

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)

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the **2016** calendar year, or tax year beginning **OCT 1, 2016** and ending **SEP 30, 2017**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization NATIONAL PARK FOUNDATION		D Employer identification number 52-1086761	
	Doing business as NPF		E Telephone number 202-796-2500	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 91,507,541.	
	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) 501(c) () (insert no.) 4947(a)(1) or 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

Activities & Governance	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.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	72
	6 Total number of volunteers (estimate if necessary)	6	28
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	144,785,768.	71,060,676.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,354,048.	1,607,163.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,462,988.	2,652,609.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,443,364.	4,600,964.
		150,046,168.	79,921,412.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	100,933,405.	41,607,069.
	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)	7,467,959.	8,349,827.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	985,177.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,786,887.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,067,530.	20,349,267.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	129,454,071.	70,306,163.	
19 Revenue less expenses. Subtract line 18 from line 12	20,592,097.	9,615,249.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	192,200,860.	220,044,972.
	22 Net assets or fund balances. Subtract line 21 from line 20	35,946,405.	47,790,722.
	156,254,455.	172,254,250.	

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 Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	ELIZABETH HELLER	<i>Elizabeth Heller</i>	6/12/2018	<input type="checkbox"/>	P00397829
Firm's name ▶ TATE AND TRYON			Firm's EIN ▶ 52-1855942		
Firm's address ▶ 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036			Phone no. (202) 293-2200		

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

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning OCT 1, 2016, and ending SEP 30, 2017

2016

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

NATIONAL PARK FOUNDATION

52-1086761

Name and title of officer

**WILLIAM GILBERT SHAFROTH
PRESIDENT & CEO**

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

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

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>79,921,412.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

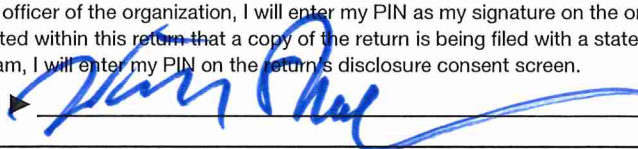
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature  Date 6/12/18

Part III Certification and Authentication

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

52472853350
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature  Date 6/5/2018

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

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: AS THE OFFICIAL PHILANTHROPIC PARTNER OF THE NATIONAL PARK SERVICE, THE NATIONAL PARK FOUNDATION GENERATES PRIVATE SUPPORT AND BUILDS STRATEGIC PARTNERSHIPS TO PROTECT AND ENHANCE AMERICA'S NATIONAL PARKS FOR FUTURE GENERATIONS.

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.

4a (Code:) (Expenses \$ 39,949,459. including grants of \$ 37,176,642.) (Revenue \$) PROTECT NATIONAL PARKS - THE NATIONAL PARK FOUNDATION SECURES PRIVATE AND PHILANTHROPIC FUNDS TO ENHANCE, PRESERVE, AND RESTORE THE NATURAL AND HISTORIC RESOURCES STEWARDED BY NPS. THE FOUNDATION'S SUPPORT IS INVESTED PRIMARILY THROUGH STRATEGIC PARTNERSHIPS. SPECIFIC INVESTMENTS INCLUDE PROTECTING PRIVATE INHOLDINGS IN NATIONAL PARKS, RESTORING TRAILS AND HISTORIC STRUCTURES, CONSERVING WILDLIFE AND THEIR HABITAT, AND MAKING THE PARKS MORE SUSTAINABLE IN THEIR USE OF NATURAL RESOURCES.

I. NPF SUPPORTED MAJOR PROJECTS TO PRESERVE AND REHABILITATE HISTORIC PLACES AT SEVERAL PARKS INCLUDING PULLMAN NATIONAL MONUMENT, WASHINGTON MONUMENT, GLACIER NATIONAL PARK, AND GREAT SMOKY MOUNTAINS NATIONAL

4b (Code:) (Expenses \$ 9,331,916. including grants of \$ 3,761,940.) (Revenue \$) CONNECT PEOPLE WITH NATIONAL PARKS - THE NATIONAL PARK FOUNDATION IS DEDICATED TO CREATING MEANINGFUL OPPORTUNITIES FOR PEOPLE OF ALL BACKGROUNDS TO VISIT AND CONNECT WITH OUR NATIONAL PARKS AND THE PROGRAMS THEY OFFER. NPF IS DEDICATED TO INVITING ALL PEOPLE TO EXPERIENCE, ENJOY, AND CREATE LIFE-LONG RELATIONSHIPS WITH NATIONAL PARKS AND BRINGING THE PARKS TO THE PEOPLE BY MAKING INVESTMENTS IN DIGITAL TECHNOLOGY, ESTABLISHING AND RUNNING A NATIONAL PUBLIC AWARENESS CAMPAIGN FOR THE NATIONAL PARKS, AND CONNECTING URBAN AND DIVERSE COMMUNITIES TO PARKS.

I. IN FY 2017, THE NATIONAL PARK FOUNDATION CONTINUED ITS WORK ON FIND YOUR PARK/ENCUENTRA TU PARQUE, A PUBLIC AWARENESS AND EDUCATION PROGRAM

4c (Code:) (Expenses \$ 1,120,319. including grants of \$ 491,759.) (Revenue \$) ENGAGE THE NEXT GENERATION OF PARK STEWARDS - THE NATIONAL PARK FOUNDATION IS DEDICATED TO ESTABLISHING NATIONAL PARKS AS POWERFUL LEARNING ENVIRONMENTS THAT PROVIDE IN-DEPTH EXPERIENCES THAT SHAPE LIVES AND STRENGTHEN OUR PARKS. NPF'S PROGRAMS ENGAGE VOLUNTEERS BY GROWING THE 21ST CENTURY CONSERVATION SERVICE CORPS, EXPAND THE ROLE OF TEACHERS, AND NURTURE CONNECTIONS TO OUR NATIONAL TREASURES. PROGRAMS LIKE YOUTH CORPS AND EVERY KID IN A PARK PROVIDE THE NATION'S YOUTH PARK RELATED LEARNING EXPERIENCES THAT YIELD LIFE LONG ENGAGEMENT WITH PARKS.

I. THRU GRANTS FROM THE NATIONAL PARK FOUNDATION, NPS AND PARTNERS CREATED OPPORTUNITIES FOR OVER 23,000 PEOPLE TO CONNECT TO THE PARKS

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,307,355. including grants of \$ 176,728.) (Revenue \$ 1,607,163.)

4e Total program service expenses 51,709,049.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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 numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included in line 1a, above, who are independent (28); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 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.)

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CO, HI, MA, MN, NH, NM, OH, PA, SC, TN, UT, VA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 202-796-2500 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			
(1) THE HONORABLE RYAN ZINKE DIRECTOR	5.00	X					0.	0.	0.	
(2) AL BALDWIN CHAIR	5.00	X		X			0.	0.	0.	
(3) BRYAN TRAUBERT VICE CHAIR	5.00	X		X			0.	0.	0.	
(4) MICHAEL REYNOLDS SECRETARY	2.00	X		X			0.	0.	0.	
(5) BRIEN O'BRIEN TREASURER	5.00	X		X			0.	0.	0.	
(6) ELLEN S. ALBERDING DIRECTOR	2.00	X					0.	0.	0.	
(7) RHODA ALTOM DIRECTOR	2.00	X					0.	0.	0.	
(8) ELIZABETH FRAWLEY BAGLEY DIRECTOR	2.00	X					0.	0.	0.	
(9) AUSTIN BEUTNER DIRECTOR	2.00	X					0.	0.	0.	
(10) KATHLEEN BROWN DIRECTOR	2.00	X					0.	0.	0.	
(11) THOMAS BROWN DIRECTOR	2.00	X					0.	0.	0.	
(12) KAREN SWETT CONWAY DIRECTOR	2.00	X					0.	0.	0.	
(13) MICHAEL E. DOUGHERTY DIRECTOR	2.00	X					0.	0.	0.	
(14) RANDI FISHER DIRECTOR	2.00	X					0.	0.	0.	
(15) TOM GOSS DIRECTOR	2.00	X					0.	0.	0.	
(16) ANDREA J. GRANT DIRECTOR	2.00	X					0.	0.	0.	
(17) STEPHEN L. HIGHTOWER DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAMS O. HILTZ DIRECTOR	2.00	X					0.	0.	0.	
(19) PETER KNIGHT DIRECTOR	2.00	X					0.	0.	0.	
(20) ORIN S. KRAMER DIRECTOR	2.00	X					0.	0.	0.	
(21) SUSAN LAPIERRE DIRECTOR	2.00	X					0.	0.	0.	
(22) MONICA LOZANO DIRECTOR	2.00	X					0.	0.	0.	
(23) HENRY R. MUNOZ, III DIRECTOR	2.00	X					0.	0.	0.	
(24) JOHN L. NAU, III DIRECTOR	2.00	X					0.	0.	0.	
(25) ROXANNE QUIMBY DIRECTOR	2.00	X					0.	0.	0.	
(26) ROBERT S. RIVKIN DIRECTOR	2.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,340,515.	0.	161,423.	
d Total (add lines 1b and 1c)							2,340,515.	0.	161,423.	

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 **22**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
ROBBINKERSTEN DIRECT, 3400 WATERVIEW PARKWAY SUITE 250, RICHARDSON, TX 75080	DIRECT MAIL FUNDRAISING SERVICES	5,833,595.
GREY GROUP 200 FIFTH AVE, NEW YORK, NY 10010	FIND YOUR PARK PROGRAM EXPENSES	4,706,010.
BOUNCE EVENT MARKETING, INC., 9696 CULVER BOULEVARD, SUITE #203, CULVER CITY, CA	CHRISTMAS TREE LIGHTING PROGRAM SER	1,414,320.
C3 PRESENTS, LLC., 300 WEST 6TH STREET, SUITE 2100, AUSTIN, TX 78701	WHITE HOUSE EASTER EGG ROLL PROGRAM SER	462,836.
EXHIBIT ARTS, LLC 326 NORTH ATHERIAN, WICHITA, KS 67203	FIND YOUR PARK EXHIBITS	301,273.

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 **19**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GLENN STEARNS DIRECTOR	2.00	X						0.	0.	0.
(28) ERNESTO M. VASQUEZ DIRECTOR	2.00	X						0.	0.	0.
(29) MARY JO VEVERKA DIRECTOR	2.00	X						0.	0.	0.
(30) GREGORY WEINGARTEN DIRECTOR	2.00	X						0.	0.	0.
(31) WILLIAM SHAFROTH PRESIDENT AND CEO	40.00			X				387,340.	0.	21,128.
(32) ELIZABETH AANGENBRUG EXECUTIVE VICE PRESIDENT	40.00			X				134,171.	0.	3,300.
(33) MANDEEP SINGH CHIEF FINANCIAL OFFICER	40.00			X				220,268.	0.	17,167.
(34) NANCY REHMAN SENIOR VICE PRESIDENT (TIL 1/2/17)	40.00				X			193,774.	0.	7,005.
(35) RUTH PRESCOTT SENIOR ADVISOR TO THE PRESIDENT	40.00				X			188,271.	0.	5,070.
(36) DANIEL SAKURA SENIOR ADVISOR FOR INNOVATIVE FUNDIN	40.00				X			187,727.	0.	15,599.
(37) CARTER K. LAUGHLIN VP, MAJOR GIFTS	40.00				X			168,470.	0.	5,380.
(38) SUSAN NEWTON SVP, GRANTS & PROGRAMS	40.00				X			161,423.	0.	29,242.
(39) MATTHEW BANKS VP, PRINCIPAL GIFTS (TIL 1/23/17)	40.00					X		157,115.	0.	12,861.
(40) STEFANIE MATHEW VP, CORPORATE PARTNERSHIPS	40.00					X		141,052.	0.	9,969.
(41) DAVID FRENCH SVP, MARKETING & COMM (TIL 7/22/16)	40.00					X		135,601.	0.	7,867.
(42) MATTHEW PROVOST SENIOR DIRECTOR, CORPORATE PARTNERSH	40.00					X		133,974.	0.	2,926.
(43) CURTIS BUCHHOLTZ DIRECTOR, MAJOR & PLANNED GIVING	40.00					X		131,329.	0.	23,909.
Total to Part VII, Section A, line 1c								2,340,515.		161,423.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	12,303,109.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	58,757,567.			
	g Noncash contributions included in lines 1a-1f: \$		1,382,050.			
	h Total. Add lines 1a-1f		71,060,676.			
Program Service Revenue	2 a PARK FUND MANAGEMENT	Business Code 900099	1,401,209.	1,401,209.		
	b LITIGATION SETTLEMENTS	900099	170,886.	170,886.		
	c EVENTS	900099	35,068.	35,068.		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,607,163.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,259,743.			2,259,743.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		4,233,072.			4,233,072.
	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				
		b Less: cost or other basis and sales expenses		11,978,995.	450.	
		c Gain or (loss)		11,585,679.	-450.	
	d Net gain or (loss)		393,316.			392,866.
	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		3,264.			
	b Less: cost of goods sold	b		0.		
	c Net income or (loss) from sales of inventory		3,264.	3,264.		
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS INCOME	900099	364,628.			364,628.	
	b _____					
	c _____					
	d All other revenue					
e Total. Add lines 11a-11d		364,628.				
12 Total revenue. See instructions.		79,921,412.	1,610,427.	0.	7,250,309.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	41,469,430.	41,469,430.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	137,639.	137,639.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,761,589.	507,381.	599,314.	654,894.
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	5,515,437.	1,583,935.	1,882,833.	2,048,669.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	144,869.	43,393.	46,984.	54,492.
9 Other employee benefits	449,983.	134,784.	145,941.	169,258.
10 Payroll taxes	477,949.	143,161.	155,010.	179,778.
11 Fees for services (non-employees):				
a Management				
b Legal	216,991.	147,515.	62,136.	7,340.
c Accounting	73,263.		73,263.	
d Lobbying	33,643.	33,643.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,042,201.	1,042,201.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,743,712.	3,639,651.	1,122,511.	981,550.
12 Advertising and promotion	325,068.	36,417.	270,769.	17,882.
13 Office expenses	1,232,972.	438,857.	217,926.	576,189.
14 Information technology	538,875.	39,115.	275,805.	223,955.
15 Royalties				
16 Occupancy	922,302.	16,179.	906,123.	
17 Travel	420,514.	100,302.	162,930.	157,282.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	157,206.		157,206.	
20 Interest	217,226.	57,364.	159,862.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	393,739.	233,459.	160,280.	
23 Insurance	42,544.	8,405.	34,139.	
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	6,905,643.	460,563.		6,445,080.
b EVENT EXPENSES	1,355,270.	1,297,282.		57,988.
c TEMPORARY HELP	367,575.	13,779.	269,021.	84,775.
d DUES & SUBSCRIPTIONS	124,619.	40,237.	8,631.	75,751.
e All other expenses	235,904.	84,357.	99,543.	52,004.
25 Total functional expenses. Add lines 1 through 24e	70,306,163.	51,709,049.	6,810,227.	11,786,887.
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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	700.	1	700.	
	2 Savings and temporary cash investments	29,381,710.	2	37,389,869.	
	3 Pledges and grants receivable, net	57,835,650.	3	57,783,015.	
	4 Accounts receivable, net	18,609.	4	12,720.	
	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	1,055,196.	9	1,481,284.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,486,933.			
	b Less: accumulated depreciation	10b 895,482.	826,748.	10c	1,591,451.
	11 Investments - publicly traded securities	72,317,797.	11	84,534,863.	
	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	30,764,450.	15	37,251,070.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	192,200,860.	16	220,044,972.		
Liabilities	17 Accounts payable and accrued expenses	3,263,652.	17	3,188,659.	
	18 Grants payable	715,010.	18	0.	
	19 Deferred revenue	14,260.	19	2,250,946.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	30,764,450.	21	37,251,070.	
	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	1,000,000.	24	4,920,642.	
	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	189,033.	25	179,405.	
	26 Total liabilities. Add lines 17 through 25	35,946,405.	26	47,790,722.	
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	32,710,159.	27	40,675,874.	
	28 Temporarily restricted net assets	92,783,986.	28	90,694,578.	
	29 Permanently restricted net assets	30,760,310.	29	40,883,798.	
	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	156,254,455.	33	172,254,250.		
34 Total liabilities and net assets/fund balances	192,200,860.	34	220,044,972.		

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	79,921,412.
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,306,163.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,615,249.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	156,254,455.
5	Net unrealized gains (losses) on investments	5	6,384,546.
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	172,254,250.

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
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2016)

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

2016

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19666973.	42288287.	69861221.	144785768	70385176.	346987425
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 ...	117,736.	123,623.	34,723.			276,082.
4 Total. Add lines 1 through 3	19784709.	42411910.	69895944.	144785768	70385176.	347263507
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)						115602490
6 Public support. Subtract line 5 from line 4.						231661017

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	19784709.	42411910.	69895944.	144785768	70385176.	347263507
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	2432345.	2150494.	2819169.	3410640.	6492815.	17305463.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,080.	869.	289,794.	10,477.	364,628.	666,848.
11 Total support. Add lines 7 through 10						365235818
12 Gross receipts from related activities, etc. (see instructions)					12	10,200,217.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	63.43 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	58.28 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, 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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

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

INCOME FROM ACTIVITIES NOT REGULARLY CARRIED ON.

Multiple horizontal lines for providing supplemental information.

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

2016

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2016)

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	<hr/> <hr/> <hr/>	\$ <u>12,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>6,339,704.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>3,666,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>2,286,010.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,750,000.</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 I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input 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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

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.**

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

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

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

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

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

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

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

Name of organization 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 campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

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)		94,313.													
c Total lobbying expenditures (add lines 1a and 1b)		94,313.													
d Other exempt purpose expenditures		70,400,463.													
e Total exempt purpose expenditures (add lines 1c and 1d)		70,494,776.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
c Total lobbying expenditures		63,172.	72,110.	94,313.	229,595.
d Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
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)).

	(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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 campaign activity expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (sub-rows a, b, c, d), 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, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 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. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c 30,764,450.
d Additions during the year	1d 9,532,811.
e Distributions during the year	1e 3,046,191.
f Ending balance	1f 37,251,070.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	63,868,932.	41,532,675.	43,997,078.	43,572,769.	39,902,360.
b Contributions	10,437,981.	20,345,833.	38,765.	133,514.	27,151.
c Net investment earnings, gains, and losses	6,622,802.	4,530,487.	-520,873.	4,353,982.	5,110,366.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,383,559.	2,540,063.	1,982,295.	4,063,187.	1,467,108.
f Administrative expenses					
g End of year balance	78,546,156.	63,868,932.	41,532,675.	43,997,078.	43,572,769.

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

- a Board designated or quasi-endowment 30.04 %
- b Permanent endowment 52.05 %
- c Temporarily restricted endowment 17.91 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		730,275.		730,275.
b Buildings				
c Leasehold improvements				
d Equipment		1,756,658.	895,482.	861,176.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,591,451.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) FUNDS MANAGED AS AGENTS FOR OTHERS	37,251,070.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	37,251,070.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	179,405.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	179,405.

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	101,056,749.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	6,384,546.	
b	Donated services and use of facilities	2b	13,819,498.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	931,293.	
e	Add lines 2a through 2d	2e		21,135,337.
3	Subtract line 2e from line 1	3		79,921,412.
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		79,921,412.

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

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

1	Total expenses and losses per audited financial statements		1	85,056,954.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	13,819,498.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	931,293.	
e	Add lines 2a through 2d	2e		14,750,791.
3	Subtract line 2e from line 1	3		70,306,163.
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		70,306,163.

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:

FUNDS MANAGED AS AGENT FOR OTHER ENTITIES ARE EXCLUDED FROM NET ASSETS.

THE FOUNDATION ACTS AS THE CUSTODIAL AGENT OF THESE FUNDS SO THE RELATED

REVENUES AND EXPENSES ARE NOT RECOGNIZED IN THE STATEMENT OF ACTIVITIES.

PART V, LINE 4:

THE FOUNDATION CURRENTLY APPROPRIATES FUNDS FOR PROGRAM SUPPORT ACTIVITIES

BASED UPON PROGRAM DEMANDS AND AVAILABILITY OF FUNDS DURING A PARTICULAR

YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECOVERY OF INDIRECT COSTS 931,293.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INDIRECT COSTS 931,293.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PRODUCTION SOLUTIONS, INC. - 1953 GALLOWS ROAD, SUITE 600,	DIRECT MAIL FUNDRAISING CONSULTANT		X	5,542,589.	3,595,718.	1,946,871.
KEY ACQUISITION PARTNERS, LLC - 2525 RIVA RD #145,	DIRECT MAIL FUNDRAISING CONSULTANT		X	3,673,067.	530,553.	3,142,514.
THE ENGAGE GROUP - 7160 COLUMBIA GATEWAY DR #300,	ONLINE CONSULTING SERVICES		X	3,192,923.	185,565.	3,007,358.
ROBBINSKERSTEN DIRECT - 855 EAST COLLINS BOULEVARD,	DIRECT MAIL AND EMAIL FUNDRAISING CONSULTANT		X	1,352,515.	2,352,630.	-1,000,115.
MAIL SMART LOGISTICS - 7160 COLUMBIA GATEWAY DR #300,	FUNDRAISING CONSULTANT		X	267,671.	90,941.	176,730.
MAIL AMERICA - 89 BRIDGE STREET PLAZA, WHEELING, WV	DIRECT MAIL FUNDRAISING CONSULTANT		X	241,686.	85,013.	156,673.
ATLANTIC LIST COMPANY, INC. - 2300 9TH ST S, ARLINGTON, VA	DIRECT MAIL FUNDRAISING CONSULTANT		X	178,776.	60,739.	118,037.
PUBLIC INTEREST COMMUNICATIONS, INC. - 7700	DIRECT MAIL FUNDRAISING CONSULTANT		X	11,938.	56,132.	-44,194.
EIDOLON COMMUNICATIONS, INC. - 15 MAIDEN LN #1401, NEW	DIRECT MAIL FUNDRAISING CONSULTANT		X	0.	247,675.	-247,675.
BENTZ WHALEY FLESSNER, INC. - 2461 S CLARK ST, #910,	FUNDRAISING CONSULTANT		X	0.	109,701.	-109,701.
Total				14,461,165.	7,314,667.	7,146,498.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- CO, HI, MA, MN, NH, NM, OH, PA, SC, TN, UT, VA, AL, AK, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MI, MS, NJ, NY, NC, ND, OK, OR, RI, WA, WV, WI, NV, LA

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

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" on 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			
Direct Expenses	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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

(I) NAME OF FUNDRAISER: PRODUCTION SOLUTIONS, INC.

(I) ADDRESS OF FUNDRAISER: 1953 GALLOWS ROAD, SUITE 600, VIENNA, VA 22182

(I) NAME OF FUNDRAISER: KEY ACQUISITION PARTNERS, LLC

(I) ADDRESS OF FUNDRAISER: 2525 RIVA RD #145, ANNAPOLIS, MD 21401

(I) NAME OF FUNDRAISER: THE ENGAGE GROUP

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER:

7160 COLUMBIA GATEWAY DR #300, COLUMBIA, MD 21046

(I) NAME OF FUNDRAISER: ROBBINSKERSTEN DIRECT

(I) ADDRESS OF FUNDRAISER:

855 EAST COLLINS BOULEVARD, RICHARDSON, TX 75081

(I) NAME OF FUNDRAISER: MAIL SMART LOGISTICS

(I) ADDRESS OF FUNDRAISER:

7160 COLUMBIA GATEWAY DR #300, COLUMBIA, MD 21046

(I) NAME OF FUNDRAISER: MAIL AMERICA

(I) ADDRESS OF FUNDRAISER: 89 BRIDGE STREET PLAZA, WHEELING, WV 26003

(I) NAME OF FUNDRAISER: ATLANTIC LIST COMPANY, INC.

(I) ADDRESS OF FUNDRAISER: 2300 9TH ST S, ARLINGTON, VA 22204

(I) NAME OF FUNDRAISER: PUBLIC INTEREST COMMUNICATIONS, INC.

(I) ADDRESS OF FUNDRAISER: 7700 LEESBURG PIKE #301, FALLS CHURCH, VA 22043

(I) NAME OF FUNDRAISER: EIDOLON COMMUNICATIONS, INC.

(I) ADDRESS OF FUNDRAISER: 15 MAIDEN LN #1401, NEW YORK, NY 10038

(I) NAME OF FUNDRAISER: BENTZ WHALEY FLESSNER, INC.

(I) ADDRESS OF FUNDRAISER: 2461 S CLARK ST, #910, ARLINGTON, VA 22202

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

OF THE \$7,314,667 PAID TO THE FUNDRAISING CONSULTANTS DURING THE FISCAL

Part IV Supplemental Information *(continued)*

YEAR, \$1,172,951 WERE FOR MANAGEMENT RETAINER FEES. THE REMAINDER WAS FOR EXPENSES RELATED TO DIRECT MAILING COSTS, POSTAGE, AND OTHER FULFILLMENT EXPENSES.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

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

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 noncash assistance	(h) Purpose of grant or assistance
1N10, INC. 1101 N. CENTRAL AVE. ASHFORD, WA 98304	86-0728990	501(C)(3)	10,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
ACCOKEEK FOUNDATION 3400 BRYAN POINT ROAD ACCOKEEK, MD 20607	52-6037288	501(C)(3)	11,680.	0.			CONNECT:EKIP - PISC
ACTIVE SOUTHERN WEST VIRGINIA INC. 116 NORTH HEBER STREET BECKLEY, WV 25801	47-1605904	501(C)(3)	23,544.	0.			CONNECT ACTIVE TRAILS 2017 NER
ALA KAHAKAI TRAIL ASSOCIATION P.O BOX 2338 KAMUELA, HI 96743	27-1398470	501(C)(3)	21,400.	0.			CONNECT ACTIVE TRAILS 2017 ALK
ALICE FERGUSON FOUNDATION 2001 BRYAN POINT ROAD ACCOKEEK, MD 20607	52-0694646	501(C)(3)	24,851.	0.			CONNECT EKIP MANA & PRWI
AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE - 1200 NEW YORK AVENUE NW - WASHINGTON, DC 20005	53-0196568	501(C)(3)	500,000.	0.			INSPIRE SCIENCE FOR AMERICA'S

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **216.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2016)

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
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON STREET HARPERS FERRY., WV 25425-0807	52-6046689	501(C)(3)	249,140.	0.			CONNECT ATC PILOT BECHTEL
ARIZONA TRAIL ASSOCIATION PO BOX 36736 PHOENIX, AZ 36736	86-0762149	501(C)(3)	13,664.	0.			CONNECT AT 2017 CORONADO NM
ATLANTIC IMPACT PO BOX 32035 DETROIT, MI 48232	27-4688366	501(C)(3)	9,000.	0.			CONNECT KELLOGG DETROIT
AUGUSTA CANAL NATIONAL HERITAGE AREA - 1450 GREENE ST - AUGUSTA, GA 30901	53-0197094	115	20,079.	0.			CONNECT AT 2017 AUCA
BADLANDS NATIONAL PARK VANGUARD / ABADD INTERIOR, SD 57750	53-0197094	115	487,605.	0.			PROTECT BADL BISON, PRAIRIE ECOLOGY
BALTIMORE NATIONAL HERITAGE AREA ASSOCIATION, INC. - 12 W. MADISON ST. STE 120 - BALTIMORE, MD 21201	45-2429915	501(C)(3)	97,365.	0.			CONNECT BALTIMORE NHA
BANGOR YMCA 17 SECOND STREET BANGOR, ME 04401	01-0211485	501(C)(3)	25,000.	0.			CONNECT ACTIVE TRAILS KAWW
BARATARIA TERREBONNE ESTUARY FOUNDATION - 320 AUDUBON AVENUE - ASHFORD, WA 98304	72-1330053	501(C)(3)	99,500.	0.			INSPIRE JELA WILD
BIG CITY MOUNTAINEERS, INC. 710 10TH STREET, SUITE 120 ASHFORD, WA 98304	65-0200163	501(C)(3)	15,000.	0.			CONNECT NORTHFACE EXPLORE FUND 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
BIG THICKET NATIONAL PRESERVE 6044 FM 420 KOUNTZE, TX 77625	53-0197094	115	38,500.	0.			CONNECT: EKIP - HOUSTON, BIG THICKET NP&P
BLUE RIDGE PARKWAY FOUNDATION 199 HEMPHILL KNOB ROAD ASHFORD, WA 98304	53-0197094	501(C)(3)	34,796.	0.			PROTECT BLRI MABRY MILLS
BOARD OF TRUSTEES OF MICHIGAN STATE UNIVERSITY - 220 TROWBRIDGE RD - EAST LANSING, MI 48824	38-6005984	115	8,000.	0.			CONNECT KELLOGG DETROIT MSU
BOLD PATHS 107 MILLER POND ROAD THETFORD CENTER, VT 05075	45-4753424	115	5,750.	0.			CONNECT AT SAGA
BROWN V BOARD OF EDUCATION NATIONAL HISTORIC SITE - 1515 SE MONROE STREET - TOPEKA, KS 66612	53-0197094	115	6,000.	0.			CONNECT : EKIP
BROWNSVILLE INDEPENDENT SCHOOL DISTRICT - 1900 E. PRICE ROAD, SUITE 303 - BROWNSVILLE, TX 78521	74-6000418	115	9,750.	0.			CONNECT HISTORY HIKE
BRYCE CANYON NATIONAL PARK P.O. BOX # 640201 BRYCE, UT 84764	53-0197094	115	5,590.	0.			PROTECT BRCA PRAIRIE DOGS
BRYCE CANYON NATURAL HISTORY ASSOCIATION - P.O BOX 640051 - BRYCE, UT 84764-0051	87-0258075	501(C)(3)	21,538.	0.			PROTECT: BRCA GUEST DONATIONS
C & O CANAL TRUST, INC. 1850 DUAL HWY. , SUITE 100 HAGERSTOWN, MD 21740	30-0401642	115	8,000.	0.			CONNECT: EKIP CHOH

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
CABRILLO NATIONAL MONUMENT FOUNDATION - 1800 CABRILLO MEMORIAL WAY - SAN DIEGO, CA 92106	95-1884723	501(C)(3)	30,000.	0.			CONNECT:EKIP CABR, INSPIRE CABR CITIZEN SCIENCE 2
CAMDEN COUNTY SCHOOLS 311 SOUTH EAST STREET KINGSLAND, GA 31548	58-6000201	115	9,000.	0.			CONNECT CAMDEN COUNTY SCHOOLS
CANYONLANDS NATIONAL PARK 2282 S. WEST RESOURCE BLVD. MOAB, UT 84532	53-0197094	115	13,000.	0.			CONNECT:EKIP IN UTAH PARKS, PROTECT CANY
CAPITOL REEF NATURAL HISTORY ASSOCIATION - 52 W. HEADQUARTERS DRIVE - TORREY, UT 84775	87-6129427	501(C)(3)	5,112.	0.			CONNECT CARE YOUTH ART PROGRAM
CATOCTIN FOREST ALLIANCE, INC. PO BOX 411 THURMONT,, MD 21788-0411	26-4223157	501(C)(3)	9,000.	0.			CONNECT:EKIP - CATO
CCC FOUNDATION 921 11TH STREET, SUITE 1100 ASHFORD, WA 98304	68-0160977	501(C)(3)	15,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
CHAMIZAL NATIONAL MEMORIAL 800 S.SAN MARCIAL STREET EL PASO, TX 79905-4123	53-0197094	115	9,000.	0.			CONNECT CHAMIZAL NM
CHANNEL ISLANDS NATIONAL PARK ASSOCIATION WASHINGTON, DC 20001	53-0197094	115	78,706.	0.			PROTECT MARINE LAW ENFORCEMENT, REPLACE HAZARDOUS MAT
CHARLES YOUNG BUFFALO SOLDIERS NATIONAL MONUMENT - P.O. BOX 428 - WILBERFORCE, OH 45384	53-0197094	115	12,017.	0.			CONNECT:EKIP - CHYO

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 PARKS CONSERVANCY 4861 LAURAL SPRING DIRVE ROSWELL, GA 30075	46-1326423	501(C)(3)	8,000.	0.			CONNECT:EKIP - CHAT
CHATTAHOOCHEE RIVER NATIONAL RECREATION AREA - 1978 ISLAND FORD PARKWAY - ASHFORD, WA 98304	53-0197094	115	46,000.	0.			PROTECT CHAT WATER TRAIL
CHEROKEE NATION P.O. BOX 948 TAHLEQUAH, OK 74465-0948	73-0757033	115	25,000.	0.			CONNECT ACTIVE TRAILS 2017 TRT
CITY KIDS TO WILDERNESS PROJECT INC. - 2437 15TH ST NW - ASHFORD, WA 98304	52-1976304	501(C)(3)	15,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
CITY OF BALTIMORE RECREATION AND PARKS DEPARTMENT - 3001 EAST DRIVE (DRUID HILL PARK) - BALTIMORE, MD 21217	52-6000769	115	28,635.	0.			CONNECT:GRANT- EKIP BALTIMORE 1 OF 2
COLONIAL NATIONAL HISTORICAL PARK PO BOX 210 YORKTOWN, VA 23690	53-0197094	115	15,500.	0.			CONNECT COLONIAL NATIONAL HISTORICAL PARK
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL - 1403 WEST HINES HILL RD. - PENINSULA,, OH 44264	34-1917257	501(C)(3)	315,369.	0.			CONNECT, INSPIRE
CONSERVATION LEGACY 701 CAMINO DEL RIO SUITE 101 DURANGO, CO 81301	84-1450808	501(C)(3)	30,000.	0.			INSPIRE KAWW VISITOR OUTREACH
CRATER LAKE NATIONAL PARK TRUST P.O. BOX 62 CRATER LAKE, OR 97604-0062	20-5826128	501(C)(3)	15,165.	0.			PROTECT CRLA GUEST DONATIONS

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
CRATERS OF THE MOON NATURAL HISTORY ASSOCIATION - P.O. BOX 29 - ARCO, ID 83213	82-6002093	501(C)(3)	7,200.	0.			CONNECT:EKIP - CRMO
CRISTO REY SAN JOSE HIGH SCHOOL 1390 FIVE WOUNDS LANE ASHFORD, WA 98304	94-2594689	115	19,835.	0.			INSPIRE: FIELD TRIPS CRISTO RE
CUYAHOGA VALLEY NATIONAL PARK 15610 VAUGHN ROAD BRECKSVILLE, OH 44141	53-0197094	115	20,050.	0.			CONNECT, INSPIRE
DENALI NATIONAL PARK AND PRESERVE P.O. BOX 9 GRAND CANYON VILLAGE, AZ 86023	53-0197094	115	13,100.	0.			PROTECT 2017 ALBRIGHT WIRTH DE, GRANT FOR HOSTING BOAR
DENVER PUBLIC SCHOOL 1860 LINCOLN STREET, 11TH FLOOR DENVER, CO 80203	84-6001099	115	9,000.	0.			CONNECT EVERY DENVER KID IN A PARK
DUKE UNIVERSITY PO BOX 602651 ASHFORD, WA 98304	56-0532129	501(C)(3)	15,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
DUMBARTON OAKS PARK CONSERVANCY P.O. BOX 32080 WASHINGTON, DC 20007	27-4197533	501(C)(3)	9,000.	0.			CONNECT:EKIP ROCR
EASTERN NATIONAL 470 MARYLAND DRIVE, SUITE #1 FORT WASHINGTON, PA 19034	23-1401703	501(C)(3)	21,800.	0.			CONNECT NOLA PILOT PROJECT, EKIP MAWA, EKIP RICH
ELLIOTSVILLE PLANTATION, INC. 769 CONGRESS STREET PORTLAND, ME 04101	13-4223002	115	124,040.	0.			PROTECT EPA STARTUP AND RECURRING REIMBURSEMENTS

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
ENVIRONMENTAL TRAVELING COMPANIONS 2 MARINA BLVD ASHFORD, WA 98304	51-0158789	501(C)(3)	15,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
ERIE CANALWAY HERITAGE FUND, INC. PO BOX 219 WATERFORD, NY 12188	26-0372982	501(C)(3)	9,000.	0.			CONNECT:EKIP ERIE
FAMILIES IN NATURE 4610 SHOALWOOD AVE. ASHFORD, WA 98304	47-1614599	501(C)(3)	10,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
FIRE ISLAND LIGHTHOUSE PRESERVATION SOCIETY - PRESERVATION SOCIETY - CAPTREE ISLAND, NY 11702	11-4592744	501(C)(3)	5,497.	0.			CONNECT:EKIP - FIIS
FLIGHT 93 NATIONAL MEMORIAL 1201 EYE STREET, NW WASHINGTON, DC 20005	53-0197094	115	5,422,427.	0.			PROTECT, CONNECT GRANTS
FOREST STEWARDS GUILD 612 W. MAIN ST. ASHFORD, WA 98304	85-0446866	501(C)(3)	10,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
FORT DEFIANCE, INC. P.O. BOX 686 LENOIR, NC 28645	23-7272168	501(C)(3)	9,000.	0.			CONNECT:EKIP OVVI
FORT LARNED OLD GUARD, INC. PO BOX 1 WOODSTON, KS 67675	48-1064493	501(C)(3)	9,000.	0.			CONNECT:EKIP FOLS
FORT MONROE NATIONAL MONUMENT 41 BERNARD ROAD FORT MONROE, VA 23651-1001	52-1086761	115	5,320.	0.			CONNECT:EKIP - FOMR

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
FORT SUMTER NATIONAL MONUMENT 1214 MIDDLE STREET SULLIVAN'S ISLAND, SC 29482-9748	53-0197094	115	9,000.	0.			CONNECT:EKIP FOSU
FOUNDATION OF DISTRICT 304 2241 HOSPITAL DRIVE SEDRO WOOLLEY, WA 98284	46-1035355	501(C)(3)	15,000.	0.			CONNECT NOCA
FOUR CORNERS SCHOOL OF OUTDOOR EDUCATION - PO BOX 1029 - ASHFORD, WA 98304	39-1509336	501(C)(3)	15,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
FREEDOM'S FRONTIER NATIONAL HERITAGE AREA - 200 W. 9TH STREET - LAWRENCE, KS 66044	48-1246975	501(C)(3)	25,000.	0.			CONNECT ACTIVE TRAILS 2017 FRF
FRIENDS OF ACADIA 43 COTTAGE ST. BAR HARBOR, ME 04609	01-0425071	501(C)(3)	200,590.	0.			PROTECT FOA
FRIENDS OF BIG BEND NATIONAL PARK P.O BOX 200 BIG BEND NP, TX 79834	75-2670331	501(C)(3)	11,561.	0.			PROTECT BIBE
FRIENDS OF BRAZORIA WILDLIFE REFUGES - PO BOX 505 - LAKE JACKSON, TX 77566	76-0440298	501(C)(3)	112,500.	0.			CONNECT:EKIP - HOUSTON
FRIENDS OF CHACO 10 AVENIDA HERRERA SANTA FE, NM 87506	33-1194355	501(C)(3)	10,600.	0.			CONNECT:EKIP CHCU, FRIENDS OF CHACO
FRIENDS OF FLIGHT 93 C/O FLIGHT 93 NATIONAL MEMORIAL SHANKSVILLE, PA 15560	27-0505853	501(C)(3)	18,000.	0.			CONNECT FLIGHT 93

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.)

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FRIENDS OF FORT MCHENRY 802 S CAROLINE ST BALTIMORE, MD 21231	52-2060624	501(C)(3)	9,000.	0.			CONNECT:EKIP - FOMC
FRIENDS OF FORT VANCOUVER NATIONAL HISTORIC SITE - 1701 BROADWAY #345 - VANCOUVER, WA 98663	47-2631569	501(C)(3)	9,000.	0.			CONNECT:EKIP FOVA
FRIENDS OF GREAT SMOKY MOUNTAINS NATIONAL PARK - 3099 WINFIELD DUNN PKWY - KODAK, TN 37764-7660	62-1564782	501(C)(3)	54,594.	0.			PROTECT, CONNECT GRANTS
FRIENDS OF HAWAII VNP P.O. BOX 653 VOLCANO, HI 96785-0653	31-1577169	501(C)(3)	15,080.	0.			CONNECT:HAVO AMENDMENT
FRIENDS OF HOMESTEAD NATIONAL MONUMENT - 8523 WEST STATE HIGHWAY 4 - BEATRICE, NE 68310-6743	47-0842437	501(C)(3)	9,000.	0.			CONNECT:EKIP - HOMESTEAD NM
FRIENDS OF HORSESHOE BEND PO BOX 865 DADEVILLE, AL 36853	27-1992252	501(C)(3)	6,500.	0.			CONNECT:EKIP HORSESHOE BEND NMP
FRIENDS OF INDEPENDENCE NATIONAL HISTORICAL PARK - 143 S. 3RD STREET - PHILADELPHIA, PA 19106	23-7179598	501(C)(3)	16,800.	0.			CONNECT:EKIP INDEPENDENCE
FRIENDS OF LYNDON B JOHNSON NATIONAL HISTORICAL PARK - PO BOX 1831 - JOHNSON CITY, TX 78636	32-0202408	501(C)(3)	8,640.	0.			CONNECT:EKIP LYJO
FRIENDS OF MAMMOTH CAVE P.O BOX 27 MAMMOTH CAVE, KY 42259	61-1302865	501(C)(3)	32,619.	0.			PROTECT, CONNECT 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 NEW RIVER GORGE NATIONAL RIVER, INC - PO BOX 312 - GLEN JEAN, WV 25846	05-0578229	501(C)(3)	6,000.	0.			CONNECT:EKIP NERI
FRIENDS OF OLD DOVER INC. PO BOX 44 DOVER, DE 19903	51-0202626	501(C)(3)	9,000.	0.			CONNECT:EKIP - FRST
FRIENDS OF PERRY'S VICTORY AND INTERNATIONAL PEACE MEMORIAL INC - P.O. BOX 484 - PUT-IN-BAY, OH 43456	34-1634582	501(C)(3)	9,000.	0.			CONNECT:EKIP - PEVI
FRIENDS OF SAGUARO NP P.O. BOX 18998 TUCSON,, AZ 85731-8998	86-0842503	501(C)(3)	29,500.	0.			INSPIRE, CONNECT GRANTS
FRIENDS OF SAN JUAN NATIONAL HISTORIC SITE, INC - P.O. BOX 16872 - SUAN JUAN , PR 00908	66-0854505	501(C)(3)	246,900.	0.			CONNECT EKIP
FRIENDS OF THE PRESERVE AT LITTLE RIVER CANYON - 4322 LITTLE RIVER TRAIL NE - FORT PAYNE, AL 35967	27-3123521	501(C)(3)	9,000.	0.			CONNECT EVERY KID IN A PARK STUDIES LITTLE RIVER CANYON N.P
GEORGE WASHINGTON MEMORIAL PARKWAY GW MEMORIAL PARKWAY MCLEAN, VA 22101	53-0197094	115	6,110,000.	0.			PROTECT ARHO REHAB
GETTYSBURG FOUNDATION 1195 BALTIMORE PIKE GETTYSBURG, PA 17325	23-2969074	501(C)(3)	300,000.	0.			PROTECT GETT LITTLE ROUND TOP
GLACIER NATIONAL PARK C/O:ELLEN KANEEN,FINANCIAL OFF WEST GLACIER, MT 59936-0128	53-0197094	115	7,835.	0.			PROTECT ALBRIGHT WIRTH 2017 GL

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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
GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 59912	56-2579734	501(C)(3)	40,269.	0.			PROTECT, INSPIRE, CONNECT GRANTS
GLEN CANYON NATURAL HISTORY ASSOCIATION - P.O. BOX 1835 - PAGE, AZ 86040	74-2429545	501(C)(3)	67,174.	0.			PROTECT, CONNECT GRANTS
GOLDEN EAGLE AUDUBON SOCIETY PO BOX 8261 ASHFORD, WA 98304	23-7349882	501(C)(3)	10,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
GOLDEN GATE NP CONSERVANCY BLDG 201 FORT MASON SAN FRANCISCO, CA 94123	94-2781708	501(C)(3)	28,115.	0.			PROTECT, INSPIRE, CONNECT GRANTS
GRAND CANYON ASSOCIATION 4 TONTO ST GRAND CANYON VILLAGE, AZ 86023	86-0179548	501(C)(3)	500,398.	0.			PROTECT, INSPIRE, CONNECT GRANTS
GRAND TETON NATIONAL PARK P.O. BOX 170 MOOSE, WY 83012	53-0197094	115	13,500,000.	0.			PROTECT GRTE ANTELOPE FLATS
GRAND TETON NATIONAL PARK FOUNDATION - VANGUARD #9929780347 - JACKSON, WY 83001	83-0322668	501(C)(3)	57,265.	0.			PROTECT GRAND TETON ANTELOPE FLATS, GRTE JENNY LAKE
GREAT SMOKY MOUNTAINS INSTITUTE 9275 TREMONT ROAD TOWNSEND, TN 37882	62-1833479	501(C)(3)	125,992.	0.			INSPIRE GRANTS
GREAT SMOKY MOUNTAINS NATIONAL PARK - FUND: AGRSB - GATLINBURG, TN 37738	53-0197094	115	5,895.	0.			PROTECT 2017 ALBRIGHT WIRTH GR

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GREENBELT PARK 6565 GREENBELT ROAD GREENBELT, MD 20770-3207	53-0197094	115	7,800.	0.			CONNECT:EKIP - GREE
GROUNDWORK USA 22 MAIN ST. ASHFORD, WA 98304	81-0554362	501(C)(3)	24,250.	0.			INSPIRE GROUNDWORK YOUTH ENGAG
GULF ISLANDS NATIONAL SEASHORE 1801 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	53-0197094	501(C)(3)	10,000.	0.			CONNECT GULF BICYCLE TOUR, LIVING HISTORY PROGRAM
HAMPTON NATIONAL HISTORIC SITE 535 HAMPTON LANE TOWSON, MD 21286-1397	53-0197094	115	9,000.	0.			CONNECT:GRANT HAMPTON EKIP
HARPERS FERRY HISTORICAL ASSOCIATION - PO BOX 197 - HARPERS FERRY, WV 25425	55-0526963	501(C)(3)	9,000.	0.			CONNECT:EKIP - HAFE
HAWAII PACIFIC PARKS ASSOCIATION PO BOX 74 HAWAII NATIONAL PARK, HI 96718	99-6000894	501(C)(3)	5,600.	0.			CONNECT:EKIP KAHO
HOPEWELL CULTURE NATIONAL HISTORIC PARK - 16062 STATE ROUTE 104 - CHILLICOTHE, OH 45601-8694	53-0197094	115	9,000.	0.			CONNECT:EKIP HOCU
ICE AGE TRAIL ALLIANCE ATTN: MIKE WOLLMER CROSS PLAINS, WI 53528	39-6076028	501(C)(3)	34,000.	0.			CONNECT ACTIVE TRAILS 2017 IAT, EKIP IATR
ILERI, INC. 10 ABC QUEEN STREET CHRISTIANSTED, VI 00820	66-0818815	501(C)(3)	8,000.	0.			CONNECT:EKIP CHRI

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INDIANA DUNES NATIONAL LAKESHORE 1215 INDIANA 49 PORTER, IN 46304	53-0197094	115	5,077.	0.			CONNECT INDU CONCERT
INTERPRETIVE ASSOCIATION OF WESTERN COLORADO - 2250 HWY 50 - DELTA, CO 81416	84-1115612	501(C)(3)	12,120.	0.			CONNECT BLACK CANYON
ISLANDWOOD 4450 BLAKELY AVE NE BAINBRIDGE ISLAND, WA 98110	31-1654076	501(C)(3)	80,000.	0.			CONNECT SEATTLE FOCUS CITY
IUP RESEARCH INSTITUTE 1179 GRANT STREET, SUITE 1 INDIANA, PA 15701	57-1175778	501(C)(3)	5,285.	0.			PROTECT FL93 REFORESTATION MON
JAMES A. GARFIELD NATIONAL HISTORIC SITE - 8095 MENTOR AVENUE - MENTOR, OH 44060-5753	53-0197094	115	8,000.	0.			CONNECT:EKIP - JAMES A GARFIELD
JEAN LAFITTE NATIONAL HISTORICAL PARK AND PRESERVE - 419 DECATUR STREET - ASHFORD, WA 98304	53-0197094	115	70,261.	0.			PROTECT, INSPIRE GRANTS
JEFFERSON NP ASSOCIATION ONE MEMORIAL DRIVE, SUITE 1900 ST. LOUIS, MO 63102-1500	43-6062751	501(C)(3)	9,000.	0.			CONNECT JEFFERSON NP ASSOCIATION
JEFFERSON NP ASSOCIATION ONE MEMORIAL DRIVE, SUITE 1900 ST. LOUIS, MO 63102-1500	43-6062751	501(C)(3)	61,500.	0.			CONNECT:FOCUS CITY ST LOUIS
JOSHUA TREE NP ASSOCIATION 77485 NATIONAL PARK DRIVE TWENTYNINE PALMS, CA 92277	95-2312513	501(C)(3)	5,700.	0.			CONNECT:EKIP JOTR

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KENAI FJORDS NATIONAL PARK P.O.BOX 1727 SEWARD, AK 99664-1727	53-0197094	115	6,800.	0.			PROTECT VISITOR CENTER PLAZA, KEJF VISITOR CENTER
KENNESAW MOUNTAIN NATIONAL BATTLEFIELD PARK - 905 KENNESAW MOUNTAIN DRIVE - KENNESAW, GA 30152	53-0197094	115	9,000.	0.			CONNECT:EKIP KEMO
KEWEENAW NHP ADVISORY COMMISSION 25970 RED JACKET ROAD CALUMET, MI 49913-0471	38-3595884	115	9,000.	0.			CONNECT EKGV GRANT TO KEWE
KINGS MOUNTAIN NATIONAL MILITARY PARK - 2625 PARK ROAD - BLACKSBURG, SC 29702	53-0197094	115	8,966.	0.			CONNECT EKIP KIMO
LAVA BEDS NATURAL HISTORY ASSOCIATION - PO BOX 865 - TULELAKE, CA 96134	94-6139658	501(C)(3)	7,600.	0.			CONNECT:EKIP - LBNHA
LESBIAN & GAY COMMUNITY SERVICES CENTER, INC - 208 WEST 13TH STREET - NEW YORK, NY 10011	13-3217805	501(C)(3)	90,000.	0.			CONNECT STONEWALL CAPTURING LG
LITTLE BIGHORN BATTLEFIELD NATIONAL MONUMENT - P.O. BOX 39 - CROW AGENCY, MT 59022-0039	53-0197094	115	19,119.	0.			CONNECT ACTIVE TRAILS 2017 LIB
LOWELL COMMUNITY HEALTH CENTER 161 JACKSON ST LOWELL, MA 01852	04-2881348	501(C)(3)	7,500.	0.			CONNECT 2017 ACTIVE TRAILS LOW
LOWELL NATIONAL HISTORICAL PARK 67 KIRK STREET LOWELL, MA 01852	53-0197094	115	7,907.	0.			CONNECT:EKIP LOWE, 2017 ACTIVE TRAILS LOW

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LYCEE FRANCAIS DE LA NOUVELLE ORLEANS - 5951 PATTON ST - NEW ORLEANS, LA 70115	80-0502031	501(C)(3)	9,000.	0.			CONNECT:EKIP - JELA
MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL ISLAND TOPSHAM, ME 04086	23-7099105	501(C)(3)	56,000.	0.			PROTECT ACAD SAWYERS POINT ACQ
MANZANAR NATIONAL HISTORIC SITE P.O BOX 426 INDEPENDENCE, CA 93526-0426	53-0197094	115	6,994.	0.			PROTECT 2017 ALBRIGHT WIRTH MA
MERCED CITY SCHOOL DISTRICT 444 WEST 23RD STREET MERCED, CA 95340	77-3572124	115	9,000.	0.			CONNECT:EKIP - YOSE
MESA VERDE MUSEUM ASSOCIATION PO BOX 178 MESA VERDE NATIONAL PARK, CO 81330	84-1404606	501(C)(3)	31,938.	0.			CONNECT, PROTECT GRANTS
MISSISSIPPI PARK CONNECTION 111 KELLOGG BLVD EAST SAINT PAUL, MN 55101	87-0786530	501(C)(3)	36,980.	0.			CONNECT:EKIP MISS, ACTIVE TRAILS 2017 MIS
MONTANA ENVIRONMENTAL EDUCATION ASSOCIATION - PO BOX 1015 - MISSOULA, MT 59806	81-0468587	501(C)(3)	12,900.	0.			CONNECT MONTANA ENVIRONMENTAL EDUCATION ASSOCIATION
MONTEZUMA CASTLE NATIONAL MONUMENT P.O BOX 219 CAMP VERDE, AZ 86322-0219	53-0197094	115	10,000.	0.			PROTECT ALBRIGHT WIRTH 2017 MO
MORMON PIONEER NATIONAL HERITAGE AREA - 77 NORTH STATE STREET - ASHFORD, WA 98304	26-2104761	501(C)(3)	66,000.	0.			PROTECT MOPI MANTI-LASAL TRAIL

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MOUNT RAINIER NATIONAL PARK MEMORIAL SOCIETY ASHFORD, WA 98304	53-0197094	115	104,000.	0.			CONNECT, INSPIRE GRANTS
NATIONAL CAPITAL PARKS-EAST 1900 ANACOSTIA DRIVE SW WASHINGTON, DC 20020	53-0197094	115	9,000.	0.			CONNECT: EKGV GRANT TO NACE
NATIONAL CAPITAL REGIONAL OFFICE P.O. BOX 62120 BALTIMORE, MD 21265-2120	53-0197094	115	205,360.	0.			PROTECT CAWO DESIGN AND CONSTRUCTION
NATIONAL COUNCIL OF NEGRO WOMEN 633 PENNSYLVANIA AVE, NW WASHINGTON, DC 20004	53-0173054	501(C)(3)	9,000.	0.			CONNECT ENGAGE, READ, LEARN, PARK AND RIDE TO EXPLORE OUTDOORS
NATIONAL MALL AND MEMORIAL PARKS 900 OHIO DRIVE S.W. WASHINGTON, DC 20024	53-0197094	115	4,502,000.	0.			PROTECT MODERNIZE THE WAMO ELE, NAMA LINCOLN 2ND PYMT
NATIONAL PARK SERVICE ATTN: HARRY YOUNT AWARD PROG.DON.ACC - WASHINGTON, DC 20005	53-0197094	115	69,998.	0.			INSPIRE KAWW TRAIL CREW, FY 17 DIRECTORS DISCRETIONARY FUND
NATIONAL PARK SERVICE EMPLOYEES AND ALUMNI TRUST FUND - 470 MARYLAND DRIVE - FORT WASHINGTON, PA 19034	23-7405044	501(C)(3)	25,000.	0.			PROTECT: GRSM FIRE RELIEF EMER
NATIONAL PARK SERVICE- PARK FACILITY MANAGEMENT DIVISION - 612 E. RESERVE ST - ASHFORD, WA 98304	53-0197094	115	75,000.	0.			PROTECT SUSTAINABILITY EV CHARGING STATIONS
NATIONAL PARK SERVICE WASO OFFICE OF INTERPRETATION, EDUCATION, - 1201 EYE STREET NW - WASHINGTON, DC 20005	53-0197094	115	101,217.	0.			CONNECT, PROTECT, INSPIRE GRANTS

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NATIONAL PARK TRUST ATTN:GRACE LEE ASHFORD, WA 98304	52-1691924	501(C)(3)	50,000.	0.			CONNECT GRANTS
NATIONAL PARKS OF AMERICAN SAMOA MHJ BUILDING, 2ND FLOOR PAGO PAGO, AS 96799-0001	53-0197094	115	7,750.	0.			CONNECT:EKIP NPSA
NATIONAL PARKS OF NEW YORK HARBOR 210 NEW YORK AVENUE STATEN ISLAND, NY 10305	53-0197094	115	8,250.	0.			CONNECT ST PAUL'S CHURCH NHS
NEW MEXICO WILDLIFE CENTER PO BOX 246 ASHFORD, WA 98304	85-0346210	501(C)(3)	10,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
NEW ORLEANS JAZZ NATIONAL HISTORICAL PARK - 916 N PETERS ST - NEW ORLEANS, LA 70116	53-0197094	115	23,000.	0.			CONNECT NOLA PILOT PROJECT
NIAGARA FALLS NATIONAL HERITAGE AREA - 112 EAST PARK ST - ROME, NY 13480	46-1240940	501(C)(3)	18,807.	0.			CONNECT ACTIVE TRAILS NIFA NHA
NORTH CASCADES NATIONAL PARK 810 STATE ROUTE 20 SEDRO WOOLLEY, WA 98284-1239	53-0197094	115	7,705.	0.			CONNECT, PROTECT GRANTS
NPS - OFFICE OF INTERNATIONAL AFFAIRS - 1849 C STREET NW - WASHINGTON, DC 20240	53-0197094	115	18,000.	0.			CONNECT LEARNING FROM COLLEAGUE
NPS - STONEWALL NATIONAL MONUMENT 26 WALL STREET NEW YORK, NY 10005	53-0197094	115	166,700.	0.			CONNECT STON

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OCEAN DISCOVERY INSTITUTE 2211 PACIFIC BEACH DRIVE ASHFORD, WA 98304	33-0862531	501(C)(3)	79,000.	0.			INSPIRE CABR CITIZEN SCIENCE 2
OCMULGEE NATIONAL MONUMENT ASSOCIATION - 1207 EMERY HWY - MACON, GA 31217-4399	58-6033981	501(C)(3)	7,240.	0.			CONNECT:EKIP OCMU
OKLAHOMA CITY NATIONAL MEMORIAL FOUNDATION - 620 N HARVEY AVENUE - OKLAHOMA CITY, OK 73102	73-1472725	501(C)(3)	6,600.	0.			CONNECT GOING BEYOND THE CLASSROOM AT THE OKLAHOMA CITY N.M
OLYMPIC NATIONAL PARK 600 EAST PARK AVE PORT ANGELES, WA 98362-6798	53-0197094	115	117,820.	0.			INSPIRE, CONNECT GRANTS
OPERATION HOPE INCORPORATED 707 WILSHIRE BOULEVARD STE.3030 LOS ANGELES, CA 90017	95-4378084	501(C)(3)	9,000.	0.			CONNECT:EKIP MALU
OTERO SOIL AND WATER CONSERVATION DISTRICT - 3501 MESA VILLAGE DRIVE - ALAMOGORDO, NM 88310	85-0382745	115	9,000.	0.			CONNECT:EKIP - WHSA
OUT THERE ADVENTURES 2912 COTTONWOOD AVE ASHFORD, WA 98304	46-2934827	501(C)(3)	15,700.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
OUTDOOR OUTREACH 5275 MARKET STREET, SUITE 21 ASHFORD, WA 98304	33-0860449	501(C)(3)	10,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
OVERMOUNTAIN VICTORY TRAIL ASSOCIATION - 1780 MUSTER PLACE - ABINGDON, VA 24210	62-1074440	501(C)(3)	9,000.	0.			CONNECT:EKIP OVVI

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OZARK NATIONAL SCENIC RIVERWAYS P.O. BOX 490 VAN BUREN, MO 63965-0490	53-0197094	115	5,900.	0.			CONNECT:EKIP OZAR
PACIFIC HISTORIC PARKS 94-1187 KA UKA BLVD WAIPAHU, HI 96797	99-0194501	501(C)(3)	40,450.	0.			CONNECT GRANTS
PETRIFIED FOREST MUSEUM ASSOCIATION - P.O BOX 2277 - PETRIFIED FOREST, AZ 86028	86-0188821	501(C)(3)	7,065.	0.			CONNECT:EKIP PETRIFIED FOREST NP
PICTURED ROCKS NATIONAL LAKESHORE N 8391 SAND POINT ROAD MUNISHING, MI 49862-0040	53-0197094	115	6,100.	0.			CONNECT:EKIP - PIRO
POCONO ENVIRONMENTAL EDUCATION 538 EMERY ROAD DINGMAN'S FERRY, PA 18328	23-2424742	501(C)(3)	9,000.	0.			CONNECT:EKIP DEWA
POINT REYES NATIONAL SEASHORE ASSOCIATION - 1 BEAR VALLEY ROAD - PT. REYES STATION, CA 94956	94-2228894	501(C)(3)	12,232.	0.			PROTECT PORE WINTER SNOWY PLOV
POUDRE HERITAGE ALLIANCE 3745 EAST PROSPECT FORT COLLINS, CO 80525	36-4507550	501(C)(3)	23,500.	0.			CONNECT ACTIVE TRAILS 2017
PRESIDENT'S PARK (WHITE HOUSE) 1100 OHIO DRIVE, SW WASHINGTON, DC 20242	53-0197094	115	9,000.	0.			CONNECT:EKIP WHHO
REDWOOD NATIONAL PARK 1111 SECOND ST. GRAND CANYON VILLAGE, AZ 86023	53-0197094	115	119,850.	0.			PROTECT GRANTS

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RIVER RAISIN NATIONAL BATTLEFIELD PARK FOUNDATION - 1403 E. ELM AVE - MONROE, MI 48162	46-2501428	501(C)(3)	25,000.	0.			CONNECT ACTIVE TRAILS 2017 RIR
ROCKY MOUNTAIN CONSERVANCY P.O. BOX 3100 EAST PARK, CO 80517	84-0472090	501(C)(3)	181,041.	0.			CONNECT, INSPIRE, PROTECT GRANTS
ROCKY MOUNTAIN YOUTH CORPS PO BOX 1960 ASHFORD, WA 98304	85-0404817	501(C)(3)	12,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
ROOSEVELT-VANERBILT NAT'L HIST. ASSN. - PO BOX 235 - HYDE PARK, NY 12538	14-6035855	501(C)(3)	9,000.	0.			CONNECT:EKIP - ROOSEVELT VANDERBILT NH
ROSIE THE RIVETER TRUST 440 CIVIC CENTER PLAZA, 2ND FLOOR RICHMOND, CA 94804	94-3335350	501(C)(3)	9,000.	0.			CONNECT EVERY KID IN A PARK RICHMOND PARTNERSHIP
SACRED ROK PO BOX 148 ASHFORD, WA 98304	80-0440822	501(C)(3)	17,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
SAGAMORE HILL NATIONAL HISTORIC SITE - 20 SAGAMORE HILL ROAD - OYSTER BAY, NY 11771	53-0197094	115	5,300.	0.			PROTECT 2017 ALBRIGHT WIRTH SA
SAINT-GAUDENS NATIONAL HISTORIC SITE - 139 SAINT-GAUDENS ROAD - CORNISH, NH 03745-9704	53-0197094	115	11,750.	0.			CONNECT AT SAGA
SAN FRANCISCO MARITIME NATIONAL PARK ASSOCIATION - PO BOX 470310 - SAN FRANCISCO, CA 94147	94-1254650	501(C)(3)	9,000.	0.			CONNECT EKIP - SAFR ASSOCIATION

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SAND CREEK MASSACRE N H S 35110 HIGHWAY 194 EAST LAJANTA, CO 81050	53-0197094	115	5,302.	0.			INSPIRE SAND RESEARCH & LEARNING
SANTA MONICA MOUNTAINS FUND 401 WEST HILLCREST DRIVE THOUSAND OAKS, CA 91360	95-4187832	501(C)(3)	332,782.	0.			CONNECT, INSPIRE, PROTECT GRANTS
SANTA MONICA MOUNTAINS NATIONAL RECREATION AREA - C/O SANTA MONICA MOUNTAINS NRA - THOUSAND OAKS, CA 91360	53-0197094	115	113,357.	0.			CONNECT, PROTECT GRANTS
SEQUOIA PARKS CONSERVANCY 47050 GENERALS HIGHWAY # 10 THREE RIVERS, CA 93271	94-1379633	501(C)(3)	18,000.	0.			CONNECT:EKIP - SEKI
SEQUOIA PARKS CONSERVANCY 47050 GENERALS HIGHWAY # 10 THREE RIVERS, CA 93271	94-1379633	501(C)(3)	174,885.	0.			INSPIRE SEKI 21STCSC
SHENANDOAH NATIONAL PARK TRUST P O BOX 3274 STAUNTON, VA 24402	20-8685310	501(C)(3)	53,044.	0.			PROTECT SHEN GUEST DONATIONS
SHILOH MILITARY PARK 1055 PITTSBURGH LANDING ROAD SHILOH, TN 38376	53-0197094	115	5,900.	0.			CONNECT:EKIP - SHIL
SLEEPING BEAR DUNES NATIONAL LAKESHORE - 9922 FRONT STREET - EMPIRE, MI 49630-9797	53-0197094	115	21,450.	0.			CONNECT, PROTECT GRANTS
SOS OUTREACH P.O. BOX 2020 ASHFORD, WA 98304	84-1332544	501(C)(3)	15,000.	0.			CONNECT NORTHFACE EXPLORE FUND 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
SOUTH FLORIDA NATIONAL PARK FUND - RSFLA CORAL GABLE, FL 33146	13-4341209	501(C)(3)	250,569.	0.			CONNECT:EKIP MIAMI, EKIP DRTO
SPRING INITIATIVE, INC P.O. BOX 1759 ASHFORD, WA 98304	45-2243846	501(C)(3)	10,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
STUDENT CONSERVATION ASSOC. 4245 FAIRFAX DR STE 825 ARLINGTON, VA 22203	91-0880684	501(C)(3)	13,644.	0.			CONNECT STON SCA INTERNS
SULTANA EDUCATION FOUNDATION 200 SOUTH CROSS ST CHESTERTOWN, MD 21620	52-2021091	501(C)(3)	5,400.	0.			CONNECT:EKIP CAJO
TALLGRASS PRAIRIE NATIONAL PRESERVE - 2480B KS HWY 177 - STRONG CITY, KS 66869	53-0197094	115	135,223.	0.			PROTECT RESURFACING AND UPGRADE
TEENS, INC. PO BOX 1070 ASHFORD, WA 98304	84-1380016	501(C)(3)	15,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
TETON SCIENCE SCHOOLS 700 COYOTE CANYON RD. JACKSON, WY 83001	83-0219163	501(C)(3)	26,465.	0.			INSPIRE GRANTS
THE FRIENDS OF VALLEY FORGE 1400 N OUTER LINE DRIVE KING OF PRUSSIA, PA 19406	23-2036005	501(C)(3)	14,000.	0.			CONNECT:EKIP VAFO
THE MOUNTAINEERS 7700 SAND POINT WAY NE ASHFORD, WA 98304	27-3009280	501(C)(3)	9,000.	0.			CONNECT NORTHFACE EXPLORE FUND 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
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE ARLINGTON, VA 22203	53-0242652	501(C)(3)	12,765.	0.			PROTECT RESTORE TALLGRASS PRAI
THE OUTSIDE LAS VEGAS FOUNDATION 919 E. BONNEVILLE AVENUE LAS VEGAS, NV 89101	26-2537847	501(C)(3)	9,000.	0.			CONNECT:EKIP - LAKE
THE SERVICE BOARD 4408 DELRIDGE WAY SW ASHFORD, WA 98304	20-0661802	501(C)(3)	13,000.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
THE STATUE OF LIBERTY ELLIS ISLAND FOUNDATION, INC - 17 BATTERY PLACE - NEW YORK, NY 10004	13-3118415	501(C)(3)	333,334.	0.			CONNECT SOLEIF ENGAGEMENT GALL
THE WOODS PROJECT, INC. 2700 SOUTHWEST FREEWAY ASHFORD, WA 98304	26-2959996	501(C)(3)	6,500.	0.			CONNECT NORTHFACE EXPLORE FUND GRANT
TIDES CENTER-SPACES 1536 U ST. NW WASHINGTON, DC 20009	94-3213100	501(C)(3)	26,401.	0.			CONNECT KELLOGG RACIAL HEALING
TIMUCUAN TRAILS PARK FOUNDATION 2029 NORTH THIRD STREET JACKSONVILLE BEACH, FL 32250	59-3614354	115	25,000.	0.			CONNECT ACTIVE TRAILS 2017 TIM
TUMACACORI NATIONAL HISTORICAL PARK - PO BOX 67 - TUMACACORI, AZ 85640	53-0197094	115	8,900.	0.			CONNECT EKIP TUMACACORI
UNIVERSITY OF ARIZONA FOUNDATION 1111 NORTH CHERRY AVENUE ASHFORD, WA 98304	86-6050388	501(C)(3)	15,000.	0.			CONNECT NORTHFACE EXPLORE FUND 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
VINCENNES HISTORICAL & ANTIQUARIAN SOCIETY - PO BOX 487 - VINCENNES, IN 47591	23-7017436	501(C)(3)	9,000.	0.			CONNECT:EKIP GERO
WASHINGTON DEPT.OF FISH & WILDLIFE 600 CAPITOL WAY NORTH OLYMPIA, WA 98501	91-1632572	115	633,032.	0.			PROTECT ELWHA PROJECT MANAGER
WASHINGTON'S NATIONAL PARK FUND 1904 THIRD AVE SAN FRANCISCO, CA 94123	01-0869799	501(C)(3)	14,734.	0.			PROTECT: OLYM GUEST DONATIONS
WAYNE STATE UNIVERSITY 5057 WOODWARD AVENUE DETROIT, MI 48202	38-6028429	501(C)(3)	20,000.	0.			CONNECT DETROIT KELLOGG WSU
WESTERN NATIONAL PARKS ASSOCIATION 12880 NORTH VISTOSO VILLAGE TUCSON, AZ 85755	86-0107049	501(C)(3)	14,550.	0.			CONNECT GRANTS
WHEELING NATIONAL HERITAGE AREA 1400 MAIN ST. WHEELING, WV 26003	55-0735567	501(C)(3)	24,800.	0.			CONNECT ACTIVE TRAILS 2017 WHE
WING LUKE MUSEUM 719 S KING ST SEATTLE, WA 98104	91-6067431	501(C)(3)	9,000.	0.			CONNECT:EKIP - WING LUKE
YELLOWSTONE PARK FOUNDATION 222 EAST MAIN ST #301 BOZEMAN, MT 59715	83-0311166	501(C)(3)	102,996.	0.			CONNECT, INSPIRE, PROTECT GRANTS
YOSEMITE CONSERVANCY 101 MONTGOMERY ST., ASHFORD, WA 98304	94-3058041	501(C)(3)	754,613.	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
YOSEMITE NATIONAL PARK P.O. BOX 700 - F GRAND CANYON VILLAGE, AZ 86023	53-0197094	115	9,748.	0.			PROTECT YOSEMITE NATIONAL PARK
ZION NATIONAL PARK DAVID WEBSTER SPRINGDALE, UT 84767	53-0197094	115	386,830.	0.			PROTECT ZION GRANTS
ZION NATURAL HISTORY ASSOCIATION C/O ZION NATIONAL PARK SPRINGDALE, UT 84767	87-0256961	501(C)(3)	275,319.	0.			CONNECT, PROTECT GRANTS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INSPIRE PLACE-BASED EDUCATION	11	13,237.	0.		
CONNECT LGBTQ THEME STUDY	5	20,852.	0.		
CONNECT KELLOGG DETROIT INTERN	4	2,000.	0.		
INSPIRE ACLS FELLOW	4	80,750.	0.		
PROTECT PLACE BASED EDUCATION	3	6,259.	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 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 GRANTED 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 KAWW PLACE BASED EDUCA	3.	4,420.	0.		
PROTECT ROCR GRANT FOR HOSTING	1.	1,000.	0.		
INSPIRE - PLACE BASED LEARNING	1.	2,681.	0.		
PROTECT: ARCHAEOLOGICAL EXPERT	1.	1,200.	0.		
CONNECT MEETING MARY MCLEOD BETHUNE ADVISORY	1.	185.	0.		
CONNECT DETROIT KELLOGG RU LAN	1.	875.	0.		
CONNECT PLANNING FOR AND FACIL	1.	4,080.	0.		
CONNECT HISTORY HIKE	1.	100.	0.		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2016

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

▶ Attach to Form 990.

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Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (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 Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1b		
2		
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) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM SHAFROTH PRESIDENT AND CEO	(i)	356,265.	30,000.	1,075.	0.	25,098.	412,438.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MANDEEP SINGH CHIEF FINANCIAL OFFICER	(i)	210,976.	9,000.	292.	0.	19,194.	239,462.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NANCY REHMAN SENIOR VICE PRESIDENT (TIL 1/2/17)	(i)	189,870.	3,500.	404.	7,005.	1,999.	202,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RUTH PRESCOTT SENIOR ADVISOR TO THE PRESIDENT	(i)	180,324.	7,250.	697.	5,070.	1,984.	195,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIEL SAKURA SENIOR ADVISOR FOR INNOVATIVE FUNDIN	(i)	181,087.	6,250.	390.	318.	17,276.	205,321.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CARTER K. LAUGHLIN VP, MAJOR GIFTS	(i)	158,267.	10,000.	203.	0.	7,330.	175,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SUSAN NEWTON SVP, GRANTS & PROGRAMS	(i)	154,091.	7,000.	332.	4,944.	26,261.	192,628.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MATTHEW BANKS VP, PRINCIPAL GIFTS (TIL 1/23/17)	(i)	156,915.	0.	200.	2,538.	12,271.	171,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEFANIE MATHEW VP, CORPORATE PARTNERSHIPS	(i)	140,946.	0.	106.	4,921.	6,952.	152,925.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CURTIS BUCHHOLTZ DIRECTOR, MAJOR & PLANNED GIVING	(i)	129,228.	0.	2,101.	5,277.	20,436.	157,042.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? Yes/No.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? To/From, (e) Original principal amount, (f) Balance due, (g) In default? Yes/No, (h) Approved by board or committee? Yes/No, (i) Written agreement? Yes/No.

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 6 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues? (Yes/No). Row 1: BENTZ WHALEY FLESSNER, ACCOUNT ASSOCIATE I, 109,701, FUNDRAISING, No (X).

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BENTZ WHALEY FLESSNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ACCOUNT ASSOCIATE IS SPOUSE OF RUTH PRESCOTT (NPF EXEC)

(D) DESCRIPTION OF TRANSACTION: FUNDRAISING CONSULTING SERVICE FEES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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	X		16,326.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	44	475,255.	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	X	4	675,500.	FMV
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	4	13,290.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>EQUIPMENT</u>)	X	4	166,994.	FMV
26 Other ▶ (<u>PRIZES</u>)	X	5	32,963.	FMV
27 Other ▶ (<u>MERCHANDISE</u>)	X	2	1,722.	FMV
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** **0**

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

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

2016

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:

AS THE OFFICIAL NONPROFIT PARTNER OF THE NATIONAL PARK SERVICE, THE
NATIONAL PARK FOUNDATION GENERATES PRIVATE SUPPORT AND BUILDS STRATEGIC
PARTNERSHIPS TO PROTECT AND ENHANCE AMERICA'S NATIONAL PARKS FOR FUTURE
GENERATIONS.

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

PARK.

II. NPF RAISES PRIVATE PHILANTHROPIC SUPPORT TO ACQUIRE, ON BEHALF OF
THE NATIONAL PARK SERVICE, PRIVATE INHOLDINGS IN GRAND TETON NATIONAL
PARK, ACADIA NATIONAL PARK AND YOSEMITE NATIONAL PARK.

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

IV. NPF DIRECTS FUNDS SECURED FROM COURT ORDERS, MITIGATION, AND THE
SETTLEMENT OF CRIMINAL AND CIVIL CASES TO THE MOST CRITICAL
CONSERVATION AND RESTORATION PROJECTS AT NATIONAL PARKS, CONSISTENT
WITH A COURT'S DIRECTION.

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

TO MAKE PARKS RELEVANT TO PEOPLES LIVES, ENGAGE THEM IN OUR PARKS, AND
INSPIRE PEOPLE TO SUPPORT THEIR PARKS. THIS PROGRAM IS FUNDED THROUGH
CORPORATE CONTRIBUTIONS AND FOCUSES MUCH OF ITS EFFORTS ON THE

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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MILLENNIAL GENERATION. FYP INVITES PEOPLE TO DISCOVER AND SHARE THEIR OWN UNIQUE CONNECTIONS TO THE NATION'S NATURAL LANDSCAPES, VIBRANT CULTURE, AND RICH HISTORY.

II. IN SPRING 2016, THE UNITED STATES MINT BEGAN MINTING AND SELLING COINS COMMEMORATING THE CENTENNIAL OF THE NATIONAL PARK SERVICE. THREE COINS WERE SOLD THROUGH THE MINT AND AT PARKS ACROSS THE COUNTRY UNTIL THE END OF 2016. IN FY 17, THE FOUNDATION RECEIVED \$2.2 MILLION IN PROCEEDS FROM THESE SALES WHICH WILL BE INVESTED IN PRIORITY PROJECTS THAT RELATE TO THE PROTECT, CONNECT AND ENGAGE ASPECTS OF NPF'S MISSION.

III. THE NATIONAL PARK SERVICE CENTENNIAL ACT WAS SIGNED INTO LAW ON DECEMBER 16, 2016. THE LAW AFFECTS NPF IN THREE SPECIFIC WAYS: 1) PROVIDING \$10 MILLION PER YEAR TO THE FOUNDATION FROM THE SALES OF NATIONAL PARK SENIOR PASSES TO FUND AN ENDOWMENT FOR NATIONAL PARKS AT THE FOUNDATION. THE FOUNDATION WILL USE THE PROCEEDS OF THE INVESTMENT EARNINGS FROM THE ENDOWMENT TO FUND SIGNATURE PARK PROJECTS THAT SUPPORT THE PRIORITIES OF THE NATIONAL PARK SERVICE. 2) AUTHORIZING A \$5 MILLION ANNUAL APPROPRIATION TO THE NATIONAL PARK FOUNDATION TO PROVIDE MATCHING GRANTS FOR PARK IMPROVEMENT PROJECTS. 3) AMENDING THE NPF STATUTE TO REMOVE THE SECRETARY OF THE INTERIOR AS THE CHAIR OF THE BOARD.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THROUGH COMMUNITY ENGAGEMENT PROGRAMS.

II. NPF SUPPORTED PROGRAMS AROUND THE NATION THAT HIRED 274 YOUTH TO

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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SERVE IN CONSERVATION CORPS. THESE CORPS MEMBERS RESTORED TRAILS AND REMOVED INVASIVE SPECIES AT OLYMPIC NATIONAL PARK, MOUNT RAINIER NATIONAL PARK, SEQUOIA AND KINGS CANYON NATIONAL PARK, AND MANY OTHERS.

III. NPF RAISED FUNDS FOR AND ADMINISTERED THE OPEN OUTDOORS FOR KIDS / EVERY KID IN A PARK PROGRAMS. THROUGH THESE YOUTH-FOCUSED INITIATIVES, THE NATIONAL PARK FOUNDATION IS REACHING ELEMENTARY AGED CHILDREN FROM ACROSS THE COUNTRY AND PROVIDING THEM THE CHANCE TO EXPERIENCE AND LEARN FROM NATIONAL PARKS. NPF RAISES AND PROVIDES FUNDS TO SUPPORT IN-PARK PROGRAMS AND PROVIDE TRANSPORTATION TO THE PARK.

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

OTHER NPF PROGRAM SERVICE ACCOMPLISHMENTS

EXPENSES \$ 1,307,355. INCL GRANTS OF \$ 176,728. REVENUE \$ 1,607,163.

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

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 DO SO IN THE FUTURE.

THE 990 FORM DRAFTS ARE REVIEWED BY THE CEO, COO, CFO, AND CONTROLLER AS WELL AS SVP OF GRANTS AND PROGRAMS, SVP OF PHILANTHROPY, SVP OF PARTNERSHIPS, 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

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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 REVIEWED THE COMPLETE FORM 990.

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

IF AN INDIVIDUAL HAS A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST IN CONNECTION WITH ANY FOUNDATION TRANSACTION OR MATTER, THE INDIVIDUAL MUST IMMEDIATELY NOTIFY THE PRESIDENT, CHAIR OF THE BOARD, OR CHAIR OF THE GOVERNANCE CENTER 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

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ANNUAL BASIS TO SIGN AND SUBMIT A MANDATORY DISCLOSURE STATEMENT TO THE
PRESIDENT OR VICE CHAIR:

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

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

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

THE COMPENSATION COMMITTEE REGULARLY CONDUCTS REVIEWS OF COMPENSATION FOR
THE PRESIDENT/CEO. THE COMMITTEE USES VARIOUS RESOURCES FOR DETERMINING
COMPARABLE DATA DURING THE DELIBERATION AND DECISION PROCESS.

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

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

FORM 990, PART X:

THE FOUNDATION ACCEPTED CERTAIN PROPERTY DURING THE FISCAL YEAR ENDED
SEPTEMBER 30, 2015 AND TRANSFERRED THE TITLE OF THE PROPERTY TO THE
NATIONAL PARK SERVICE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016.
THE PROPERTY WAS ORIGINALLY VALUED AND RECORDED AT \$6,850,000. PRIOR TO
THE ISSUANCE OF THE SEPTEMBER 30, 2017 FINANCIAL STATEMENTS, MANAGEMENT
WAS INFORMED THAT THE CONTRIBUTED PROPERTY INCLUDED, IN ADDITION TO
LAND, SEVERAL BUILDINGS AND EXTENSIVE LAND IMPROVEMENTS WITH A FAIR

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VALUE OF \$32,840,000 WHEN RECEIVED AND \$33,770,000 WHEN TRANSFERRED TO THE NATIONAL PARK SERVICE. THE FAIR VALUES WERE BASED ON INDEPENDENT APPRAISALS. AS A RESULT, MANAGEMENT INCREASED TEMPORARILY RESTRICTED NET ASSETS AS OF SEPTEMBER 30, 2015 BY \$32,840,000, AND RESTATED THE ACCOMPANYING STATEMENT OF ACTIVITIES FOR THE YEAR ENDED SEPTEMBER 30, 2016 FOR THE EFFECT OF THE REVISED VALUATIONS.

THERE WAS NO EFFECT ON THE FOUNDATION'S STATEMENT OF ACTIVITIES FOR THE YEAR ENDED SEPTEMBER 30, 2017. IN ADDITION, THERE WAS NO EFFECT ON THE FOUNDATION'S STATEMENTS OF FINANCIAL POSITION AS OF SEPTEMBER 30, 2016 AND 2017.

FORM 990, PART XII, LINE 2C:
THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NPF SCHOODIC WOODS LLC - 47-4792944 1110 VERMONT AVE., NW SUITE 200 WASHINGTON, DC 20005	FACILITATE LAND DONATIONS	DISTRICT OF COLUMBIA			NATIONAL PARK FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2016

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information.

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

Lined area for supplemental information.