.	-153,996.	200,003.
10 Payroll taxes	285,671.		285,671.	
11 Fees for services (non-employees):				
a Management				
b Legal	209,599.	75,815.	84,257.	49,527.
c Accounting	47,803.		47,803.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	180,000.			180,000.
f Investment management fees	1,052,714.	1,052,714.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,597,887.	2,413,172.	360,600.	824,115.
12 Advertising and promotion	202,405.	94,732.	107,673.	
13 Office expenses	590,761.	99,963.	119,167.	371,631.
14 Information technology	691,415.	48,988.	543,702.	98,725.
15 Royalties				
16 Occupancy	3,437.		3,437.	
17 Travel	508,468.	169,331.	179,442.	159,695.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	311,838.		304,380.	7,458.
20 Interest	3,220.		3,220.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,966.		43,966.	
23 Insurance	13,872.		13,872.	
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	2,656,652.	336,892.		2,319,760.
b EVENT EXPENSES	1,617,160.	1,617,160.		
c RESERVES/BAD DEBT EXPEN	308,210.		308,210.	
d STAFF DEVELOPMENT EXPEN	124,202.	619.	100,722.	22,861.
e All other expenses	265,269.	51,059.	123,745.	90,465.
25 Total functional expenses. Add lines 1 through 24e	30,029,174.	19,821,938.	4,149,223.	6,058,013.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	700.	1	700.	
	2 Savings and temporary cash investments	9,151,736.	2	9,345,749.	
	3 Pledges and grants receivable, net	5,458,960.	3	26,259,524.	
	4 Accounts receivable, net	599,000.	4	64,571.	
	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	82,318.	9	242,065.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 440,691.			
	b Less: accumulated depreciation	10b 260,744.	161,610.	10c	179,947.
	11 Investments - publicly traded securities	69,966,929.	11	72,519,915.	
	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	18,619,356.	15	21,953,973.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	104,040,609.	16	130,566,444.		
Liabilities	17 Accounts payable and accrued expenses	1,402,011.	17	1,510,603.	
	18 Grants payable	650,844.	18	3,028,926.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	18,619,356.	21	21,953,973.	
	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	20,672,211.	26	26,493,502.	
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	31,622,974.	27	30,096,511.	
	28 Temporarily restricted net assets	41,732,034.	28	63,513,041.	
	29 Permanently restricted net assets	10,013,390.	29	10,463,390.	
	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	83,368,398.	33	104,072,942.		
34 Total liabilities and net assets/fund balances	104,040,609.	34	130,566,444.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,722,657.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,029,174.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,693,483.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	83,368,398.
5	Net unrealized gains (losses) on investments	5	4,011,061.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	104,072,942.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2013)

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.

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

OMB No. 1545-0047

2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21574872.	13276645.	19292779.	19666973.	42288287.	116099556
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	704,708.	101,183.	218,926.	117,736.	123,623.	1266176.
4 Total. Add lines 1 through 3	22279580.	13377828.	19511705.	19784709.	42411910.	117365732
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)						18302633.
6 Public support. Subtract line 5 from line 4.						99063099.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	22279580.	13377828.	19511705.	19784709.	42411910.	117365732
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1790078.	2003375.	1965838.	2432345.	2150494.	10342130.
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.)	217.	300.	5,506.	1,080.	869.	7,972.
11 Total support. Add lines 7 through 10						127715834
12 Gross receipts from related activities, etc. (see instructions)					12	12,312,960.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	77.57 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	86.54 %
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.** 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

2009 AMOUNT: \$ 217.

2010 AMOUNT: \$ 300.

2011 AMOUNT: \$ 5,506.

2012 AMOUNT: \$ 1,080.

2013 AMOUNT: \$ 869.

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

OMB No. 1545-0047

2013

Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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
1	_____ _____ _____	\$ <u>12,350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>10,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,409,731.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,303,204.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>1,296,759.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>1,050,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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) 2013
LHA

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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
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) 2010	(b) 2011	(c) 2012	(d) 2013	(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		13,456.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		24,062.
j Total. Add lines 1c through 1i			37,518.
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

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:

EXPLANATION: SALARIES AND BENEFITS - \$13,456; PROFESSIONAL SERVICES - \$11,400; TRAVEL - \$1,737; ALL OTHER EXPENSES - \$10,925

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.**

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

OMB No. 1545-0047

2013
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?
- 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)?
- 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 | 18,619,356. |
| d Additions during the year | 6,480,695. |
| e Distributions during the year | 3,146,078. |
| f Ending balance | 21,953,973. |
- 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	43,572,769.	39,902,360.	35,259,781.	30,423,201.	24,470,452.
b Contributions	133,514.	27,151.	81,000.	5,153,143.	3,328,165.
c Net investment earnings, gains, and losses	4,353,982.	5,110,366.	5,853,080.	3,119,577.	3,225,571.
d Grants or scholarships				278,965.	600,987.
e Other expenditures for facilities and programs	4,063,187.	1,467,108.	1,291,501.	2,874,439.	
f Administrative expenses				282,736.	
g End of year balance	43,997,078.	43,572,769.	39,902,360.	35,259,781.	30,423,201.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 51.68 %
 - b Permanent endowment 23.78 %
 - c Temporarily restricted endowment 24.54 %
- 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 | | <input checked="" type="checkbox"/> |
| (ii) related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		37,777.		37,777.
b Buildings				
c Leasehold improvements				
d Equipment		402,914.	260,744.	142,170.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 179,947.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) FUNDS MANAGED AS AGENTS FOR OTHERS	21,953,973.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	21,953,973.

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	52,302,133.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,011,061.
b	Donated services and use of facilities	2b	853,231.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	715,184.
e	Add lines 2a through 2d	2e	5,579,476.
3	Subtract line 2e from line 1	3	46,722,657.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	46,722,657.

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

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

1	Total expenses and losses per audited financial statements	1	31,597,589.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	853,231.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	715,184.
e	Add lines 2a through 2d	2e	1,568,415.
3	Subtract line 2e from line 1	3	30,029,174.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	30,029,174.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

EXPLANATION: 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:

EXPLANATION: 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 XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

RECOVERY OF INDIRECT COSTS 712,955.

LOSS ON DISPOSAL OF ASSETS 2,229.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 715,184.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INDIRECT COSTS 712,955.

LOSS ON DISPOSAL OF ASSETS 2,229.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 715,184.

Multiple horizontal lines for additional entries.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			

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.

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

9 Enter the state(s) in which the organization 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		%

 - a The organization's facility
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also 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: KERSTEN DIRECT

(I) ADDRESS OF FUNDRAISER:

855 EAST COLLINS BLVD, RICHARDSON, TX 75081-2251

(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)

PART I, LINE 2B, COLUMN (V):

EXPLANATION: OF THE \$2,908,361 PAID TO THE FUNDRAISING CONSULTANTS DURING THE FISCAL YEAR, \$180,000 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.**

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

OMB No. 1545-0047

2013

**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
AIA FOUNDATION 1735 NEW YORK AVE, NW WASHINGTON, DC 20006	59-3819154	501(C)(3)	9,850.	0.			CONNECT- 2014 ABI YOUTH GRANT
ALASKA GEOGRAPHIC ASSOCIATION 241 NORTH C STREET ANCHORAGE, AK 99501	92-0043154	501(C)(3)	21,828.	0.			CONNECT- 2014 ABI YOUTH GRANT
ALASKA REGIONAL OFFICE 240 W.5TH AVENUE ANCHORAGE, AK 99501	53-0197094	115	40,000.	0.			PROTECT- ALASKA COASTAL BOUNDARIES
ALCOVE SPRING HISTORICAL TRUST P.O. BOX 157 BLUE RAPIDS, KS 66411	48-1150951	501(C)(3)	22,125.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
AMERICAN CONSERVATION EXPERIENCE 2900 N. FORT VALLEY ROAD FLAGSTAFF, AZ 86001	37-1473291	501(C)(3)	19,143.	0.			CONNECT- 2014 ABI YOUTH GRANT
APPALACHIAN TRIAL CONSERVANCY 799 WASHINGTON STREET HARPERS FERRY, WV 25425-0807	52-6046689	501(C)(3)	25,000.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **209.**

3 Enter total number of other organizations listed in the line 1 table **6.**

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

Schedule I (Form 990) (2013)

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
APPOMATTOX 1865 FOUNDATION 827 WOLF CREEK LANE APPOMATTOX, VA 24522	45-4236806	501(C)(3)	17,535.	0.			CONNECT, INSPIRE, PROTECT GRANTS
ARABIA MOUNTAIN HERITAGE AREA ALLIANCE - 3787 KLONDIKE RD - LITHONIA, GA 30038	58-1626232	501(C)(3)	19,838.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
ASSATEAGUE ISLAND NATIONAL SEASHORE - P.O. BOX 611 - BERLIN, MD 21811	53-0197094	115	18,000.	0.			INSPIRE- PARK STEWARDS
AUGUSTA CANAL AUTHORITY 1450 GREENE STREET AUGUSTA, GA 30901	58-1925588	115	10,000.	0.			INSPIRE- PARK STEWARDS
BADLANDS NATURAL HISTORY ASSOCIATION - P.O. BOX 47 - INTERIOR, SD 57750	46-0278822	501(C)(3)	10,000.	0.			PROTECT- BADLANDS ASTRONOMY FESTIVAL
BANDELIER NATIONAL MONUMENT 15 ENTRANCE ROAD LOS ALAMOS, NM 87544-9508	53-0197094	115	22,500.	0.			INSPIRE- BAND CONSERVATION CORPS
BARTON & LOGUIDICE, D.P.C. 290 ELWOOD DAVIS ROAD LIVERPOOL, NY 13088	16-1020368		22,500.	0.			PROTECT- CONSERVATION IMPACT GRANT
BIG SOUTH FORK NATIONAL RIVER & RECREATION AREA - 4564 LEATHERWOOD ROAD - ONEIDA, TN 37841	53-0197094	115	27,509.	0.			CONNECT- 2014 ABI YOUTH AND 2014 TICKET TO RIDE
BIGHORN CANYON NATIONAL RECREATION AREA - P.O. BOX 7458 - FORT SMITH, MT 59035-7458	53-0197094	115	8,000.	0.			CONNECT- 2014 TICKET TO RIDE

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
BISHOP INDIAN TRIBAL COUNCIL 50 TU SU LANE BISHOP, CA 93514	95-1905064	115	8,000.	0.			CONNECT- 2014 TICKET TO RIDE
BOOKER T. WASHINGTON NATIONAL MONUMENT - 12130 BT WASHINGTON HIGHWAY - HARDY, VA 24151-9688	53-0197094	115	12,000.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
BOSTON HARBOR ISLANDS 15 STATE STREET, BOSTON, MA 02109	04-3268863	501(C)(3)	9,000.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
BOYS & GIRLS CLUBS OF THE OLYMPIC PENINSULA - 400 W. FIR STREET - SEQUIM, WA 98382	91-1376766	501(C)(3)	6,400.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
BRIGHAM YOUNG UNIVERSITY LDS PHILANTHROPIES PROVO, UT 84602	87-0217280	501(C)(3)	23,500.	0.			PROTECT- CONSERVATION IMPACT GRANT
BROWN V BOARD OF EDUCATION 1515 SE MONROE STREET TOPEKA, KS 66612-1143	53-0197094	115	8,000.	0.			CONNECT- 2014 TICKET TO RIDE
BRYCE CANYON NATIONAL PARK P.O. BOX 640201 BRYCE, UT 84764	53-0197094	115	30,000.	0.			PROTECT- BRCA WINTER RESCUE EQUIP
BRYCE CANYON NATURAL HISTORY ASSOCIATION - P.O. BOX 640051 - BRYCE, UT 84764-0051	87-0258075	501(C)(3)	24,067.	0.			CONNECT, PROTECT GRANTS
BUCK ISLAND REEF NATIONAL MONUMENT 2100 CHURCH ST #100 CHRISTIANSTED, VI 00820-4611	53-0197094	115	8,000.	0.			CONNECT- 2014 TICKET TO RIDE

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
BUFFALO NATIONAL RIVER PARTNERS P.O. BOX 1914 HARRISON, AR 72602	26-1467465	501(C)(3)	25,000.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
C & O CANAL TRUST, INC. 1850 DUAL HWY. , SUITE 100 HAGERSTOWN, MD 21740	30-0401642	501(C)(3)	13,020.	0.			CONNECT, PROTECT GRANTS
CAMP VERDE UNIFIED SCHOOL DISTRICT 410 CAMP LINCOLN ROAD CAMP VERDE, AZ 86322	86-6003046	115	13,000.	0.			INSPIRE- PARK STEWARDS
CAPE HATTERAS NATIONAL SEASHORE 1401 NATIONAL PARK DRIVE MANTEO, NC 27954-2708	53-0197094	115	13,840.	0.			PROTECT- OCRACOKE PONIES
CAPE LOOKOUT NATIONAL SEASHORE 131 CHARLES STREET HARKERS ISLAND, NC 28531-9702	53-0197094	115	15,344.	0.			CONNECT- 2014 ABI YOUTH AND 2014 TICKET TO RIDE
CAPITOL REEF NATIONAL PARK HC 70 BOX 5 TORREY, UT 84775-9602	53-0197094	115	25,000.	0.			PROTECT- CONSERVATION IMPACT GRANT
CASTILLO DE SAN MARCOS NATIONAL MONUMENT - 1 CASTILLO DRIVE SOUTH - ST. AUGUSTINE, FL 32084-3699	53-0197094	115	18,000.	0.			INSPIRE- PARK STEWARDS
CHANNEL ISLANDS NATIONAL PARK 1901 SPINNAKER DRIVE VENTURA, CA 93001-4354	53-0197094	115	292,540.	0.			PROTECT- CHIS LAW ENFORCEMENT SPRT
CHANNEL ISLANDS PARK FOUNDATION 1901 SPINNAKER DRIVE VENTURA, CA 93001	20-5866690	501(C)(3)	7,965.	0.			CONNECT- 2014 TICKET TO RIDE

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
CHATTAHOOCHEE RIVER NATIONAL RECREATION AREA - 1978 ISLAND FORD PARKWAY - ATLANTA, GA 30350-3400	53-0197094	115	7,664.	0.			CONNECT- 2014 TICKET TO RIDE
CHICKASAW NATIONAL RECREATION AREA 1008 WEST 2ND STREET SULPHUR, OK 73086-4814	53-0197094	115	6,650.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
CHRISTIANSTED NATIONAL HISTORIC SITE - DANISH CUSTOMS HOUSE - KINGS WHARF - CHRISTIANSTED, VI 00820-4611	53-0197094	115	18,000.	0.			INSPIRE- PARK STEWARDS
CITY OF FLAGSTAFF 211 WEST ASPEN AVE FLAGSTAFF, AZ 86001	86-6000244	115	45,450.	0.			PROTECT- WACR WATER PROJECT
COALITION FOR THE UPPER SOUTH PLATTE (CUSP) - P.O. BOX 726 - LAKE GEORGE, CO 80827	84-1469785	501(C)(3)	24,400.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
COLORADO NATIONAL MONUMENT 1750 RIM ROCK DRIVE FRUITA, CO 81521	84-6035626	501(C)(3)	11,300.	0.			CONNECT, PROTECT GRANTS
COLUMBIA MUSEUM OF ART P.O. BOX 2068 COLUMBIA, SC 29201	57-6007869	501(C)(3)	5,000.	0.			CONNECT- 2014 ABI YOUTH GRANT
CONGAREE NATIONAL PARK 100 NATIONAL PARK ROAD HOPKINS, SC 29061-9118	53-0197094	115	33,500.	0.			CONNECT, PROTECT GRANTS
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL - 1403 WEST HINES HILL RD. - PENINSULA,, OH 44264	34-1917257	501(C)(3)	13,000.	0.			CONNECT, PROTECT GRANTS

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
COPPER GLOBAL CHAUFFEURED TRANSPORTATION - 2711 PEACHTREE SQUARE - ATLANTA, GA 30360	84-1677086		7,980.	0.			CONNECT- 2014 TICKET TO RIDE
CORONADO NATIONAL MEMORIAL 4101 EAST MONTEZUMA CANYON ROAD HEREFORD, AZ 85615-9376	53-0197094	115	24,660.	0.			PROTECT- CONSERVATION IMPACT GRANT
CRATER LAKE NATIONAL PARK P.O. BOX 7 CRATER LAKE, OR 97604-0007	53-0197094	115	21,671.	0.			PROTECT- CONSERVATION IMPACT GRANT
CRATER LAKE NATIONAL PARK TRUST P.O. BOX 62 CRATER LAKE, OR 97604-0062	20-5826128	501(C)(3)	7,160.	0.			PROTECT- GUEST DONATIONS
CUYAHOGA VALLEY NATIONAL PARK 15610 VAUGHN ROAD BRECKSVILLE, OH 44141-3018	53-0197094	115	15,000.	0.			INSPIRE- PARK STEWARDS
DAYTON AVIATION HERITAGE NATIONAL HISTORICAL PARK - 16 SOUTH WILLIAMS STREET - DAYTON, OH 45402	53-0197094	115	24,130.	0.			CONNECT, INSPIRE GRANTS
DEATH VALLEY NATIONAL PARK DEATH VALLEY NATIONAL PARK DEATH VALLEY, CA 92328	53-0197094	115	31,800.	0.			PROTECT- DEVA IMPROVEMENT PROJECTS
DEATH VALLEY NATURAL HISTORY ASSOCIATION - P.O. BOX 188 - DEATH VALLEY, CA 92328	95-2083126	501(C)(3)	8,040.	0.			PROTECT- DEVA IMPROVEMENT PROJECTS
DENVER PUBLIC SCHOOL 900 GRANT STREET DENVER, CO 80203	84-6001099	501(C)(3)	7,695.	0.			CONNECT- 2014 TICKET TO RIDE

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
DEVILS TOWER NATURAL HISTORY ASSOCIATION - 15 PRAIRIE DOG LANE - DEVILS TOWER, WY 82714	83-6004786	501(C)(3)	7,927.	0.			CONNECT- 2014 TICKET TO RIDE
DISCOVER YOUR NORTHWEST 164 S. JACKSON ST SEATTLE, WA 98104	91-0921955	501(C)(3)	6,368.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
DUMBARTON OAKS PARK CONSERVANCY P.O. BOX 32080 WASHINGTON, DC 20007	27-4197533	501(C)(3)	50,000.	0.			PROTECT- LEGACY PROJECT
DUNES LEARNING CENTER 700 HOWE ROAD CHESTERTON, IN 46304	35-2031658	501(C)(3)	18,000.	0.			INSPIRE- PARK STEWARDS
EAST BAY CENTER FOR THE PERFORMING ARTS - 339-11TH ST - RICHMOND, CA 94801-3105	94-1692171	501(C)(3)	18,000.	0.			INSPIRE- PARK STEWARDS
EASTERN NATIONAL 470 MARYLAND DRIVE, SUITE #1 FORT WASHINGTON, PA 19034	23-1401703	501(C)(3)	28,000.	0.			CONNECT- 2014 ABI YOUTH GRANT AND 2014 TICKET TO RIDE
ERIE CANALWAY HERITAGE FUND, INC. P.O. BOX 219 WATERFORD, NY 12188	26-0372982	501(C)(3)	8,000.	0.			CONNECT- 2014 TICKET TO RIDE
ESSEX NATIONAL HERITAGE COMMISSION 221 ESSEX STREET, SUITE #41 SALEM, MA 01970	04-3406670	501(C)(3)	28,000.	0.			CONNECT, INSPIRE GRANTS
FLAGSTAFF AREA NATIONAL MONUMENTS 6400 NORTH HIGHWAY 89 FLAGSTAFF, AZ 86004	53-0197094	115	22,450.	0.			CONNECT, PROTECT GRANTS

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
FLAGSTAFF NATIONAL MONUMENTS FOUNDATION - 6400 N. HIGHWAY 89 - FLAGSTAFF, AZ 86004	86-1011838	501(C)(3)	10,550.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
FLIGHT 93 NATIONAL MEMORIAL 109 WEST MAIN STREET SOMERSET, PA 15501	53-0197094	115	3,200,000.	0.			PROTECT- FL93 CONSTRUCTION
FORT LARNED OLD GUARD, INC. P.O. BOX 1 WOODSTON, KS 67675	48-1064493	501(C)(3)	8,000.	0.			CONNECT- 2014 TICKET TO RIDE
FRIENDS OF ACADIA 43 COTTAGE ST. BAR HARBOR, ME 04609	01-0425071	501(C)(3)	11,966.	0.			CONNECT- 2014 ABI YOUTH GRANT
FRIENDS OF AZTEC RUINS NATIONAL MONUMENT - #84 COUNTY RD 2900 - AZTEC, NM 87410-9715	45-3951868	115	18,000.	0.			INSPIRE- PARK STEWARDS
FRIENDS OF BIG BEND NATIONAL PARK P.O. BOX 200 BIG BEND NP, TX 79834	75-2670331	501(C)(3)	108,000.	0.			CONNECT, PROTECT GRANTS
FRIENDS OF CART SANDBURG AT CONNEMARA - P.O. BOX 16 - FLAT ROCK, NC 28731	56-1597460	501(C)(3)	8,000.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
FRIENDS OF CHACO 10 AVENIDA HERRERA SANTA FE, NM 87506	33-1194355		5,930.	0.			CONNECT- 2014 TICKET TO RIDE
FRIENDS OF CUMBERLAND GAP NHP 2116 CUMBERLAND AVE. MIDDLESBORO, KY 40965	27-0230848	501(C)(3)	25,000.	0.			PROTECT- CONSERVATION IMPACT 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
FRIENDS OF HOMESTEAD NM OF AMERICA 8523 WEST STATE HWY 4 BEATRICE, NE 68310	47-0842437	501(C)(3)	8,000.	0.			CONNECT- 2014 TICKET TO RIDE
FRIENDS OF INDEPENDENCE NATIONAL HISTORICAL PARK - 143 S. 3RD STREET - PHILADELPHIA, PA 19106	23-7179598	501(C)(3)	18,520.	0.			CONNECT- 2014 ABI YOUTH GRANT AND 2014 TICKET TO RIDE
FRIENDS OF JIMMY CARTER NHS 300 NORTH BOND STREET PLAINS, GA 31780	46-1186442	501(C)(3)	10,492.	0.			CONNECT- 2014 ABI YOUTH GRANT AND 2014 TICKET TO RIDE
FRIENDS OF LBJ NATIONAL HISTORICAL PARK - P.O. BOX 1831 - JOHNSON CITY, TX 78636	32-0202408	501(C)(3)	7,960.	0.			CONNECT- 2014 TICKET TO RIDE
FRIENDS OF MAMMOTH CAVE P.O. BOX 2 MAMMOTH CAVE, KY 42259	61-1302865	115	9,064.	0.			PROTECT- GUEST DONATIONS
FRIENDS OF PIERCE MILL 2930 BRANDYWINE ST. NW WASHINGTON, DC 20008-2138	52-2010378	501(C)(3)	8,000.	0.			CONNECT- 2014 TICKET TO RIDE
FRIENDS OF SAGUARO NP 2700 NORTH KINNEY RD TUCSON,, AZ 85743	86-0842503	501(C)(3)	90,000.	0.			PROTECT- LEGACY PROJECT
FRIENDS OF THE APOSTLE ISLANDS NATIONAL LAKESHORE - P.O. BOX 1574 - BAYFIELD, WI 54814	20-0079065	501(C)(3)	18,000.	0.			INSPIRE- PARK STEWARDS
FRIENDS OF THE PRESERVE AT LITTLE RIVER CANYON - 4322 LITTLE RIVER TRAIL NE - FORT PAYNE, AL 35967	27-3123521	501(C)(3)	25,895.	0.			CONNECT, PROTECT GRANTS

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
FRIENDS OF THE SMOKIES 3099 WINFIELD DUNN PKWY KODAK, TN 37764-7660	62-1564782	501(C)(3)	165,000.	0.			PROTECT GRANTS
FRIENDS OF THE WEKIVA RIVER, INC. 1599 HIGHLAND ROAD WINTER PARK, FL 32789	59-2226720	501(C)(3)	25,000.	0.			PROTECT- CONSERVATION IMPACT GRANT
FRIENDS OF VIRGIN ISLANDS NATIONAL PARK - P.O. BOX 811 - ST. JOHN, VI 00831	66-0463113	501(C)(3)	5,000.	0.			CONNECT- 2014 ABI YOUTH GRANT
GATEWAY NATIONAL RECREATION AREA 210 NEW YORK AVE. STATEN ISLAND, NY 10305	53-0197094	115	20,000.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
GEOLOGICAL SOCIETY OF AMERICA FOUNDATION - P.O. BOX 9140 - BOULDER, CO 80301	74-2156871	501(C)(3)	60,000.	0.			INSPIRE- MOSAICS IN SCIENCE INTERNS
GEORGE WASHINGTON BIRTHPLACE NATIONAL MONUMENT - 1732 POPES CREEK ROAD - COLONIAL BEACH, VA 22443	53-0197094	115	23,550.	0.			PROTECT- CONSERVATION IMPACT GRANT
GEORGE WASHINGTON CARVER NATIONAL MONUMENT - 5646 CARVER ROAD - DIAMOND, MO 64840	53-0197094	115	19,935.	0.			CONNECT- 2014 ABI YOUTH GRANT
GEORGE WASHINGTON MEMORIAL PARKWAY 700 GEORGE WASHINGTON MEMORIAL PARK MCLEAN, VA 22101-0001	53-0197094	115	2,250,000.	0.			PROTECT- RESTORE ARLINGTON HOUSE
GEORGE WASHINGTON'S MT VERNON 3200 MT VERNON MEMORIAL HWY ALEXANDRIA, VA 22309	53-0197094	115	5,000.	0.			PROTECT- CAPACITY GRANT

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GETTYSBURG FOUNDATION 1195 BALTIMORE PIKE GETTYSBURG, PA 17325	23-2969074	501(C)(3)	153,360.	0.			CONNECT, PROTECT GRANTS
GLACIER NATIONAL PARK CONSERVANCY P.O. BOX 2749 COLUMBIA FALLS, MT 59912	56-2579734	501(C)(3)	92,384.	0.			CONNECT, PROTECT GRANTS
GLEN CANYON NATIONAL RECREATION AREA - P.O. BOX 1507 - PAGE, AZ 86040-1507	53-0197094	115	8,875.	0.			CONNECT- 2014 ABI YOUTH GRANT
GLEN CANYON NATURAL HISTORY ASSOCIATION - P.O. BOX 1835 - PAGE, AZ 86040	74-2429545	501(C)(3)	45,064.	0.			PROTECT- GUEST DONATIONS
GOLDEN GATE NP CONSERVANCY FORT MASON BUILDING 201 SAN FRANCISCO, CA 94123-0022	94-2781708	501(C)(3)	37,045.	0.			CONNECT, INSPIRE GRANTS
GRAND CANYON ASSOCIATION P.O. BOX 399 GRAND CANYON, AZ 86023	86-0179548	501(C)(3)	432,372.	0.			CONNECT, INSPIRE, PROTECT GRANTS
GRAND CANYON YOUTH P.O. BOX 23376 FLAGSTAFF, AZ 86002	86-0905180	501(C)(3)	10,880.	0.			CONNECT- 2014 ABI YOUTH GRANT
GRAND TETON ASSOCIATION P.O. BOX 170 MOOSE, WY 83012	83-0185073	501(C)(3)	29,000.	0.			CONNECT- AMLATINOEXPEDTN GRANT, 2014 TICKET TO RIDE
GRAND TETON NATIONAL PARK FOUNDATION - P.O. BOX 249 - MOOSE, WY 83012	83-0322668	501(C)(3)	20,000.	0.			CONNECT- 2014 ABI YOUTH GRANT

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GREAT EGG HARBOR WATERSHED ASSOCIATION - P.O. BOX 109 - NEWTONVILLE, NJ 08346-0109	22-3024853	501(C)(3)	22,600.	0.			PROTECT- CONSERVATION IMPACT GRANT
GREAT SMOKY MOUNTAINS ASSOCIATION P.O. BOX 130 GATLINBURG, TN 37738	62-0576032	501(C)(3)	7,000.	0.			CONNECT- 2014 TICKET TO RIDE
GREAT SMOKY MOUNTAINS NATIONAL PARK - 107 PARK HEADQUARTERS ROAD - GATLINBURG, TN 37738-4102	53-0197094	115	25,000.	0.			PROTECT- CONSERVATION IMPACT GRANT
GREATER NEW BEDFORD REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL - TECHNICAL HIGH SCHOOL - NEW BEDFORD, MA 02745-2419	04-2516154	115	18,000.	0.			INSPIRE- PARK STEWARDS
GREENING YOUTH FOUNDATION 100 EDGEWOOD AVENUE ATLANTA, GA 30303	26-1211569	501(C)(3)	35,496.	0.			CONNECT, INSPIRE GRANTS
GROUNDWORK USA 22 MAIN ST. YONKERS, NY 10701	81-0554362	501(C)(3)	21,000.	0.			CONNECT- 2014 ABI YOUTH GRANT
GULF ISLANDS NATIONAL SEASHORE PARK HEADQUARTERS GULF BREEZE, FL 32563	53-0197094	115	18,000.	0.			INSPIRE- PARK STEWARDS
HAGERMAN IDEA INC. P.O. BOX 614 HAGERMAN, ID 83332	71-0893282	501(C)(3)	25,000.	0.			PROTECT- CONSERVATION IMPACT GRANT
HARPERS FERRY HISTORICAL ASSOCIATION - P.O. BOX 197 - HARPERS FERRY, WV 25425	55-0526963	501(C)(3)	8,000.	0.			CONNECT- 2014 TICKET TO RIDE

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HAWAII VOLCANOES NATIONAL PARK P.O. BOX 52 HAWAII NATIONAL PARK, HI 96718-0052	53-0197094	115	19,200.	0.			PROTECT- CONSERVATION IMPACT GRANT
HISTORY COLORADO CENTER 1200 BROADWAY DENVER, CO 80203	84-0644739	115	12,400.	0.			CONNECT- 2014 ABI YOUTH GRANT
IDAHO STATE UNIVERSITY 921 SOUTH 8TH AVENUE POCATELLO, ID 83209-8219	82-6000924	501(C)(3)	7,297.	0.			PROTECT- GLBA WHALE DIGITIZATION
INDEPENDENCE NATIONAL HISTORICAL PARK - 143 SOUTH THIRD STREET - PHILADELPHIA, PA 19106-2778	53-0197094	115	20,300.	0.			CONNECT, INSPIRE GRANTS
INTERMOUNTAIN NATURAL HISTORY ASSOCIATION - P.O. BOX 155 - JENSEN, UT 84035	87-0239318	501(C)(3)	25,000.	0.			PROTECT- CONSERVATION IMPACT GRANT
JEFFERSON NP ASSOCIATION ONE MEMORIAL DRIVE, SUITE 1900 ST. LOUIS, MO 63102-1500	43-6062751	501(C)(3)	45,719.	0.			CONNECT, INSPIRE, PROTECT GRANTS
JIMMY CARTER NATIONAL HISTORIC SITE - 300 N. BOND STREET - PLAINS, GA 31780-0392	53-0197094	501(C)(3)	9,720.	0.			CONNECT- 2014 ABI YOUTH GRANT
JOSHUA TREE NATIONAL PARK 74485 NATIONAL PARK DRIVE TWENTYNINE PALMS, CA 92277-3597	53-0197094	115	10,000.	0.			PROTECT- JOTR ARCHEOLOGICAL INVSTGTN
KEMOTRAIL CORPS, INC. 905 KENNESAW MOUNTAIN DRIVE KENNESAW, GA 30152	33-1064049	501(C)(3)	6,000.	0.			CONNECT- 2014 TICKET TO RIDE

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KINGS MOUNTAIN NATIONAL MILITARY PARK - 2625 PARK ROAD - BLACKSBURG, SC 29702	53-0197094	115	27,514.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
KNIFE RIVER INDIAN VILLAGES NATIONAL HISTORIC SITE - P.O. BOX 9 - STANTON, ND 58571-0009	53-0197094	115	13,000.	0.			INSPIRE- PARK STEWARDS
LAKE CLARK NATIONAL PARK AND PRESERVE - 240 WEST 5TH AVE - ANCHORAGE, AK 99501	53-0197094	115	25,000.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
LATINO OUTREACH OF TEHAMA COUNTY P.O. BOX 395 RED BLUFF, CA 96080	80-0032597	501(C)(3)	12,718.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
LATINONET 908 7TH STREET EUREKA, CA 95501	68-0659346	501(C)(3)	7,900.	0.			CONNECT- 2014 TICKET TO RIDE
LAVA BEDS NATURAL HISTORY ASSOCIATION - P.O. BOX 865 - TULELAKE, CA 96134	94-6139658	501(C)(3)	5,000.	0.			CONNECT- 2014 TICKET TO RIDE
LOOKING FOR LINCOLN HERITAGE COALITION - #1 OLD STATE CAPITOL PLAZA - SPRINGFIELD, IL 62701	30-0040831	501(C)(3)	28,000.	0.			CONNECT- 2014 ABI YOUTH GRANT AND 2014 TICKET TO RIDE
LOWELL NATIONAL HISTORICAL PARK 67 KIRK STREET LOWELL, MA 01852	53-0197094	115	5,760.	0.			CONNECT- 2014 TICKET TO RIDE
LOWELL'S BOAT SHOP 459 MAIN ST. AMESBURY, MA 01913	06-1793893		15,000.	0.			INSPIRE- PARK STEWARDS

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LOWER SHORE LAND TRUST, INC. 9931 OLD OCEAN CITY BLVD BERLIN, MD 21811	52-1701152	501(C)(3)	17,650.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
MANASSAS NATIONAL BATTLEFIELD PARK 12521 LEE HIGHWAY MANASSAS, VA 20109-2005	53-0197094	115	11,500.	0.			PROTECT- CONSERVATION IMPACT GRANT
MESA VERDE FOUNDATION 823 S.PERRY ST., STE. 120 CASTLE ROCK, CO 80104	84-1404606	501(C)(3)	75,000.	0.			PROTECT- LEGACY PROJECT
MINGUS UNION HIGH SCHOOL DISTRICT #4 - 1801 E. FIR STREET - COTTONWOOD, AZ 86326	86-6006215	115	5,000.	0.			INSPIRE- PARK STEWARDS
MISSISSIPPI RIVER FUND 111 EAST KELLOGG BLVD. ST. PAUL, MN 55101-1256	87-0786530	501(C)(3)	27,700.	0.			CONNECT- 2014 ABI YOUTH GRANT AND 2014 TICKET TO RIDE
MOORES CREEK CONSERVATION ALLIANCE 40 PATRIOTS HALL DRIVE CURRIE, NC 28435	27-3445231	501(C)(3)	14,550.	0.			CONNECT- 2014 ABI YOUTH GRANT
MOORES CREEK NATIONAL BATTLEFIELD 40 PATRIOTS HALL DRIVE CURRIE, NC 28435	53-0197094	115	8,870.	0.			CONNECT- 2014 ABI YOUTH GRANT AND 2014 TICKET TO RIDE
MORRIS K. UDALL FOUNDATION 130 S. SCOTT AVE TUCSON, AZ 85701	51-0563508	501(C)(3)	9,700.	0.			CONNECT- 2014 ABI YOUTH GRANT
MOUNT RAINIER NATIONAL PARK 1401 NATIONAL PARK ROAD ASHFORD, WA 98304-9751	53-0197094	115	20,000.	0.			CONNECT- 2014 ABI YOUTH GRANT

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MOUNT RUSHMORE SOCIETY P.O. BOX 1524 RAPID CITY, SD 57709	46-0258947	501(C)(3)	100,000.	0.			PROTECT- LEGACY PROJECT
NATCHEZ TRACE NATIONAL HISTORICAL PARK - 640 SOUTH CANAL STREET, BOX E - NATCHEZ, MS 39120	53-0197094	115	8,253.	0.			PROTECT- 2014 ALBRIGHT-WIRTH
NATIONAL CAPITAL REGION/NATURAL RESOURCES & SCIENCE - 4598 MCARTHUR BLVD NW - WASHINGTON, DC 20007	53-0197094	115	9,859.	0.			PROTECT- 2014 ALBRIGHT-WIRTH
NATIONAL MALL AND MEMORIAL PARKS 900 OHIO DRIVE, SW WASHINGTON, DC 20024	53-0197094	115	452,349.	0.			PROTECT GRANTS
NATIONAL PARK SERVICE 1201 EYE ST, NW, 10TH FLOOR WASHINGTON, DC 20005	53-0197094	115	15,847.	0.			PROTECT- CAPACITY GRANT
NATIONAL PARKS OF AMERICAN SAMOA MHJ BUILDING, 2ND FLOOR PAGO PAGO, AS 96799-0001	53-0197094	115	8,000.	0.			CONNECT- 2014 TICKET TO RIDE
NATIONAL WILDLIFE FEDERATION 149 STATE STREET, SUITE 1 MONTPELIER, VT 05602	53-0204616	501(C)(3)	26,784.	0.			CONNECT, PROTECT GRANTS
NATIONAL WRITING PROJECT UNIVERSITY OF CALIFORNIA BERKELEY, CA 94720-1042	94-3130846	501(C)(3)	10,314.	0.			CONNECT- NATIONAL WRITING PROJECT
NATUREBRIDGE 28 GEARY STREET, SUITE # 650 SAN FRANCISCO, CA 94108	94-2145930	501(C)(3)	52,400.	0.			CONNECT- 2014 ABI YOUTH GRANT AND 2014 TICKET TO RIDE

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NORTH CASCADES NATIONAL PARK 810 STATE ROUTE 20 SEDRO WOOLLEY, WA 98284-1239	53-0197094	115	14,500.	0.			CONNECT, PROTECT GRANTS
NORTHWEST COLLEGE 231 WEST SIXTH ST, BLDG. 1 POWELL, WY 82435-1898	83-6001133	115	8,450.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
NPS C&O CANAL NHP 1850 DUAL HIGHWAY HAGERSTOWN, MD 21740	53-0197094	115	18,000.	0.			INSPIRE- PARK STEWARDS
NPS INTERMOUNTAIN REGIONAL OFFICE SANTA FE SANTA FE, NM 87505	53-0197094	115	10,500.	0.			PROTECT- 2014 ALBRIGHT-WIRTH
NPS NATIONAL PARK SERVICE NATIONAL PARK SERVICE WASHINGTON, DC 20240	53-0197094	115	105,090.	0.			CONNECT- 50THANV MARCH ON WASH, PROTECT GRANTS
NPS-BLACK CANYON OF THE GUNNISON NP - 102 ELK CREEK - GUNNISON, CO 81230	53-0197094	115	5,000.	0.			PROTECT- BLCA RANGER SAFETYTRAINING
NPS-FORT STANWIX NATIONAL MONUMENT 112 EAST PARK STREET ROME, NY 13440	53-0197094	115	6,100.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
NPS-LESES 1201 EYE ST. NW WASHINGTON, DC 20005	53-0197094	115	10,500.	0.			PROTECT- 2014 ALBRIGHT-WIRTH
NPS-LYNDON B JOHNSON MEMORIAL G POTOMAC - C/O GEORGE WASHINGTON MEMORIAL PKWY - MCLEAN, VA 22101	53-0197094	115	43,321.	0.			PROTECT- LBJG LIGHTING PROJECT

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NPS-PETRIFIED FOREST NATIONAL PARK P.O. BOX 2217 PETRIFIED FOREST, AZ 86028	53-0197094	115	63,150.	0.			PROTECT GRANTS
NPS-SAN FRANCISCO MARITIME NHP BUILDING E. LOWER FT MASON, RM 265 SAN FRANCISCO, CA 94123	53-0197094	115	15,504.	0.			CONNECT- 2014 ABI YOUTH GRANT
NPS-SHILO NATIONAL MILITARY PARK 1055 PITTSBURGH LANDING ROAD SHILOH, TN 38376	53-0197094	115	18,000.	0.			INSPIRE- PARK STEWARDS
NPS-WEIR FARM NATIONAL HISTORIC SITE - 735 NOD HILL ROAD - WILTON, CT 06897	53-0197094	115	23,565.	0.			CONNECT- 2014 ABI YOUTH AND 2014 TICKET TO RIDE
OLYMPIC NATIONAL PARK 600 EAST PARK AVENUE PORT ANGELES, WA 98362-6757	53-0197094	115	14,200.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
ONE COMMON UNITY 2437 15TH ST, NW WASHINGTON, DC 20009	52-2270569	501(C)(3)	20,000.	0.			CONNECT- 2014 ABI YOUTH GRANT
ORGAN PIPE CACTUS NATIONAL MONUMENT - 10 ORGAN PIPE DRIVE - AJO, AZ 85321-9626	53-0197094	115	10,500.	0.			PROTECT- 2014 ALBRIGHT-WIRTH
OVERMOUNTAIN VICTORY TRAIL ASSOCIATION - 1780 MUSTER PLACE - ABINGDON, VA 24210	62-1074440	501(C)(3)	8,000.	0.			CONNECT- 2014 TICKET TO RIDE
PACIFIC HISTORIC PARKS 94-1187 KA UKA BLVD WAIPAHU, HI 96797	99-0194501	501(C)(3)	20,000.	0.			CONNECT- 2014 ABI YOUTH AND 2014 TICKET TO RIDE

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PARKS & PEOPLE FOUNDATION 800 WYMAN PARK DR BALTIMORE, MD 21211	52-1349346	501(C)(3)	25,000.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
PINNACLES NATIONAL MONUMENT 5000 HIGHWAY 146 PAICINES, CA 95043-9770	53-0197094	115	5,810.	0.			PROTECT- 2014 ALBRIGHT-WIRTH
POCONO ENVIRONMENTAL EDUCATION 538 EMERY ROAD DINGMAN'S FERRY, PA 18328	23-2424742	501(C)(3)	8,000.	0.			CONNECT- 2014 TICKET TO RIDE
POINT REYES NATIONAL SEASHORE ASSOCIATION - 1 BEAR VALLEY ROAD - POINT REYES STATION, CA 94956	94-2228894	501(C)(3)	28,000.	0.			CONNECT- 2014 ABI YOUTH AND 2014 TICKET TO RIDE
POUDRE HERITAGE ALLIANCE 8313 WEST F. ST GREELEY, CO 80631	36-4507550	501(C)(3)	24,380.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
PRESIDENT'S PARK (WHITE HOUSE) 1100 OHIO DRIVE, SW WASHINGTON, DC 20242	53-0197094	115	10,150.	0.			CONNECT- 2014 ABI YOUTH GRANT
PRINCE WILLIAM COUNTY PUBLIC SCHOOLS EDUCATION - FOUNDATION, INC. - MANASSAS, VA 20108	54-1498824	501(C)(3)	8,000.	0.			CONNECT- 2014 TICKET TO RIDE
RIVER RAISIN NATIONAL BATTLEFIELD PARK FOUNDATION - 1403 E. ELM AVE - MONROE, MI 48162	46-2501428	501(C)(3)	51,000.	0.			CONNECT, INSPIRE GRANTS
ROCK CREEK CONSERVANCY, INC 4825 CORDELL AVE BETHESDA, MD 20814	20-3874333	501(C)(3)	25,000.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT

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ROCKY MOUNTAIN NATIONAL PARK 1000 HIGHWAY 36 ESTES PARK, CO 80517-8397	53-0197094	115	43,000.	0.			PROTECT, INSPIRE GRANTS
ROCKY MTN.NATURE ASSOCIATION 1000 HIGHWAY 36 ESTES PARK, CO 80517-8397	53-0197094	115	15,000.	0.			INSPIRE- ROMO CONSERVATION CORPS
ROME HISTORICAL SOCIETY 200 CHURCH ST. ROME, NY 13440	15-0550178	501(C)(3)	17,500.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
SACRED ROK P.O. BOX 148 YOSEMITE, CA 95389	80-0440822	501(C)(3)	18,610.	0.			CONNECT- 2014 ABI YOUTH GRANT
SAGAMORE HILL NATIONAL HISTORIC SITE - 20 SAGAMORE HILL ROAD - OYSTER BAY, NY 11771-1899	53-0197094	115	51,379.	0.			PROTECT- SAHI RENOVATION
SAGUARO NATIONAL PARK 3693 SOUTH OLD SPANISH TRIAL TUCSON, AZ 85730-5601	53-0197094	115	24,186.	0.			PROTECT- 2014 ALBRIGHT-WIRTH , INSPIRE- PARK STEWARDS
SAINT GAUDENS MEMORIAL 34 SOUTH HIGHLAND AVE OSSINING, NY 10562	02-0223438	501(C)(3)	18,000.	0.			INSPIRE- PARK STEWARDS
SALT RIVER BAY NATIONAL HISTORICAL PARK AND ECOLOGICAL PRESERVE - 2100 CHURCH STREET, #100 - CHRISTIANSTED, VI 00820-4611	53-0197094	115	21,000.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
SAN FELIPE DEL RIO CISD P.O. BOX 428002 DEL RIO, TX 78842	74-1694073		8,000.	0.			CONNECT- 2014 TICKET TO RIDE

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SAN JUAN ISLAND NATIONAL HISTORICAL PARK - 650 MULLIS ST. - FRIDAY HARBOR, WA 98250	53-0197094	115	18,000.	0.			INSPIRE- PARK STEWARDS
SANTA MONICA MOUNTAINS FUND 401 WEST HILLCREST DR. THOUSAND OAKS, CA 91360	95-4187832	501(C)(3)	20,125.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
SANTA MONICA MOUNTAINS NATIONAL RECREATION AREA - 401 WEST HILLCREST DRIVE - THOUSAND OAKS, CA 91360	53-0197094	115	35,000.	0.			CONNECT, PROTECT GRANTS
SCHOODIC INSTITUTE 9 ATTERBURY CIR, WINTER HARBOR, ME 04693	20-1054593	501(C)(3)	25,000.	0.			CONNECT- 2014 YOUTH GRANT
SEQUOIA & KINGS NATIONAL PARK FOUNDATION - P.O. BOX 3047 - VISALIA, CA 93278-3047	77-0099339	501(C)(3)	24,800.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
SMITHSONIAN INSTITUTION 1000 JEFFERSON DRIVE, S.W. WASHINGTON, DC 20560	53-0206027	501(C)(3)	10,610.	0.			PROTECT- KEFJ ARCHEOLOGICAL SITES
SOUTH FLORIDA NATIONAL PARK 1390 S DIXIE HWY STE 2203 CORAL GABLES, FL 33146-2945	13-4341209	115	24,750.	0.			CONNECT- 2014 ABI YOUTH AND 2014 TICKET TO RIDE
ST. CROIX RIVER ASSOCIATION P.O. BOX 655 ST. CROIX FALLS, WI 54024	26-3025933	501(C)(3)	45,000.	0.			CONNECT- 2014 ABI YOUTH AND 2014 ACTIVE TRAILS GRANT
STATE OF MARYLAND/DEPARTMENT OF NATURAL RESOURCES - 580 TAYLOR AVENUE - ANNAPOLIS, MD 21401	52-6002033	115	24,000.	0.			CONNECT- 2014 ACTIVE TRAILS 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
STRAIGHT TALK ON PRISON 2713 CHANSLOR AVE RICHMOND, CA 94804	71-1019980	501(C)(3)	19,760.	0.			CONNECT- 2014 ABI YOUTH GRANT
STUDENT CONSERVATION ASSOC. P.O. BOX 550 CHARLESTOWN, NH 03603	91-0880684	501(C)(3)	22,900.	0.			INSPIRE- INTERN AT NICODEMUS
TERRITORIAL KANSAS HERITAGE ALLIANCE - P.O. BOX 526 - LAWRENCE, KS 66044	48-1246975	501(C)(3)	18,500.	0.			CONNECT- 2014 ABI YOUTH GRANT
THE ELEANOR ROOSEVELT VAL-KILL PARTNERSHIP - C/O ROOSEVELT-VANDERBILT NHS - HYDE PARK, NY 12538	46-4020564		5,000.	0.			PROTECT- PARK PARTNER CAPACITY GRANT
THE NICODEMUS HISTORICAL SOCIETY 611 S. 5TH STREET NICODEMUS, KS 67625	93-1012167	501(C)(3)	16,000.	0.			CONNECT- 2014 TICKET TO RIDE
THE PRESIDIO TRUST 103 MONTGOMERY STREET SAN FRANCISCO, CA 94129-0052	94-3306440	501(C)(3)	5,000.	0.			PROTECT- TRAIL RESTORATION OF ANZA NHT
THE WILD FOUNDATION 717 POPLAR AVENUE BOULDER, CO 80304	23-7389749	501(C)(3)	25,000.	0.			PROTECT- CAPACITY GRANT
TIMPANOGOS CAVE NATIONAL MONUMENT RR3, BOX 200 AMERICAN FORK, UT 84003-9803	53-0197094	115	8,168.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
TREASURER OF THE UNITED STATES P.O. BOX 8060 WASHINGTON, DC 20032		115	28,900.	0.			CONNECT- 50THANV MARCH ON WASH

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
UNIVERSITY OF CALIFORNIA, SANTA BARBARA - UC SANTA BARBARA - SANTA BARBARA, CA 93106-6150	95-6006145	501(C)(3)	17,592.	0.			PROTECT- CONSERVATION IMPACT GRANT
UNIVERSITY OF KENTUCKY 109 KINKEAD HALL LEXINGTON, KY 40506-0057	61-6033693	501(C)(3)	21,660.	0.			PROTECT- CONSERVATION IMPACT GRANT
UPPER VALLEY TRAILS ALLIANCE P.O. BOX 1215 NORWICH, VT 05055	03-0369847	501(C)(3)	5,000.	0.			CONNECT- 2014 ACTIVE TRAILS GRANT
VINCENNES HISTORICAL & ANTIQUARIAN SOCIETY - P.O. BOX 487 - VINCENNES, IN 47591	23-7017436	501(C)(3)	18,000.	0.			INSPIRE- PARK STEWARDS
WASHINGTON DEPT.OF FISH & WILDLIFE 600 CAPITOL WAY NORTH OLYMPIA, WA 98501	91-1632572	115	614,563.	0.			PROTECT- OLYM ELWHA RIVER RESTORATION
WASHINGTON'S NATIONAL PARK FUND 1904 THIRD AVE SEATTLE, WA 98101	01-0869799	501(C)(3)	32,286.	0.			PROTECT- GUEST DONATIONS
WESTERN ARCTIC NATIONAL PARKLANDS P.O. BOX 1029 KOTZEBUE, AK 99752	53-0197094	115	18,790.	0.			CONNECT- 2014 ABI YOUTH GRANT
WESTERN NATIONAL 12880 NORTH VISTOSO VILLAGE TUCSON, AZ 85755	86-0107049	501(C)(3)	63,585.	0.			CONNECT, PROTECT GRANTS
WHEELING NATIONAL HERITAGE AREA 1400 MAIN ST. WHEELING, WV 26003	55-0735567	501(C)(3)	23,000.	0.			CONNECT- 2014 ACTIVE TRAILS 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
WILLOW BEND ENVIRONMENTAL EDUCATION CENTER - 703 E. SAWMILL RD - FLAGSTAFF, AZ 86001	86-0376501	501(C)(3)	13,837.	0.			CONNECT- 2014 ABI YOUTH GRANT
WILSON'S CREEK NATIONAL BATTLEFIELD FOUNDATION - P.O. BOX 8163 - SPRINGFIELD, MO 65801	43-1271338	501(C)(3)	11,720.	0.			CONNECT- 2014 ABI YOUTH GRANT
WOODSTOCK UNION HIGH SCHOOL 100 AMSDEN WAY WOODSTOCK, VT 05091	03-6002723	115	18,000.	0.			INSPIRE- PARK STEWARDS
WUPATKI NATIONAL MONUMENT 6400 N. HIGHWAY 89 FLAGSTAFF, AZ 86004	53-0197094	115	24,998.	0.			PROTECT- CONSERVATION IMPACT GRANT
WWII VALOR IN THE PACIFIC NATIONAL MONUMENT - 1 ARIZONA MEMORIAL PLACE - MOOSE, WY 83012	53-0197094	115	34,908.	0.			PROTECT- DIVE PROJECTS AT WWII VALOR
YELLOWSTONE PARK FOUNDATION 222 EAST MAIN ST #301 BOZEMAN, MT 59715	83-0311166	501(C)(3)	37,437.	0.			CONNECT, PROTECT GRANTS
YOSEMITE CONSERVANCY P.O. BOX 230 EL PORTAL, CA 95318	94-3058041	501(C)(3)	258,905.	0.			PROTECT GRANTS
YOSEMITE NATIONAL PARK P.O. BOX 577 YOSEMITE, CA 95389	53-0197094	115	9,482.	0.			PROTECT GRANTS
ZION NATIONAL HISTORY ASSOCIATION STATE ROUTE 9 SPRINGDALE, UT 84767	87-0256961	501(C)(3)	30,000.	0.			INSPIRE- ZION LECTURE SERIES, CONNECT- 2014 ABI YOUTH GRANT

Schedule I (Form 990)

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
CONNECT - ABI YOUTH GRANT	2	4,125.	0.		
CONNECT - ABI YOUTH PHOTOGRAPHER	1	2,311.	0.		
CONNECT - ACTIVE TRAILS	2	4,000.	0.		
CONNECT - NCR YOUTH EVENTS	1	99.	0.		
INSPIRE - EFMO TEACHER WORKSHOP	10	3,236.	0.		

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

PART I, LINE 2:

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.

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

(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
INSPIRE - GATE TEACHER WORKSHOP	2.	2,894.	0.		
INSPIRE - PARK STEWARDS	24.	36,400.	0.		
INSPIRE - TRANSPORTATION SCHOLAR	6.	212,500.	0.		
PROTECT - GLBA WHALE NECROPSY	1.	2,057.	0.		
PROTECT - LAW ENFORCEMENT TRAINING	1.	5,372.	0.		
PROTECT - WHALE ARTICULATION	1.	84,325.	0.		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

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

Only section 501(c)(3) 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

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				
NEIL MULHOLLAND PRESIDENT/CEO	(i)	261,597.	25,000.	540.	0.	13,712.	300,849.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY DICKSON CFO	(i)	152,184.	0.	1,468.	1,275.	7,847.	162,774.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PATRICIA NICKLIN COO - UNTIL 3/21/2014	(i)	192,753.	0.	759.	1,333.	19,332.	214,177.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID FRENCH SVP, MARKETING & COMMUNICATION	(i)	152,622.	10,000.	110.	6,075.	7,726.	176,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
VALERIE DORIAN SVP, CORPORATE PARTNERSHIPS & STRATE	(i)	162,917.	1,800.	198.	0.	695.	165,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CARTER LAUGHLIN VP, MAJOR & PLANNED GIVING	(i)	133,320.	37,500.	143.	0.	7,936.	178,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTY HARTSELL - UNTIL 2/14/2014 VP, CORPORATE PARTNERSHIP	(i)	136,825.	10,000.	156.	5,461.	6,650.	159,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	23	657,548.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

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:

MILESTONE CENTENNIAL ANNIVERSARY OF THE NATIONAL PARK SERVICE. THE
CAMPAIGN IS DESIGNED TO SET THE STAGE FOR INCREASED RELEVANCY AND
CONNECTION, AND ULTIMATELY SUPPORT AND ADVOCACY FOR THESE INCREDIBLE
PLACES AS WE EMBARK ON THE NATIONAL PARKS' NEXT 100 YEARS. FIND YOUR
PARK INVITES THE PUBLIC, WITH A KEEN FOCUS ON MILLENNIALS WHO ARE LESS

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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FAMILIAR WITH THEIR NATIONAL PARKS. BEYOND AWE-INSPIRING LANDSCAPES, THE CAMPAIGN HIGHLIGHTS HISTORICAL, URBAN, AND CULTURAL PARKS, SHOWING THE BREADTH AND VARIETY OF THE NATIONAL PARK SYSTEM SO THAT THE NEXT GENERATION IS ENCOURAGED TO DISCOVER ALL THE NATIONAL PARK SYSTEM REPRESENTS.

II. IN RECOGNITION OF THE HISTORIC 100TH ANNIVERSARY OF THE NATIONAL PARK SERVICE, THE NATIONAL PARK FOUNDATION HAS BEGUN A FIRST-EVER MULTI-YEAR NATIONAL FUNDRAISING CAMPAIGN - THE CENTENNIAL CAMPAIGN FOR AMERICA'S NATIONAL PARKS. TOGETHER, THE FOUNDATION AND THE NATIONAL PARK SERVICE HAVE IDENTIFIED HIGH-PRIORITY PROJECTS AND PROGRAMS AT INDIVIDUAL PARKS AND ACROSS THE NATIONAL PARK SYSTEM IN NEED OF SUPPORT. THROUGH THE CENTENNIAL CAMPAIGN FOR AMERICA'S NATIONAL PARKS, THE FOUNDATION WILL RALLY PHILANTHROPISTS AND PRIVATE SUPPORT TO ADDRESS THESE HIGH-PRIORITY PROJECTS AND PROGRAMS, ENHANCING OUR NATIONAL PARKS FOR THE NEXT 100 YEARS AND BEYOND.

FISCAL YEAR 2014 MARKED THE FIRST YEAR OF THIS HISTORIC FIVE-YEAR CENTENNIAL CAMPAIGN FOR AMERICA'S NATIONAL PARKS. GIVEN THE IMPORTANCE AND MAGNITUDE OF SUCH A CAMPAIGN, SIGNIFICANT UP FRONT INVESTMENTS WERE MADE BY THE NATIONAL PARK FOUNDATION'S BOARD OF DIRECTORS IN 2014 TO BUILD-OUT THE NECESSARY INFRASTRUCTURE. PERSONNEL, FUNDRAISING, AND GENERAL AND ADMINISTRATIVE COSTS WERE INCREASED TO ACHIEVE CAMPAIGN GOALS THAT WILL BE UTILIZED OVER THE COURSE OF THE FIVE-YEAR CENTENNIAL CAMPAIGN.

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

OPPORTUNITIES MADE POSSIBLE THROUGH THE NATIONAL PARKS.

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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IV. OPEN OUTDOORS FOR KIDS / EVERY KID IN A PARK - NATIONAL PARKS ARE GATEWAYS TO SELF-DISCOVERY AND LEARNING FOR OUR CHILDREN. THROUGH SEVERAL YOUTH-FOCUSED INITIATIVES, INCLUDING THE RECENTLY ANNOUNCED "EVERY KID IN A PARK," THE NATIONAL PARK FOUNDATION IS MAKING SURE ALL KIDS FROM ACROSS THE COUNTRY GET THE CHANCE TO EXPERIENCE AND LEARN FROM THESE INCREDIBLE PLACES. THROUGH FUNDING CREATIVE AND ENGAGING IN-PARK PROGRAMS OR PROVIDING TRANSPORTATION TO REACH THE PARK.

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

OTHER NPF PROGRAM SERVICE ACCOMPLISHMENTS

EXPENSES \$ 4,320,757. INCL GRANTS OF \$ 3,210,259. REVENUE \$ 1,891,805.

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

EXPLANATION: 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 FORM DRAFTS ARE REVIEWED BY THE CONTROLLER, THE CEO AND CFO AS WELL AS SVP OF GRANTS AND PROGRAMS AND SVP OF MARKETING, COMMUNICATIONS AND CORPORATE PARTNERSHIPS.

THE AUDIT COMMITTEE REVIEWS THE 990 AND SUGGESTS EDITS WHERE NECESSARY. ONCE APPROVED, THE 990 IS SENT TO THE FULL BOARD PRIOR TO SUBMITTING IT TO THE IRS. EACH MEMBER OF THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE FORM 990 INCLUDING SIGNIFICANT SCHEDULES PRIOR TO THE SUBMISSION OF THE FORM TO THE INTERNAL REVENUE SERVICE. THE FORM 990 WILL NOT BE FILED UNTIL ALL MEMBERS OF THE BOARD HAVE BEEN SENT THE COMPLETED FORM 990 AND HAD 7

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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DAYS TO REVIEW AND COMMENT UPON IT.

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

EXPLANATION: 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 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.

332212
09-04-13

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

EXPLANATION: 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:

EXPLANATION: GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	2,413,172.
MANAGEMENT AND GENERAL EXPENSES	360,600.
FUNDRAISING EXPENSES	824,115.
TOTAL EXPENSES	3,597,887.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,597,887.

FORM 990, PART XII, LINE 2C:

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. NATIONAL PARK FOUNDATION	Employer identification number (EIN) or 52-1086761
	Number, street, and room or suite no. If a P.O. box, see instructions. 1110 VERMONT AVENUE, NW, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

• The books are in the care of **1110 VERMONT AVENUE, NW, NO. 200 - WASHINGTON, DC 20005**
 Telephone No. **202-354-6460** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2015**.

5 For calendar year , or other tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ 0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date