

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)

2014
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 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015**

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 \$ 83,900,139.	
	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? Yes <input type="checkbox"/> No <input type="checkbox"/>		
F Name and address of principal officer: WILLIAM GILBERT SHAFROTH 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 Trust Association 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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	63
	6 Total number of volunteers (estimate if necessary)	6	22
	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 41,242,574.	Current Year 69,861,221.
	9 Program service revenue (Part VIII, line 2g)	1,622,609.	1,462,248.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,541,523.	2,769,353.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,315,951.	760,591.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,722,657.	74,853,413.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,708,923.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,891,373.	6,647,187.
16a Professional fundraising fees (Part IX, column (A), line 11e)		180,000.	501,512.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,606,842.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,248,878.	20,164,389.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,029,174.	44,235,120.	
19 Revenue less expenses. Subtract line 18 from line 12	16,693,483.	30,618,293.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 130,566,444.	End of Year 162,912,616.
	21 Total liabilities (Part X, line 26)	26,493,502.	31,616,471.
	22 Net assets or fund balances. Subtract line 21 from line 20	104,072,942.	131,296,145.

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 ELIZABETH HELLER	Preparer's signature <i>Elizabeth Heller</i>	Date 5/5/2016	Check if self-employed <input type="checkbox"/>	PTIN P00397829
	Firm's name ▶ TATE AND TRYON	Firm's EIN ▶ 52-1855942		Phone no. (202) 293-2200	
Firm's address ▶ 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036					

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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning OCT 1, 2014, and ending SEP 30, 20 15

2014

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

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

Department of the Treasury
Internal Revenue Service

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>74,853,413.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

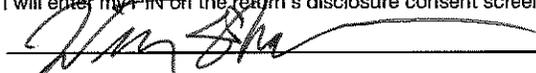
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare 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 2014 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 2014 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.

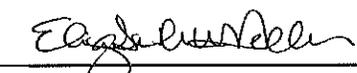
Officer's signature  Date 5/4/16

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 2014 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 4/13/2016

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 12,206,706. including grants of \$ 1,005,104.) (Revenue \$) CONNECT WITH NEW AUDIENCES - THE NATIONAL PARK FOUNDATION, THE OFFICIAL CHARITY OF AMERICA'S NATIONAL PARKS, IS DEDICATED TO CELEBRATING OUR DIVERSE HERITAGE - SUPPORTING INCLUSIVE AND ABUNDANT OPPORTUNITIES FOR AUDIENCES OF ALL BACKGROUNDS TO EXPERIENCE, ENJOY, AND CREATE LIFE-LONG RELATIONSHIPS WITH AMERICA'S SPECIAL PLACES. WE ALSO DEDICATE OURSELVES TO BRINGING AMERICA'S NATIONAL PARKS TO THE PEOPLE BY MAKING INVESTMENTS IN DIGITAL TECHNOLOGY, STRENGTHENING THE ROLE OF PARKS AND PUBLIC LANDS AS PART OF A POWERFUL HEALTH PROMOTION STRATEGY, AND CONNECTING URBAN COMMUNITIES TO THE OUTDOORS.

I. IN MARCH OF 2015, THE NATIONAL PARK FOUNDATION LAUNCHED FIND YOUR PARK/ENCUENTRA TU PARQUE, A PUBLIC AWARENESS AND EDUCATION MOVEMENT TO

4b (Code:) (Expenses \$ 10,688,027. including grants of \$ 9,718,963.) (Revenue \$) PROTECT SPECIAL PLACES - THE NATIONAL PARK FOUNDATION, THE OFFICIAL CHARITY OF AMERICA'S NATIONAL PARKS, IS DEDICATED TO PROTECTING AMERICA'S GREATEST NATURAL, HISTORICAL, AND CULTURAL TREASURES BY SECURING PHILANTHROPIC FUNDS TO SUPPORT PROGRAMS THAT SAFEGUARD OUR ICONIC LANDSCAPES, PRESERVE THE PLACES WHERE HISTORY HAPPENED, PROMOTE SUSTAINABLE PRACTICES, AND CONSERVE PRIVATE LANDS FROM WILLING SELLERS TO BRING UNITY TO OUR NATIONAL PARKS, AND PRESERVE AND EXPAND TRAILS FOR THE BENEFIT OF ALL.

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

4c (Code:) (Expenses \$ 365,745. including grants of \$ 322,059.) (Revenue \$) INSPIRE THROUGH EXPERIENCE - THE NATIONAL PARK FOUNDATION, THE OFFICIAL CHARITY OF AMERICA'S NATIONAL PARKS, IS DEDICATED TO ESTABLISHING NATIONAL PARKS AS POWERFUL LEARNING ENVIRONMENTS THAT PROVIDE IN-DEPTH AND MODERN, REAL-WORLD EXPERIENCES THAT SHAPE LIVES AND STRENGTHEN OUR PARKS. OUR PROGRAMS ENGAGE VOLUNTEERS BY GROWING THE 21ST CENTURY CONSERVATION SERVICE CORPS, EXPANDING THE ROLE OF TEACHERS, AND CREATING THE CITIZEN SCIENTISTS OF TOMORROW.

I. NPF SUPPORTED SEVERAL CENTENNIAL PROJECTS TO PRESERVE HISTORIC PLACES INCLUDING RESTORING THE UNITED STATES MARINE CORPS 'IWO JIMA' MEMORIAL AND COMPLETING THE SCHEMATIC DESIGN AND INTERPRETIVE MATERIALS FOR THE PULLMAN NATIONAL MONUMENT VISITOR CENTER.

4d Other program services (Describe in Schedule O.) (Expenses \$ 5,451,418. including grants of \$ 5,875,907.) (Revenue \$ 1,690,857.)

4e Total program service expenses 28,711,896.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	22	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CO, HI, MA, MN, NH, NM, OH, PA, SC, TN, UT, VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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			
HONORABLE SALLY JEWELL CHAIRMAN	5.00	X		X				0.	0.	0.
AL BALDWIN VICE CHAIR	5.00	X		X				0.	0.	0.
JONATHAN B. JARVIS SECRETARY	5.00	X		X				0.	0.	0.
BRIEN O'BRIEN TREASURER	5.00	X		X				0.	0.	0.
ELLEN S. ALBERDING DIRECTOR	5.00	X						0.	0.	0.
RHODA LYNN ALTOM DIRECTOR	2.00	X						0.	0.	0.
ELIZABETH FRAWLEY BAGLEY DIRECTOR	2.00	X						0.	0.	0.
AUSTIN BEUTNER DIRECTOR	2.00	X						0.	0.	0.
KATHLEEN BROWN DIRECTOR	2.00	X						0.	0.	0.
TOM GOSS DIRECTOR	2.00	X						0.	0.	0.
STEPHEN L. HIGHTOWER DIRECTOR	2.00	X						0.	0.	0.
PETER KNIGHT DIRECTOR	2.00	X						0.	0.	0.
ORIN KRAMER DIRECTOR	2.00	X						0.	0.	0.
ELLEN MALCOLM DIRECTOR	2.00	X						0.	0.	0.
HENRY R. MUNOZ, III DIRECTOR	2.00	X						0.	0.	0.
JOHN L. NAU, III DIRECTOR	2.00	X						0.	0.	0.
ROXANNE QUIMBY 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			
ROBERT S. RIVKIN DIRECTOR	2.00	X					0.	0.	0.	
DAVID E. SHAW DIRECTOR	2.00	X					0.	0.	0.	
BRYAN TRAUBERT DIRECTOR	2.00	X					0.	0.	0.	
ERNESTO M. VASQUEZ, FAIA, NCARB DIRECTOR	2.00	X					0.	0.	0.	
MARY JO VEVERKA DIRECTOR	2.00	X					0.	0.	0.	
WILLIAM SHAFROTH CEO	40.00			X			0.	0.	0.	
MANDEEP SINGH CFO	40.00			X			0.	0.	0.	
NEIL MULHOLLAND CEO- THRU 10/2014	40.00			X			361,563.	0.	23,632.	
MARY DICKSON CFO- THRU 12/2014	40.00			X			166,142.	0.	16,691.	
1b Sub-total							527,705.	0.	40,323.	
c Total from continuation sheets to Part VII, Section A							1,005,323.	0.	67,211.	
d Total (add lines 1b and 1c)							1,533,028.	0.	107,534.	

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 **12**

	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	FUNDRAISING SERVICES	2,896,333.
GREY GROUP 200 FIFTH AVE, NEW YORK, NY 10010	MARKETING AND ADVERTISING	2,714,986.
BOUNCE EVENT MARKETING, INC., 800 W.OLYMPIC BLVD., STE 305, LOS ANGELES, CA	EVENT PRODUCTION	886,976.
C3 PRESENTS, LLC., 300 WEST 6TH STREET, SUITE 2100, AUSTIN, TX 78701	EVENT PRODUCTION	407,431.
BENTZ WHALEY FLESSNER, INC. 7251 OHMS LANE, MINNEAPOLIS, MN 55439	FUNDRAISING CONSULTANT	384,889.

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 **11**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	69,861,221.				
	g	Noncash contributions included in lines 1a-1f: \$		225,142.				
	h	Total. Add lines 1a-1f		69,861,221.				
Program Service Revenue	2 a	PARK FUND MANAGEMENT	Business Code	900099	1,327,635.	1,327,635.		
	b	LITIGATION SETTLEMENTS		900099	134,613.	134,613.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,462,248.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,576,981.		2,576,981.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			242,188.		242,188.	
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)				192,372.		192,372.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	Less: direct expenses	b						
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a	228,609.					
	Less: cost of goods sold	b	0.					
	Net income or (loss) from sales of inventory			228,609.	228,609.			
Miscellaneous Revenue				Business Code				
11 a	MISCELLANEOUS INCOME		900099	289,794.		289,794.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			289,794.				
12	Total revenue. See instructions.			74,853,413.	1,690,857.	0.	3,301,335.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,726,777.	16,726,777.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	195,255.	195,255.		
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	715,485.	110,788.	262,884.	341,813.
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	5,099,489.	726,091.	2,126,522.	2,246,876.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,128.		60,128.	
9 Other employee benefits	343,211.	140,087.	-222,240.	425,364.
10 Payroll taxes	428,874.		428,874.	
11 Fees for services (non-employees):				
a Management				
b Legal	361,348.	181,751.	174,057.	5,540.
c Accounting	38,025.		38,025.	
d Lobbying	3,463.	3,463.		
e Professional fundraising services. See Part IV, line 17	501,512.			501,512.
f Investment management fees	987,876.	987,876.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	7,796,078.	6,482,909.	1,121,489.	191,680.
12 Advertising and promotion	344,919.	132,832.	212,087.	
13 Office expenses	1,319,005.	397,372.	133,991.	787,642.
14 Information technology	831,397.	390,070.	307,573.	133,754.
15 Royalties				
16 Occupancy	583,700.		583,700.	
17 Travel	560,459.	187,310.	141,148.	232,001.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	287,050.	14,815.	200,098.	72,137.
20 Interest	4,357.		4,357.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,717.		73,717.	
23 Insurance	15,222.		15,222.	
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	4,656,056.	385,942.		4,270,114.
b EVENT EXPENSES	1,749,971.	1,609,482.	103,262.	37,227.
c DONOR PREMIUMS	298,305.		5,997.	292,308.
d RESERVES/BAD DEBT EXPEN	96,564.		96,564.	
e All other expenses	156,877.	39,076.	48,927.	68,874.
25 Total functional expenses. Add lines 1 through 24e	44,235,120.	28,711,896.	5,916,382.	9,606,842.
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	701.	
	2 Savings and temporary cash investments	9,345,749.	2	10,202,343.	
	3 Pledges and grants receivable, net	26,259,524.	3	52,851,158.	
	4 Accounts receivable, net	64,571.	4	16,980.	
	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	242,065.	9	421,246.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,425,489.			
	b Less: accumulated depreciation	10b 303,331.	179,947.	10c	7,122,158.
	11 Investments - publicly traded securities	72,519,915.	11	66,093,016.	
	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	21,953,973.	15	26,205,014.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	130,566,444.	16	162,912,616.		
Liabilities	17 Accounts payable and accrued expenses	1,510,603.	17	2,946,158.	
	18 Grants payable	3,028,926.	18	2,286,519.	
	19 Deferred revenue		19	9,875.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21,953,973.	21	26,205,014.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	168,905.	
	26 Total liabilities. Add lines 17 through 25	26,493,502.	26	31,616,471.	
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	30,096,511.	27	30,818,648.	
	28 Temporarily restricted net assets	63,513,041.	28	90,014,107.	
	29 Permanently restricted net assets	10,463,390.	29	10,463,390.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	104,072,942.	33	131,296,145.		
34 Total liabilities and net assets/fund balances	130,566,444.	34	162,912,616.		

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	74,853,413.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,235,120.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,618,293.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	104,072,942.
5	Net unrealized gains (losses) on investments	5	-3,395,090.
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	131,296,145.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2014)

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13276645.	19292779.	19666973.	42288287.	69861221.	164385905
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	101,183.	218,926.	117,736.	123,623.	34,723.	596,191.
4 Total. Add lines 1 through 3	13377828.	19511705.	19784709.	42411910.	69895944.	164982096
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)						30390315.
6 Public support. Subtract line 5 from line 4.						134591781

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	13377828.	19511705.	19784709.	42411910.	69895944.	164982096
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2003375.	1965838.	2432345.	2150494.	2819169.	11371221.
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.)	300.	5,506.	1,080.	869.	289,794.	297,549.
11 Total support. Add lines 7 through 10						176650866
12 Gross receipts from related activities, etc. (see instructions)					12	12,316,927.
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 2014 (line 6, column (f) divided by line 11, column (f))	14	76.19 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	77.57 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 - 2013. 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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).</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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) 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. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? Provide details in Part VI.		
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. 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		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
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).		

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

INCOME FROM ACTIVITIES NOT REGULARLY CARRIED ON

2010 AMOUNT: \$ 300.

2011 AMOUNT: \$ 5,506.

2012 AMOUNT: \$ 1,080.

2013 AMOUNT: \$ 869.

2014 AMOUNT: \$ 289,794.

Multiple horizontal lines for providing additional 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

2014

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>5,025,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>4,885,188.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>4,856,882.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>4,102,659.</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>2,500,212.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>2,257,470.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>1,975,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>1,800,000.</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.)

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (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 expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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10-21-14

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)	63,172.													
c	Total lobbying expenditures (add lines 1a and 1b)	63,172.													
d	Other exempt purpose expenditures	44,247,232.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	44,310,404.													
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount				1,000,000.	1,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000.
c Total lobbying expenditures				63,172.	63,172.
d Grassroots nontaxable amount				250,000.	250,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

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 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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014
Open to Public Inspection

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

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

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

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

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 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.
 - 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 in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- 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 in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|-------------|
| c Beginning balance | 21,953,973. |
| d Additions during the year | 6,191,795. |
| e Distributions during the year | 1,940,754. |
| f Ending balance | 26,205,014. |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	43,997,078.	43,572,769.	39,902,360.	35,259,781.	30,423,201.
b Contributions	38,765.	133,514.	27,151.	81,000.	5,153,143.
c Net investment earnings, gains, and losses	-520,873.	4,353,982.	5,110,366.	5,853,080.	3,119,577.
d Grants or scholarships					278,965.
e Other expenditures for facilities and programs	1,982,295.	4,063,187.	1,467,108.	1,291,501.	2,874,439.
f Administrative expenses					282,736.
g End of year balance	41,532,675.	43,997,078.	43,572,769.	39,902,360.	35,259,781.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 51.47 %
 - b Permanent endowment 25.19 %
 - c Temporarily restricted endowment 23.34 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,887,777.		6,887,777.
b Buildings				
c Leasehold improvements				
d Equipment		537,712.	303,331.	234,381.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,122,158.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) FUNDS MANAGED AS AGENTS FOR OTHERS	26,205,014.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	26,205,014.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	168,905.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	168,905.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	75,037,456.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-3,395,090.	
	b Donated services and use of facilities	2b	3,415,152.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	163,981.	
	e Add lines 2a through 2d	2e		184,043.
3	Subtract line 2e from line 1		3	74,853,413.
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	74,853,413.

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

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

1	Total expenses and losses per audited financial statements		1	47,814,253.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	3,415,152.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	163,981.	
	e Add lines 2a through 2d	2e		3,579,133.
3	Subtract line 2e from line 1		3	44,235,120.
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	44,235,120.

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 DEMAND FOR THESE PURPOSES AND AVAILABILITY OF FUNDS DURING A

PARTICULAR YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECOVERY OF INDIRECT COSTS

260,545.

Part XIII Supplemental Information *(continued)*

BAD DEBT EXPENSE -96,564.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 163,981.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INDIRECT COSTS 260,545.

BAD DEBT EXPENSE -96,564.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 163,981.

Multiple horizontal lines for supplemental information.

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

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" to 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 ten 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			
ROBBINKERSTEN DIRECT - 855 EAST COLLINS BOULEVARD,	FUNDRAISING CONSULTANT		X	6,760,502.	144,000.	6,616,502.
ODDEL SIMMS & ASSOCIATES - 1593 SPRING HILL ROAD, SUITE	FUNDRAISING CONSULTANT		X	1,377,465.	30,000.	1,347,465.
SD&A TELESERVICES INC - 5757 WEST CENTURY, BLVD. SUITE	FUNDRAISING CONSULTANT		X	77,060.	89,813.	-12,753.
PUBLIC INTEREST TELECOMMUNICATIONS - 7700 M STYLE MARKETING - 38 BELLEFAIR RD,, RYE BROOK, NY	FUNDRAISING CONSULTANT		X	5,665.	36,863.	-31,198.
Total				8,225,692.	501,512.	7,724,180.

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, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD MI, MS, NJ, NY, NC, ND, OK, OR, RI, WA, WV, WI

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

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

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

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

9 Enter the state(s) in which the organization 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: ROBBINKERSTEN DIRECT

(I) ADDRESS OF FUNDRAISER:

855 EAST COLLINS BOULEVARD, RICHARDSON, TX 75081

(I) NAME OF FUNDRAISER: ODEL SIMMS & ASSOCIATES

(I) ADDRESS OF FUNDRAISER:

1593 SPRING HILL ROAD, SUITE 450, TYSONS CORNER, VA 22182

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: SD&A TELESERVICES INC

(I) ADDRESS OF FUNDRAISER:

5757 WEST CENTURY, BLVD. SUITE 300, LOS ANGELES, CA 90045

(I) NAME OF FUNDRAISER: PUBLIC INTEREST TELECOMMUNICATIONS

(I) ADDRESS OF FUNDRAISER:

7700 LEESBURG PIKE, SUITE 301 NORTH , FALLS CHURCH, VA 22043

(I) NAME OF FUNDRAISER: M STYLE MARKETING

(I) ADDRESS OF FUNDRAISER: 38 BELLEFAIR RD,, RYE BROOK, NY 10573

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

OF THE \$5,422,688 PAID TO THE FUNDRAISING CONSULTANTS DURING THE FISCAL YEAR, \$501,512 WERE FOR MANAGEMENT RETAINER FEES. THE REMAINDER WAS FOR EXPENSES RELATED TO DIRECT MAILING COSTS, POSTAGE, AND OTHER FULFILLMENT EXPENSES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

**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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A. PHILLIP RANDOLPH PULLMAN PORTER MUSEUM INC. - 10406 S. MARYLAND AVENUE - CHICAGO, IL 60628	36-4205581	501(C)(3)	14,500.	0.			PROTECT-PULLMAN NATIONAL MONUMENT (PARTNER SITE VISITOR ENHANCEMENTS)
ACADIA NATIONAL PARK P.O. BOX 177 BAR HARBOR, ME 04609	53-0197094	115	1,575,000.	0.			PROTECT-ENHANCE VISITOR EXPERIENCE IN SCHOODIC DISTRICT OF ACADIA NP
ACADIA NATIONAL PARK P.O. BOX 177 BAR HARBOR, ME 04609	53-0197094	115	5,000.	0.			PROTECT-SHOODIC WOODS TRAIL SIGNS
ALASKA REGIONAL OFFICE 240 W.5TH AVENUE ANCHORAGE, AK 99501	53-0197094	115	880,176.	0.			PROTECT-CHANGING TIDES - THE CONVERGENCE OF INTERTIDAL INVERTEBRATES
ALASKA REGIONAL OFFICE 240 W.5TH AVENUE ANCHORAGE, AK 99501	53-0197094	115	250,363.	0.			PROTECT-COMMUNITY INTEGRATED COASTAL PREPAREDNESS
ALASKA REGIONAL OFFICE 240 W.5TH AVENUE ANCHORAGE, AK 99501	53-0197094	115	265,026.	0.			PROTECT-KOTZEBUE SOUND WHITEFISH ECOLOGY AND SEASONAL DYNAMICS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **175.**

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) (2014)

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
ALASKA REGIONAL OFFICE 240 W.5TH AVENUE ANCHORAGE, AK 99501	53-0197094	115	208,392.	0.			PROTECT-POPULATION STATUS & SPATIAL DISTRIBUTION OF WATER BIRDS
ALASKA REGIONAL OFFICE 240 W.5TH AVENUE ANCHORAGE, AK 99501	53-0197094	115	128,200.	0.			PROTECT-REMOVE MARINE DEBRIS FROM 5 PARKS AND INVOLVE COMMUNITIES
ALASKA REGIONAL OFFICE 240 W.5TH AVENUE ANCHORAGE, AK 99501	53-0197094	115	215,810.	0.			PROTECT-IRREPLACEABLE ARCHEOLOGICAL SITES ON ERODING COAST AT 2 PARKS
ALASKA REGIONAL OFFICE 240 W.5TH AVENUE ANCHORAGE, AK 99501	53-0197094	115	319,404.	0.			PROTECT-STUDY EFFECTS OF VESSEL TRAFFIC ON MARINE MAMMAL VOCALIZATION
ALASKA SEALIFE CENTER P.O. BOX 1329 SEWARD, AK 99664	92-0132479	501(C)(3)	100,298.	0.			PROTECT-REMOVE MARINE DEBRIS FROM 5 PARKS AND INVOLVE COMMUNITIES
ALBUQUERQUE PUBLIC SCHOOL P.O. BOX 25704 ALBUQUERQUE, NM 87125	85-6000101	115	8,000.	0.			CONNECT-NATIVE AMERICAN YOUTH OUTREACH PROGRAM
ALCOVE SPRING HISTORICAL TRUST PO BOX 157 BLUE RAPIDS, KS 66411	48-1150951	501(C)(3)	13,000.	0.			PROTECT-COMMUNITY TRAIL BUILDING AT ALCOVE SPRING PARK
ANCHORAGE SCHOOL DISTRICT 5530 E. NORTHERN LIGHT BLVD ANCHORAGE, AK 99504	92-6000078	115	5,500.	0.			CONNECT-4TH GRADERS TICKET TO RIDE TO WATER DISCOVERY DAYS
APPALACHIAN TRIAL CONSERVANCY 799 WASHINGTON STREET HARPERS FERRY, WV 25425	52-6046689	501(C)(3)	13,000.	0.			PROTECT-FIND YOUR WAY TO THE APPALACHIAN TRAIL

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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APPOMATTOX 1865 FOUNDATION 827 WOLF CREEK LANE APPOMATTOX, VA 24522	45-4236806	501(C)(3)	10,000.	0.			INSPIRE-UNITED STATES COLORED TROOPS AT APPOMATTOX
ARABIA MOUNTAIN HERITAGE AREA ALLIANCE - 3350 KLONDIKE RD - LITHONIA, GA 30038	58-1626232	501(C)(3)	13,000.	0.			PROTECT-"TREK THE TRAIL" ALONG ARABIA MOUNTAIN NATIONAL HERITAGE AREA
BADLANDS NATURAL HISTORY ASSOCIATION - P.O BOX 47 - INTERIOR, SD 57750	46-0278822	501(C)(3)	8,000.	0.			CONNECT-LET'S GO OUTSIDE: SERVICE LEARNING AND ENGAGEMENT FOR YOUTH
BANDELIER NATIONAL MONUMENT 15 ENTRANCE ROAD LOS ALAMOS, NM 87544	53-0197094	115	6,800.	0.			CONNECT-TRIBAL TRANSMISSION FOR THE PAST, PRESENT, AND FUTURE
BIG THICKET NATIONAL PRESERVE 6044 FM 420 KOUNTZE, TX 77625	53-0197094	115	45,000.	0.			PROTECT: SITE PREPARATION FOR A LONGLEAF PINE RESTORATION PLANTING
BLUE RIDGE PARKWAY FOUNDATION 323 GASHES CREEK ROAD ASHEVILLE, NC 28803	31-1512730	501(C)(3)	19,356.	0.			PROTECT-FY 2015 BLUE RIDGE PARKWAY- GUEST DONATIONS
BOOKER T. WASHINGTON NATIONAL MONUMENT - 12130 BT WASHINGTON HIGHWAY - HARDY, VA 24151	53-0197094	115	13,000.	0.			PROTECT-HEALTHY PARKS HEALTHY PEOPLE WALKING CLUB
BOSTON HARBOR ISLANDS 15 STATE STREET, BOSTON, MA 02109	04-3268863	501(C)(3)	8,000.	0.			CONNECT-BOSTON HARBOR ISLANDS DISCOVERY CAMPS
BOSTON HARBOR ISLANDS 15 STATE STREET, BOSTON, MA 02109	04-3268863	501(C)(3)	13,000.	0.			PROTECT-BOSTON HARBOR ISLANDS SHAPE UP

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BOSTON NATIONAL HISTORICAL PARK BUILDING 1 BOSTON, MA 02129	53-0197094	115	3,500.	0.			PROTECT-2015 ALBRIGHT WORTH FOR DYLAN MROSZCZYK-MCDONALD BOST
BOSTON NATIONAL HISTORICAL PARK BUILDING 1 BOSTON, MA 02129	53-0197094	115	8,000.	0.			CONNECT-MAPPING BOSTON'S ROLE IN THE AMERICAN REVOLUTION
BROWN V BOARD OF EDUCATION 1515 SE MONROE STREET TOPEKA, KS 66612	53-0197094	115	8,000.	0.			CONNECT-REDISCOVER FREEDOM'S PATHWAY
BROWNSVILLE WELLNESS COALITION, INC - ONE WEST UNIVERSITY DR-UTSPH - BROWNSVILLE, TX 78520	46-1309221	115	12,300.	0.			PROTECT-MARCHING TOWARD A HEALTHY LIFESTYLE
BRYCE CANYON NATURAL HISTORY ASSOCIATION - P.O BOX 640051 - BRYCE, UT 84764	87-0258075	501(C)(3)	4,622.	0.			PROTECT-FY 15 BRYCE CANYON GUEST DONATIONS
BRYCE CANYON NATURAL HISTORY ASSOCIATION - P.O BOX 640051 - BRYCE, UT 84764	87-0258075	501(C)(3)	6,900.	0.			PROTECT-GUEST DONATIONS SEPT 2014
BUFFALO NATIONAL RIVER PARTNERS PO BOX 1914 HARRISON, AR 72602	26-1467465	501(C)(3)	13,000.	0.			PROTECT-EXPLORE FOR HEALTH
C & O CANAL TRUST, INC. 1850 DUAL HWY., SUITE 100 HAGERSTOWN, MD 21740	30-0401642	501(C)(3)	8,000.	0.			CONNECT-CANAL CLASSROOMS TRANSPORTATION SCHOLARSHIP FUND
CABRILLO NATIONAL MONUMENT CONSERVANCY - P.O. BOX 82883 - SAN DIEGO, CA 92138	53-0197094	115	5,000.	0.			PROTECT-PARK PARTNER PROJECT - CNMC

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CABRILLO NATIONAL MONUMENT FOUNDATION - 1800 CABRILLO MEMORIAL WAY - SAN DIEGO, CA 92106	95-1884723	501(C)(3)	8,000.	0.			CONNECT-BRING THE KIDS TO CABRILLO
CANAVERAL NATIONAL SEASHORE 7611 S. ATLANTIC AVE. NEW SMYRNA, FL 32169	53-0197094	115	6,400.	0.			CONNECT-TICKET TO RIDE: A DAY AT THE BEACH
CATOCTIN FOREST ALLIANCE, INC. PO BOX 411 THURMONT,, MD 21788	26-4223157	501(C)(3)	5,000.	0.			PROTECT-CONNECTING WITH GATEWAY COMMUNITIES THROUGH SERVICE LEARNING
CHANNEL ISLANDS NATIONAL PARK 1901 SPINNAKER DRIVE VENTURA, CA 93001	53-0197094	115	32,413.	0.			PROTECT-ANACAPA ASBESTOS ABATEMENT & SANTA CRUZ ARGENTINE ANT PROJECT
CHANNEL ISLANDS NATIONAL PARK 1901 SPINNAKER DRIVE VENTURA, CA 93001	53-0197094	115	260,217.	0.			PROTECT-FY2015 LAW ENFORCEMENT PROGRAM SUPPORT - MARINE PROTECTED
CHANNEL ISLANDS NATIONAL PARK 1901 SPINNAKER DRIVE VENTURA, CA 93001	53-0197094	115	210,000.	0.			PROTECT-REMOVE AND REPLACE THE ANACAPA ISLAND DOCK BUILDING
CHANNEL ISLANDS NATIONAL PARK 1901 SPINNAKER DRIVE VENTURA, CA 93001	53-0197094	115	45,000.	0.			PROTECT-SUPPLEMENTAL FUNDING FY2015 MARINE LAW ENFORCEMENT
CHANNEL ISLANDS PARK FOUNDATION 1901 SPINNAKER DRIVE VENTURA, CA 93001	20-5866690	501(C)(3)	8,000.	0.			CONNECT-EVERY KID IN AN OCEAN PARK
CHATTAHOOCHEE PARKS CONSERVANCY 4861 LAURAL SPRING DRIVE ROSWELL, GA 30075	53-0197094	115	7,980.	0.			CONNECT-DAY OF DISCOVERY ON THE CHATTAHOOCHEE RIVER

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CHICKASAW NATIONAL RECREATION AREA 1008 WEST 2ND STREET SULPHUR, OK 73086	53-0197094	115	13,000.	0.			PROTECT-PLATT TRAIL BLAZERS III
CIVIL WAR PRESERVATION TRUST 1140 PROFESSIONAL COURT HAGERSTOWN, MD 21740	54-1426643	501(C)(3)	7,558.	0.			PROTECT-REIMBURSEMENT TO ACQUIRE A 0.76 ACRE PARCEL FOR MANASSAS NBP
CLARK COUNTY SCHOOL DISTRICT SCHOOL COMMUNITY PARTNERSHIP PROGRAM - 5100 WEST SAHARA AVE. - LAS VEGAS, NV 89146	88-6000030	115	8,000.	0.			CONNECT-FIND YOUR LAKE MEAD NATIONAL RECREATION AREA EXPERIENCE
COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523	53-0197094	115	27,500.	0.			PROTECT-ECONOMIC VALUE OF THE US NATIONAL PARKS AND PROGRAMS
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL - 1403 WEST HINES HILL RD. - PENINSULA,, OH 44264	34-1917257	501(C)(3)	8,000.	0.			CONNECT-EXPANSION OF "ROCKING' AT THE RUN" DAY PROGRAMS AT CVNP
COWPENS NATIONAL BATTLEFIELD 338 NEW PLEASANT ROAD GAFFNEY, SC 29341	53-0197094	115	7,500.	0.			CONNECT-HELPING KIDS FIND THEIR PARK
CRATER LAKE NATIONAL PARK TRUST P.O. BOX 62 CRATER LAKE, OR 97604	20-5826128	501(C)(3)	4,212.	0.			PROTECT-FY 15 CRATER LAKE GUEST DONATIONS
CRATER LAKE NATIONAL PARK TRUST P.O. BOX 62 CRATER LAKE, OR 97604	20-5826128	501(C)(3)	7,429.	0.			PROTECT-GUEST DONATIONS SEPT 2014
CRATERS OF THE MOON NATURAL HISTORY ASSOCIATION - P.O. BOX 29 - ARCO, ID 83213	53-0197094	115	8,000.	0.			CONNECT-LIFE IN THE EXTREME

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DAYTON AVIATION HERITAGE NATIONAL HISTORICAL PARK - 16 SOUTH WILLIAMS STREET - DAYTON, OH 45402	53-0197094	115	13,000.	0.			PROTECT-RIDING THROUGH A CENTURY OF AVIATION
DENVER PUBLIC SCHOOL 1860 LINCOLN STREET, 11TH FLOOR DENVER, CO 80203	84-6001099	501(C)(3)	7,900.	0.			CONNECT-THE DENVER GREEN SCHOOL VENTURES INTO THE ROCKY MOUNTAIN WEST
DUNES LEARNING CENTER 700 HOWE ROAD CHESTERTON, IN 46304	35-2031658	501(C)(3)	1,470.	0.			CONNECT-INDIANA DUNES URBAN CAMPING PILOT
DUNES LEARNING CENTER 700 HOWE ROAD CHESTERTON, IN 46304	35-2031658	501(C)(3)	8,000.	0.			CONNECT-ALTERNATIVE FUELED BUSES FOR STUDENT INVOLVEMENT IN THE DUNES
EASTERN NATIONAL 470 MARYLAND DRIVE, SUITE #1 FORT WASHINGTON, PA 19034	23-1401703	501(C)(3)	8,000.	0.			CONNECT-BRINGING STUDENTS TO THE BATTLE OF NEW ORLEANS BICENTENNIAL
EASTERN NATIONAL 470 MARYLAND DRIVE, SUITE #1 FORT WASHINGTON, PA 19034	23-1401703	501(C)(3)	7,293.	0.			CONNECT-PROVIDE TRANSPORTATION TO ANTIETAM NB FOR 4TH GRADE STUDENTS
ERIE CANALWAY HERITAGE FUND, INC. P.O. BOX 219 WATERFORD, NY 12188	26-0372982	501(C)(3)	8,000.	0.			CONNECT-ERIE CANALWAY TICKET TO RIDE
ESSEX NATIONAL HERITAGE COMMISSION 221 ESSEX STREET, SUITE #41 SALEM, MA 01970	04-3406670	501(C)(3)	13,000.	0.			PROTECT-MOVE IT! WALK IT, JOG IT, RIDE IT; MOVE IT!
FLAGSTAFF AREA NATIONAL MONUMENTS 6400 NORTH HIGHWAY 89 FLAGSTAFF, AZ 86004	53-0197094	115	7,000.	0.			PROTECT-MOVING' IN THE MONUMENTS 3.0

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FLAGSTAFF NATIONAL MONUMENTS FOUNDATION - 6400 N. HIGHWAY 89 - FLAGSTAFF, AZ 86004	86-1011838	501(C)(3)	6,000.	0.			PROTECT-MOVING' IN THE MONUMENTS 3.0
FLIGHT 93 NATIONAL MEMORIAL P.O. BOX 911 SHANKSVILLE, PA 15560	53-0197094	115	500,000.	0.			PROTECT-DESIGN OF TOWER OF VOICES AND ALTER FLIGHT PATHWAY GUIDE WALL
FLIGHT 93 NATIONAL MEMORIAL P.O. BOX 911 SHANKSVILLE, PA 15560	53-0197094	115	200,000.	0.			PROTECT-PROVIDE FUNDING TO SURFACE THE ALLEE AT FLIGHT 93 NM
FORT LARNED OLD GUARD, INC. PO BOX 1 WOODSTON, KS 67675	48-1064493	501(C)(3)	8,000.	0.			CONNECT-STUDENT ENGAGEMENT IN FORT LARNED CENTENNIAL PROGRAMS
FORT SUMTER NATIONAL MONUMENT 1214 MIDDLE STREET SULLIVAN'S ISLAND, SC 29482	53-0197094	115	8,000.	0.			CONNECT-DEVELOPING A NATION, DIVIDING A NATION, DEFENDING A NATION
FREDERICK LAW OLMSTED NATIONAL HISTORIC SITE - 99 WARREN STREET - BROOKLINE, MA 02445	53-0197094	115	5,250.	0.			CONNECT-TRANSPORTATION FOR THIRD GRADERS TO FREDERICK LAW OLMSTED NHS
FRIENDS OF ACADIA 43 COTTAGE ST. BAR HARBOR, ME 04609	01-0425071	501(C)(3)	592,470.	0.			PROTECT-BRINGING THE SCHOODIC WOODS PROPERTY INTO PUBLIC OWNERSHIP
FRIENDS OF ACADIA 43 COTTAGE ST. BAR HARBOR, ME 04609	01-0425071	501(C)(3)	8,000.	0.			CONNECT-SCHOODIC EDUCATION ADVENTURE RESIDENTIAL PROGRAM AT ACADIA NP
FRIENDS OF CARL SANDBURG AT CONNEMARA - P.O. BOX 16 - FLAT ROCK, NC 28731	56-1597460	501(C)(3)	12,430.	0.			PROTECT-TRACK TRAIL ADVENTURES AND JUMP INTO THE PARK ACTIVITY DAY

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FRIENDS OF CHACO 10 AVENIDA HERRERA SANTA FE, NM 87506	33-1194355	501(C)(3)	8,000.	0.			CONNECT-EXPLORING THE CENTER OF THE CHACO WORLD
FRIENDS OF FLIGHT 93 FLIGHT 93 NATIONAL MEMORIAL SHANKSVILLE, PA 15560	27-0505853	501(C)(3)	7,634.	0.			CONNECT-OPPORTUNITIES FOR EDUCATION ABOUT FLIGHT 93.
FRIENDS OF FORT MCHENRY 802 S. CAROLINE STREET BALTIMORE, MD 21231	52-2060624	501(C)(3)	8,000.	0.			CONNECT-YOUNG DEFENDERS' DAY LIVING HISTORY PROGRAM
FRIENDS OF HOMESTEAD NM OF AMERICA 8523 WEST STATE HWY 4 BEATRICE, NE 68310	47-0842437	501(C)(3)	8,000.	0.			CONNECT-BRINGING FAMILIES TOGETHER TO FIND THEIR PARK
FRIENDS OF HUBBELL TRADING POST NHS INC. - P.O. BOX 54295 - PHOENIX, AZ 85078	86-0665490	501(C)(3)	3,011.	0.			PROTECT-ALL TRAILS LEAD TO HUBBELL
FRIENDS OF HUBBELL TRADING POST NHS INC. - P.O. BOX 54295 - PHOENIX, AZ 85078	86-0665490	501(C)(3)	2,063.	0.			CONNECT-OFF TO SCHOOL WE GO
FRIENDS OF INDEPENDENCE NATIONAL HISTORICAL PARK - 143 S. 3RD STREET - PHILADELPHIA, PA 19106	23-7179598	501(C)(3)	7,840.	0.			CONNECT-INDEPENDENCE AND LIBERTY
FRIENDS OF LBJ NATIONAL HISTORICAL PARK - PO BOX 1831 - JOHNSON CITY, TX 78636	32-0202408	501(C)(3)	7,960.	0.			CONNECT-FARM & RANCH DAYS & FRONTIER LIFE DAYS
FRIENDS OF MAMMOTH CAVE P.O BOX 27 MAMMOTH CAVE, KY 42259	61-1302865	501(C)(3)	10,524.	0.			PROTECT-FY 15 MAMMOTH CAVE GUEST DONATIONS

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FRIENDS OF OREGON CAVES & CHATEAU P.O. BOX 2195 GRANTS PASS, OR 97528	53-0197094	501(C)(3)	5,000.	0.			PROTECT-CAPACITY BUILDING AND CAPITAL CAMPAIGN PLANNING
FRIENDS OF OREGON CAVES & CHATEAU P.O. BOX 2195 GRANTS PASS, OR 97528	53-0197094	501(C)(3)	234.	0.			PROTECT-FY 15 OREGON CAVES GUEST DONATIONS
FRIENDS OF THE FLORISSANT FOSSIL BEDS, INC. - PO BOX 851 - FLORISSANT, CO 80816	84-1114146	501(C)(3)	5,000.	0.			PROTECT-PARK PARTNERS PROJECT 4.0 - GROWING CAPACITY AT FOSSIL BEDS
FRIENDS OF THE PRESERVE AT LITTLE RIVER CANYON - 4322 LITTLE RIVER TRAIL NE - FORT PAYNE, AL 35967	27-3123521	501(C)(3)	5,400.	0.			CONNECT-EXPLORING THE REAL PALEO DIET
FRIENDS OF THE SMOKIES 3099 WINFIELD DUNN PKWY KODAK, TN 37764	62-1564782	501(C)(3)	4,089.	0.			PROTECT-AVENT CABIN PRESERVATION AND SUPPORT FOR ARTIST-IN-RESIDENCE
FRIENDS OF THE SMOKIES 3099 WINFIELD DUNN PKWY KODAK, TN 37764	62-1564782	501(C)(3)	11,884.	0.			PROTECT-PRESERVATION OF EPHRAIM BALES CABIN AND HIKERS' CABIN IN GRSM
FRIENDS OF THEODORE ROOSEVELT NP P.O BOX 1 MEDORA, ND 58645	26-3199258	501(C)(3)	5,000.	0.			PROTECT-PARK PARTNER PROJECT
FRIENDS OF VIRGIN ISLANDS NATIONAL PARK - 529 MONGOOSE JUNCTION - ST. JOHN, VI 00831	66-0463113	501(C)(3)	8,000.	0.			CONNECT-MAGICAL MANGROVES OF THE MONUMENT
GATEWAY NATIONAL RECREATION AREA 210 NEW YORK AVE. STATEN ISLAND, NY 10305	53-0197094	115	5,000.	0.			INSPIRE-SUPPORT THE MISSION CONTINUES PARTNERSHIP & VOLUNTEER EFFORTS

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GATEWAY NATIONAL RECREATION AREA 210 NEW YORK AVE. STATEN ISLAND, NY 10305	53-0197094	115	892.	0.			CONNECT-SUPPLIES FOR EDUCATION INTERNS AND VIP RECOGNITION ITEMS
GEORGE WASHINGTON CARVER BIRTHPLACE DISTRICT ASSOCIATION, INC. - 5446 CARVER ROAD - DIAMOND, MO 64840	43-6048697	501(C)(3)	6,925.	0.			CONNECT-TRANSPORTATION FOR UNDER-SERVED SCHOOL CHILDREN
GEORGE WASHINGTON MEMORIAL PARKWAY 700 GEORGE WASHINGTON MEMORIAL PARK MCLEAN, VA 22101	53-0197094	115	2,248.	0.			PROTECT-2015 ALBRIGHT WIRTH KEVIN PATTI GWMP
GEORGE WASHINGTON MEMORIAL PARKWAY 700 GEORGE WASHINGTON MEMORIAL PARK MCLEAN, VA 22101	53-0197094	115	1,500,000.	0.			PROTECT-RENEWING AN AMERICAN ICON
GILA CLIFF DWELLINGS NATIONAL MONUMENT - ROUTE 11, BOX 100 - SILVER CITY, NM 88061	53-0197094	115	5,000.	0.			CONNECT-NEW MEXICO FOURTH GRADERS TO THE DWELLINGS!
GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 59912	56-2579734	501(C)(3)	100,000.	0.			PROTECT-HISTORIC MANY GLACIER HOTEL LOBBY RESTORATION
GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 59912	56-2579734	501(C)(3)	19,614.	0.			PROTECT-FY 15 GUEST DONATIONS GLACIER NP
GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 59912	56-2579734	501(C)(3)	31,100.	0.			INSPIRE-GLACIER CONSERVATION CORP
GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 59912	56-2579734	501(C)(3)	5,000.	0.			CONNECT-GLACIER NATIONAL PARK TRAVEL GRANTS

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GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 59912	56-2579734	501(C)(3)	22,956.	0.			PROTECT-GUEST DONATIONS SEPT 2014
GLEN CANYON NATURAL HISTORY ASSOCIATION - P.O. BOX 1835 - PAGE, AZ 86040	74-2429545	501(C)(3)	3,500.	0.			PROTECT-2015 ALBRIGHT WIRTH GRANT FOR CHRIS HUGHES (GLCA)
GLEN CANYON NATURAL HISTORY ASSOCIATION - P.O. BOX 1835 - PAGE, AZ 86040	74-2429545	501(C)(3)	44,028.	0.			PROTECT-FY 2015 GLEN CANYON GUEST DONATIONS
GLEN CANYON NATURAL HISTORY ASSOCIATION - P.O. BOX 1835 - PAGE, AZ 86040	74-2429545	501(C)(3)	8,000.	0.			CONNECT-CURRICULUM-BASED PROGRAMMING AND AN EDUCATIONAL FIELD TRIP
GOLDEN GATE NATIONAL RECREATION AREA - FORT MASON, BUILDING 201 - SAN FRANCISCO, CA 94123	53-0197094	115	25,000.	0.			CONNECT-DISCRETIONARY GRANT FOR HOSTING FYP EVENT
GRANADO CHAPTER PO BOX 188 GANADO, AZ 86505	86-0595810	115	9,936.	0.			PROTECT-ALL TRAILS LEAD TO HUBBELL
GRAND CANYON ASSOCIATION P.O.BOX 399 GRAND CANYON, AZ 86023	86-0179548	501(C)(3)	149,990.	0.			PROTECT-FY 2015 GUEST DONATIONS GRAND CANYON NP
GRAND CANYON ASSOCIATION P.O.BOX 399 GRAND CANYON, AZ 86023	86-0179548	501(C)(3)	76,850.	0.			PROTECT-GUEST DONATIONS Q4 2014
GRAND TETON ASSOCIATION PO BOX 170 MOOSE, WY 83012	83-0185073	501(C)(3)	8,000.	0.			CONNECT-CONNECTING TRIBES AND TITLE I SCHOOLS TO GRAND TETON NP

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GRAND TETON ASSOCIATION PO BOX 170 MOOSE, WY 83012	83-0185073	501(C)(3)	13,000.	0.			PROTECT-TETON TRAILS CHALLENGE: HEALTHY COMMUNITIES THROUGH HIKING
GRAND TETON NATIONAL PARK FOUNDATION - P.O. BOX 249 - MOOSE, WY 83012	83-0322668	501(C)(3)	45,000.	0.			PROTECT-INSPIRING JOURNEYS: A CAMPAIGN FOR JENNY LAKE
GREAT BASIN HERITAGE AREA P.O. BOX 78 BAKER, NV 89311	47-0847844	501(C)(3)	8,000.	0.			CONNECT-IT'S ABOUT TIME!
GREAT SMOKY MOUNTAINS ASSO PO BOX 130 GATLINBURG, TN 37738	62-0576032	501(C)(3)	8,000.	0.			CONNECT-PROMOTING CLASS OF 2016 THROUGH PLACE-BASED LEARNING
GUADALUPE MOUNTAINS NATIONAL PARK 400 PINE CANYON DRIVE SALT FLAT, TX 79847	53-0197094	115	3,500.	0.			PROTECT-2015 GUEST DONATIONS EDNA FLORES GUMO
GUADALUPE MOUNTAINS NATIONAL PARK 400 PINE CANYON DRIVE SALT FLAT, TX 79847	53-0197094	115	21,000.	0.			PROTECT-WHERE THE QUAIL & ANTELOPE PLAY: RESTORING DESERT GRASSLAND
GULF ISLANDS NATIONAL SEASHORE 1801 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	53-0197094	115	7,950.	0.			CONNECT-TURTLE T.H.I.S. (TEENS HELPING IN THE SEASHORE)
HARPERS FERRY HISTORICAL ASSOCIATION - PO BOX 197 - HARPERS FERRY, WV 25425	55-0526963	501(C)(3)	8,000.	0.			CONNECT-BRINGING KIDS TO HARPERS FERRY
HARRISON SCHOOL DISTRICT NO. TWO 1060 HARRISON ROAD COLORADO SPRINGS, CO 80905	84-6001175	115	8,000.	0.			CONNECT-FOURTH TO THE FOSSIL BEDS!

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HARVARD UNIVERSITY 79 JOHN F. KENNEDY STREET CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	27,500.	0.			PROTECT-ECONOMIC VALUE OF THE US NATIONAL PARKS AND PROGRAMS
HINTON AREA FOUNDATION, INC. C/O DAVID ZEIGLER - PO BOX 217 - HINTON, WV 25951	55-0716276	501(C)(3)	7,700.	0.			CONNECT-ENGAGE LOCAL STUDENTS THROUGH A CULTURAL HERITAGE FESTIVAL
HISTORIC HAMPTON, INC. 535 HAMPTON LANE TOWSON, MD 21286	52-1165196	501(C)(3)	8,000.	0.			CONNECT-STUDIES IN SLAVERY, SCIENCE AND SUSTAINABILITY
HOPEWELL CULTURE NATIONAL HISTORIC PARK - 16062 STATE ROUTE 104 - CHILLICOTHE, OH 45601	53-0197094	115	5,000.	0.			CONNECT-EXPEDITION INTO OHIO'S PAST: STUDENT ADVENTURES INTO THE PAST
ILERI, INC. 10 ABC QUEEN STREET CHRISTIANSTED, VI 00820	66-0818815	501(C)(3)	8,000.	0.			CONNECT-AMERINDIAN PERSPECTIVES ON COLONIAL ENCOUNTERS
IUP RESEARCH INSTITUTE 1179 GRANT STREET, SUITE 1 INDIANA, PA 15701	57-1175778	501(C)(3)	5,000.	0.			PROTECT-MONITORING OF PLANTED SEEDLINGS
JEFFERSON NP ASSOCIATION ONE MEMORIAL DRIVE, SUITE 1900 ST. LOUIS, MO 63102	43-6062751	501(C)(3)	8,000.	0.			CONNECT-CONNECTING FERGUSON YOUTH TO CIVIL RIGHTS LEGACY
JEFFERSON NP ASSOCIATION ONE MEMORIAL DRIVE, SUITE 1900 ST. LOUIS, MO 63102	43-6062751	501(C)(3)	8,000.	0.			CONNECT-EVERY LITTLE ROCK 4TH GRADER VISITS CENTRAL HIGH SCHOOL NHS
JOSHUA TREE NP ASSOCIATION 77485 NATIONAL PARK DRIVE TWENTYNINE PALMS, CA 92277	95-2312513	501(C)(3)	20,000.	0.			PROTECT-ARCHAEOLOGICAL INVESTIGATIONS

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KELLOGG COMMUNITY COLLEGE 450 NORTH AVENUE BATTLE CREEK, MI 49017	38-1942332	115	5,000.	0.			CONNECT-RACIAL HEALING BY CHANGING THE FACE OF NATIONAL PARKS
KEMOTRAIL CORPS, INC 905 KENNESAW MOUNTAIN DRIVE KENNESAW, GA 30152	33-1064049	501(C)(3)	8,000.	0.			CONNECT-TREKKING THROUGH HISTORY
KINGS MOUNTAIN NATIONAL MILITARY PARK - 2625 PARK ROAD - BLACKSBURG, SC 29702	53-0197094	115	13,000.	0.			PROTECT-HUZZAH HIKERS CLUB & HIKING & OUTDOOR OPPORTUNITIES FOR YOUTH
KINGS MOUNTAIN NATIONAL MILITARY PARK - 2625 PARK ROAD - BLACKSBURG, SC 29702	53-0197094	115	7,800.	0.			CONNECT-TRANSPORTATION FOR EDUCATION DAY IMMERSIVE STUDENT EXPERIENCE
LACKAWANNA HERITAGE VALLEY AUTHORITY - 213 SOUTH 7TH AVENUE - SCRANTON, PA 18505	23-2745483	115	8,000.	0.			CONNECT- "RAILROADS, RIVERS & YOU! "
LAKE CLARK NATIONAL PARK AND PRESERVE - 240 WEST 5TH AVE - ANCHORAGE, AK 99501	53-0197094	115	13,000.	0.			PROTECT-IMPROVE DEGRADED TRAIL TO PROVIDE BETTER HIKING OPPORTUNITIES
LATINO OUTREACH OF TEHAMA COUNTY PO BOX 395 RED BLUFF, CA 96080	80-0032597	501(C)(3)	13,000.	0.			PROTECT-CHALLENGE TO ENTICE NEW HIKERS TO BURN CALORIES
LAVA BEDS NATURAL HISTORY ASSOCIATION - PO BOX 865 - TULELAKE, CA 96134	94-6139658	501(C)(3)	7,500.	0.			CONNECT-PROVIDE RANGER GUIDED GEOLOGY, HISTORY AND 4TH GRADE TOURS
LIVE IT LEARN IT 735 8TH ST, SE #300 WASHINGTON, DC 20003	35-2247059	501(C)(3)	8,000.	0.			CONNECT-EXPERIENTIAL EDUCATION PROGRAMS FOR STUDENTS

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LOWER SHORE LAND TRUST, INC. 9931 OLD OCEAN CITY BLVD BERLIN, MD 21811	52-1701152	501(C)(3)	13,000.	0.			PROTECT-MAKING CONNECTIONS ALONG THE ASSATEAGUE GATEWAY TRAIL
MACK & MOXY LLC 2082 BUSINESS CENTER DRIVE IRVINE, CA 92612	30-0714839	115	80,000.	0.			CONNECT-MACK & MOXY EPISODE
MESA VERDE FOUNDATION PO BOX 178 HESPERUS, CO 81326	84-1404606	501(C)(3)	86,565.	0.			PROTECT-FY 2015 MESA VERDE GUEST DONATIONS
MISSISSIPPI NATIONAL RIVER & RECREATION AREA - 111 E. KELLOGG BLVD - ST. PAUL, MN 55101	53-0197094	115	50,000.	0.			PROTECT-REDESIGN THE MISSISSIPPI RIVER VISITOR CENTER
MISSISSIPPI RIVER FUND 111 EAST KELLOGG BLVD. ST. PAUL, MN 55101	87-0786530	501(C)(3)	2,500.	0.			PROTECT-DONATION FOR GIVE TO THE MAX DAY
MISSISSIPPI RIVER FUND 111 EAST KELLOGG BLVD. ST. PAUL, MN 55101	87-0786530	501(C)(3)	8,000.	0.			CONNECT-MISSISSIPPI RIVER JOURNEYS: TICKET TO RIDE
MONTEZUMA CASTLE NATIONAL MONUMENT P.O. BOX 219 CAMP VERDE, AZ 86322	53-0197094	115	8,000.	0.			CONNECT-RECONNECTING NATIVE AMERICAN YOUTH WITH ANCESTRAL HOMELAND
MOUNT RAINIER NATIONAL PARK 55210 238TH AVENUE EAST ASHFORD, WA 98304	53-0197094	115	10,000.	0.			PROTECT: HOSTING NPF BOARD MEETING
MOUNT RUSHMORE NATIONAL MEMORIAL 13000 HIGHWAY 244 KEYSTONE, SD 57751	53-0197094	115	61,450.	0.			CONNECT-COMPLETE DEVELOPMENT OF MORU YOUTH EXPLORATION AREA

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NATIONAL FISH & WILDLIFE FOUNDATION - 1133 15TH STREET, NW - WASHINGTON, DC 20005	53-0197094	115	875,000.	0.			INSPIRE-21ST CENTURY CONSERVATION SERVICE CORPS (21CSC)
NATIONAL PARK SERVICE 107 PARK HEADQUARTERS RD GATLINBURG, TN 37738	53-0197094	115	6,773.	0.			PROTECT-DIRECTOR'S DISCRETIONARY GRANT FY15
NATIONAL PARKS OF NEW YORK HARBOR 210 NEW YORK AVENUE STATEN ISLAND, NY 10305	53-0197094	115	5,000.	0.			CONNECT-GRANT ASSOCIATED ACTIVATING CORPORATE SPONSORSHIPS
NATIONAL PARKS OF NEW YORK HARBOR 210 NEW YORK AVENUE STATEN ISLAND, NY 10305	53-0197094	115	25,000.	0.			CONNECT-GRANT FOR HOSTING NPF BOARD MEETING
NATURE FUNDS FOR NATIONAL PARKS P.O. BOX 271602 LITTLETON, CO 80127	80-0839774	501(C)(3)	5,000.	0.			PROTECT-NATURE FUND FOR NATIONAL PARKS PARK PARTNERS GRANT
NINETY-SIX NATIONAL HISTORIC SITE P. O. BOX 496 NINETY-SIX, SC 29666	53-0197094	115	6,950.	0.			CONNECT-SUPPORT THE FIRST EDUCATION DAYS AT NINETY SIX NHS
NORTHWEST ARCTIC BOROUGH SCHOOL DISTRICT - P.O. BOX 51 - KOTZEBUE, AK 99752	92-0056820	115	7,995.	0.			CONNECT-CREATE AN ARCTIC SCIENCE CAMP FOR INUPIAQ ESKIMO STUDENTS
NORTHWEST COLLEGE 231 WEST SIXTH ST, BLDG 1 POWELL, WY 82435	83-6001133	115	13,000.	0.			PROTECT-EXPANDING OPPORTUNITIES ON THE BIGHORN CANYON WATERWAYS TRAIL
NPS INTERMOUNTAIN REGIONAL OFFICE 12795 W. ALAMEDA PARKWAY DENVER, CO 80225	53-0197094	115	2,995.	0.			PROTECT-2015 ALBRIGHT WIRTH CHERYL ECKHARDT IMR

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NPS INTERMOUNTAIN REGIONAL OFFICE 12795 W. ALAMEDA PARKWAY DENVER, CO 80225	53-0197094	115	2,524.	0.			PROTECT-2015 ALBRIGHT WIRTH FOR JOHN CANNELLA - INTERMOUNTAIN REGION
NPS INTERMOUNTAIN REGIONAL OFFICE 12795 W. ALAMEDA PARKWAY DENVER, CO 80225	53-0197094	115	10,500.	0.			PROTECT-2015 ALBRIGHT WIRTH FOR PATRICK MALONE IMR OFFICE
NPS INTERMOUNTAIN REGIONAL OFFICE 12795 W. ALAMEDA PARKWAY DENVER, CO 80225	53-0197094	115	30,000.	0.			CONNECT-INCREASE DISTANCE LEARNING CAPABILITY IN EIGHT IMR PARKS
NPS-FLORISSANT FOSSIL BEDS NATIONAL M - P.O.BOX 185 - FLORISSANT, CO 80816	53-0197094	115	26,000.	0.			INSPIRE-ESTABLISH INTERDISCIPLINARY YOUTH CONSERVATION CORPS CREW
NPS-FLORISSANT FOSSIL BEDS NATIONAL M - P.O.BOX 185 - FLORISSANT, CO 80816	53-0197094	115	13,000.	0.			PROTECT-TRAILS4TEENS: WORK, HIKE, PLAY AT YOUR PARK
NPS-PULLMAN NATIONAL MONUMENT 11141 S. COTTAGE GROVE AVENUE CHICAGO, IL 60628	53-0197094	115	925,000.	0.			PROTECT-COMPLETE SCHEMATIC DESIGN FOR THE PULLMAN NM VISITOR CENTER
NPS-SAN FRANCISCO MARITIME NHP BUILDING E. LOWER FT MASON, RM 265 SAN FRANCISCO, CA 94123	53-0197094	115	3,500.	0.			PROTECT-2015 ALBRIGHT WIRTH FOR REJANE BUTLER (SAFR)
NPS-SAN FRANCISCO MARITIME NHP BUILDING E. LOWER FT MASON, RM 265 SAN FRANCISCO, CA 94123	53-0197094	115	10,000.	0.			CONNECT-PARTNER WITH LOCAL SCHOOL FOR PIONEERING UNDERWATER RESEARCH
NPS-THOMAS COLE NATIONAL HISTORIC SITE - 218 SPRING STREET - CATSKILL, NY 12414	53-0197094	115	8,000.	0.			CONNECT-HIT THE TRAIL: EXPLORE THE HUDSON RIVER & CATSKILL MOUNTAINS

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NPS-VALLES CALDERA NATIONAL PRESERVE - PO BOX 359 - JEMEZ SPRINGS, NM 87025	53-0197094	115	8,000.	0.			CONNECT-YOUTH FOREST RESTORATION MONITORING AT VALLES CALDERA NP
NPS-WEIR FARM NATIONAL HISTORIC SITE - 735 NOD HILL ROAD - WILTON, CT 06897	53-0197094	115	6,953.	0.			PROTECT-2015 ALBRIGHT WIRTH CASSIE WERNE WEFA
NPS-WHEELING NATIONAL HERITAGE AREA - 1400 MAIN ST - WHEELING, WV 26003	53-0197094	115	13,000.	0.			PROTECT-TREK THE TRAIL: A CROSS-GENERATIONAL PROGRAM
OLYMPIC NATIONAL PARK 600 EAST PARK AVENUE PORT ANGELES, WA 98362	53-0197094	115	6,351.	0.			PROTECT-ADVENTURES IN YOUR BIG BACKYARD
OPERATION HOPE INCORPORATED 707 WILSHIRE BOULEVARD STE.3030 LOS ANGELES, CA 90017	95-4378084	501(C)(3)	8,000.	0.			CONNECT-TRANSPORTATION TO VISIT THE MARTIN LUTHER KING, JR. NHS.
OVER MOUNTAIN VICTORY TRAIL ASSOCIATION - 1780 MUSTER PLACE - ABINGDON, VA 24210	53-0197094	115	8,000.	0.			CONNECT-OVER MOUNTAIN VICTORY TRAIL ANNUAL MARCH
OZARK NATIONAL SCENIC RIVER WAYS P.O. BOX 490 VAN BUREN, MO 63965	53-0197094	115	6,114.	0.			CONNECT-JUNIOR RANGER STEWARDSHIP DAY 2016
PACIFIC HISTORIC PARKS 94-1187 KA UKA BLVD WAIPAHU, HI 96797	99-0194501	115	8,000.	0.			CONNECT-JOSE RIOS MIDDLE SCHOOL VOYAGERS EXPERIENCE THEIR NP
PACIFIC HISTORIC PARKS 94-1187 KA UKA BLVD WAIPAHU, HI 96797	99-0194501	115	6,700.	0.			CONNECT-LET'S TALK HISTORY CONNECTING STUDENTS TO OUR NATIONAL PARKS

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PARKS & PEOPLE FOUNDATION 800 WYMAN PARK DR BALTIMORE, MD 21211	52-1349346	501(C)(3)	13,000.	0.			PROTECT-COMMUNITY ENGAGEMENT & PROGRAMS AT GWYNNS FALLS TRAIL
POCONO ENVIRONMENTAL EDUCATION 538 EMERY ROAD DINGMAN'S FERRY, PA 18328	23-2424742	501(C)(3)	8,000.	0.			CONNECT- 'OVER THE RIVER AND THROUGH THE WOODS'
POINT REYES NATIONAL SEASHORE ASSOCIATION - 1 BEAR VALLEY ROAD - POINT REYES STATION, CA 94956	94-2228894	501(C)(3)	8,000.	0.			CONNECT-BRING YOUTH TO CLEM MILLER ENVIRONMENTAL EDUCATION CENTER
POUDRE HERITAGE ALLIANCE 3745 EAST PROSPECT FORT COLLINS, CO 80525	36-4507550	501(C)(3)	13,000.	0.			PROTECT-POUDRE RIVER TRAIL PATHWAY TO HEALTH AND EDUCATION
PRESIDENT'S PARK (WHITE HOUSE) 1100 OHIO DRIVE, SW WASHINGTON, DC 20242	53-0197094	115	8,000.	0.			CONNECT-IF THESE STATUES COULD TALK A PLACE-BASED EDUCATION PROGRAM
PRINCE WILLIAM COUNTY PUBLIC SCHOOLS EDUCATION - FOUNDATION, INC. - MANASSAS, VA 20108	54-1498824	501(C)(3)	8,000.	0.			CONNECT-TRANSPORTATION FOR 4TH GRADE STUDENTS TO VISIT PARKS
RIVER RAISIN NATIONAL BATTLEFIELD PARK FOUNDATION - 1403 E. ELM AVE - MONROE, MI 48162	46-2501428	501(C)(3)	8,000.	0.			CONNECT-KAYAKING THE TRIBAL TRAIL OF TEARS & URBAN YOUTH SCHOLARSHIPS
RIVER RAISIN NATIONAL BATTLEFIELD PARK FOUNDATION - 1403 E. ELM AVE - MONROE, MI 48162	46-2501428	501(C)(3)	13,000.	0.			CONNECT-KAYAKING THE TRIBAL TRAIL OF TEARS & URBAN YOUTH SCHOLARSHIPS
ROCK CREEK CONSERVANCY, INC 4300 MONTGOMERY AVE. BETHESDA, MD 20814	20-3874333	501(C)(3)	5,000.	0.			PROTECT-MARKETING AND COMMUNICATIONS PLAN FOR ROCK CREEK CONSERVANCY

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ROCK CREEK CONSERVANCY, INC 4300 MONTGOMERY AVE. BETHESDA, MD 20814	20-3874333	501(C)(3)	13,000.	0.			PROTECT-ROCK CREEK PARK ON THE MOVE
ROCKY MOUNTAIN CONSERVANCY P.O. BOX 3100 EAST PARK, CO 80517	84-0472090	501(C)(3)	8,000.	0.			CONNECT-NEXT GENERATION TRANSPORTATION FUND FOR TITLE I SCHOOLS
ROCKY MOUNTAIN CONSERVANCY P.O. BOX 3100 EAST PARK, CO 80517	84-0472090	501(C)(3)	10,500.	0.			INSPIRE-ROCKY MOUNTAIN CONSERVANCY CONSERVATION CORPS, 2015
ROME HISTORICAL SOCIETY 200 CHURCH ST. ROME, NY 13440	15-0550178	501(C)(3)	8,612.	0.			PROTECT-ENGAGE LOCAL AUDIENCES WITH WALK WITH HISTORY
SAGAMORE HILL NATIONAL HISTORIC SITE - 20 SAGAMORE HILL ROAD - OYSTER BAY, NY 11771	53-0197094	115	10,000.	0.			CONNECT-SAGAMORE HILL DAY FAMILY EVENT
SAGAMORE HILL NATIONAL HISTORIC SITE - 20 SAGAMORE HILL ROAD - OYSTER BAY, NY 11771	53-0197094	115	20,000.	0.			CONNECT-THE THEODORE ROOSEVELT HOUSE PUBLIC RE-OPENING EVENT
SAINT CROIX RIVER ASSOCIATION PO BOX 655 ST. CROIX FALLS, WI 54024	26-3025933	501(C)(3)	13,000.	0.			PROTECT-EXPAND HEALTHY PARKS, HEALTHY PEOPLE OUTREACH & PROGRAMMING
SAINT GAUDENS MEMORIAL 34 SOUTH HIGHLAND AVE OSSINING, NY 10562	02-0223438	501(C)(3)	12,500.	0.			PROTECT-PLACEMENT OF NEW PUBLIC MONUMENT BY SAINT-GAUDENS
SALT RIVER BAY NATIONAL HISTORICAL PARK AND ECOLOGICAL PRESERVE - 2100 CHURCH STREET, #100 - CHRISTIANSTED, VI 00820	53-0197094	115	13,000.	0.			PROTECT-BIOLUMINESCENT WATERWAYS SHORELINE EXPLORATION

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
SAN FRANCISCO MARTIME NATIONAL PARK ASSOCIATION - PO BOX 470310 - SAN FRANCISCO, CA 94147	94-1254650	501(C)(3)	8,000.	0.			CONNECT-PARK MARITIME HERITAGE EXPERIENCE FOR UNDERSERVED YOUTH
SANTA MONICA MOUNTAINS FUND 401 WEST HILLCREST DR. THOUSAND OAKS, CA 91360	95-4187832	501(C)(3)	13,000.	0.			PROTECT-INSPIRING URBAN VISITORS TO DISCOVER RECREATION IN THE SAMO
SANTA MONICA MOUNTAINS FUND 401 WEST HILLCREST DR. THOUSAND OAKS, CA 91360	95-4187832	501(C)(3)	50,000.	0.			PROTECT-CHEESEBORO ACCESSIBLE TRAIL AND TRAILHEAD
SANTA MONICA MOUNTAINS NATIONAL RECREATION AREA - 401 WEST HILLCREST DRIVE - THOUSAND OAKS, CA 91360	53-0197094	115	707,551.	0.			PROTECT-CONSTRUCT ACCESSIBLE TRAIL & IMPROVEMENTS AT CHEESEBORO CANYON
SEQUOIA PARKS FOUNDATION PO BOX 3047 VISALIA, CA 93278	77-0099339	501(C)(3)	24,650.	0.			INSPIRE-SEQUOIA AND KINGS CANYON CONSERVATION CORPS 2015 PILOT PROGRAM
SEQUOIA PARKS FOUNDATION PO BOX 3047 VISALIA, CA 93278	77-0099339	501(C)(3)	13,000.	0.			PROTECT-TRAILS TO TOMORROW / SENDERS AL MAANA
SEQUOIA UNION PTC 23958 AVW 324 LEMON COVE, CA 93244	46-3110443	501(C)(3)	7,760.	0.			CONNECT-YOUTH CENTENNIAL STEWARDS -- SEQUOIA UNION SCHOOL
SHENANDOAH NATIONAL PARK TRUST PO BOX 2977 CHARLOTTESVILLE, VA 22902	20-8685310	501(C)(3)	29,880.	0.			PROTECT-FY 2015 SHENANDOAH NP GUEST DONATIONS
SLEEPING BEAR DUNES NATIONAL LAKESHORE - 9922 FRONT STREET - EMPIRE, MI 49630	53-0197094	115	6,165.	0.			PROTECT-2015 ALBRIGHT WIRTH GRANT FOR JOE LACHOWSKI (SLBE)

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
SLEEPING BEAR DUNES NATIONAL LAKESHORE - 9922 FRONT STREET - EMPIRE, MI 49630	53-0197094	115	3,500.	0.			CONNECT-WINTER SNOWSHOE EXPERIENCE AT SLEEPING BEAR DUNES NL
SMITHSONIAN INSTITUTION OSP CLEARING ACCOUNT CHICAGO, IL 60673	53-0206027	501(C)(3)	250.	0.			CONNECT-LGBTQ HERITAGE INITIATIVE
SMITHSONIAN INSTITUTION OSP CLEARING ACCOUNT CHICAGO, IL 60673	53-0206027	501(C)(3)	54,544.	0.			PROTECT-PROTECT IRREPLACEABLE ARCHEOLOGICAL SITES ON COASTS AT 2 PARKS
SOUTH FLORIDA NATIONAL PARK 1390 S DIXIE HWY STE 2203 CORAL GABLES, FL 33146	13-4341209	115	7,600.	0.			CONNECT-FIND YOUR EVERGLADES
SOUTH FLORIDA NATIONAL PARK 1390 S DIXIE HWY STE 2203 CORAL GABLES, FL 33146	13-4341209	115	7,395.	0.			CONNECT-TALKING TRASH -STUDENTS SPREAD AWARENESS AFTER BEACH CLEANUP
STATE OF MARYLAND/DEPARTMENT OF NATURAL RESOURCES - 580 TAYLOR AVENUE - ANNAPOLIS, MD 21401	52-6002033	115	13,000.	0.			PROTECT-PHASE II: ALL SENSORY TRAIL AT PATAPSCO VALLEY STATE PARK
STUDENT CONSERVATION ASSOC. P.O.BOX 550 CHARLESTOWN, NH 03603	91-0880684	501(C)(3)	13,000.	0.			PROTECT-GET INTO GATEWAY: EXPANDING TRAILS & PARTNERSHIPS THROUGH SCA!
SUNSET CRATER VOLCANO NATIONAL MONUMENT - 6400 N.HWY 89 - FLAGSTAFF, AZ 86004	53-0197094	115	22,066.	0.			INSPIRE-BRINGING LOCAL CONSERVATION CORPS TO SUNSET CRATER VOLCANO
THE FRIENDS OF VALLEY FORGE 1400 N OUTER LINE DRIVE KING OF PRUSSIA, PA 19406	23-2036005	501(C)(3)	8,000.	0.			CONNECT-INQUIRY LEARNING WITH OUTDOOR CONNECTIONS

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 MANTON AVENUE PROJECT P.O. BOX 982 PROVIDENCE, RI 02901	06-1725016	501(C)(3)	8,000.	0.			CONNECT-THIS LAND IS OUR LAND: THE PUBLIC PARKS PLAYS!
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE ARLINGTON, VA 22203	53-0242652	501(C)(3)	6,634.	0.			INSPIRE-SEASONAL REIMBURSEMENT FOR YCC CREW SUPERVISION & TRAIL WORK
THE NICODEMUS HISTORICAL SOCIETY 611 S. 5TH STREET BOGUE, KS 67625	93-1012167	501(C)(3)	8,000.	0.			CONNECT-AN AFRICAN-AMERICAN TOWN IN THE AMERICAN WEST
TIDES CENTER-SPACES 1536 U ST. NW WASHINGTON, DC 20009	94-3213100	501(C)(3)	40,000.	0.			CONNECT-RACIAL HEALING BY CHANGING THE FACE OF NATIONAL PARKS
TIMPANOGOS CAVE NATIONAL MONUMENT RR3, BOX 200 AMERICAN FORK, UT 84003	53-0197094	115	8,000.	0.			CONNECT-EXPAND TIMPANOGOS KIDS IN NATURE 4TH GRADE FIELD TRIP PROGRAM
TIMPANOGOS CAVE NATIONAL MONUMENT RR3, BOX 200 AMERICAN FORK, UT 84003	53-0197094	115	5,700.	0.			PROTECT-MOVING YOUR WAY TO FITNESS AND FUN SUMMER OUTDOOR ADVENTURE
TIMUCUAN ECOLOGICAL AND HISTORICAL PRESERVE - 13165 MT. PLEASANT ROAD - JACKSONVILLE, FL 32225	53-0197094	115	8,000.	0.			CONNECT-"LET'S GO TO THE PARK!"
TREASURER OF THE UNITED STATES P.O. BOX 8060 WASHINGTON, DC 20032	53-0197094	115	6,045.	0.			CONNECT: GIRLS SCOUT EVENT
TUMACACORI NATIONAL HISTORICAL PARK - P.O.BOX 8067 - TUMACACORI, AZ 85640	53-0197094	115	8,000.	0.			CONNECT-TRANSPORTATION OF LOCAL YOUTH TO THEIR TUMACACORI NHP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 9010 453RD STREET E EATONVILLE, WA 98328	91-6001537	115	8,000.	0.			CONNECT-EXPANDING IMPACT OF OVERNIGHT ENVIRONMENTAL LEARNING PROGRAMS
UPPER VALLEY TRAILS ALLIANCE PO BOX 1215 NORWICH, VT 05055	03-0369847	501(C)(3)	13,000.	0.			PROTECT-OUTDOOR ODYSSEY - 2015 UPPER VALLEY HIGH SCHOOL TRAIL CORPS
VINCENNES HISTORICAL & ANTIQUARIAN SOCIETY - PO BOX 487 - VINCENNES, IN 47591	23-7017436	501(C)(3)	8,000.	0.			CONNECT-TRANSPORTING LOCAL STUDENTS TO FIELD DAY EVENTS AT GERO
WALNUT CANYON NATIONAL MONUMENT 6400 N.HIGHWAY 89 FLAGSTAFF, AZ 86004	53-0197094	115	22,065.	0.			INSPIRE-BRINGING LOCAL CONSERVATION CORPS TO WALNUT CANYON NM
WASHINGTON DEPT.OF FISH & WILDLIFE 600 CAPITOL WAY NORTH OLYMPIA, WA 98501	91-1632572	115	774,706.	0.			PROTECT-ELWHA REARING CHANNEL O&M
WASHINGTON'S NATIONAL PARK FUND 1904 THIRD AVE SEATTLE, WA 98101	01-0869799	501(C)(3)	17,766.	0.			PROTECT-FY 2015 OLYMPIC NP GUEST DONATIONS
WASHINGTON'S NATIONAL PARK FUND 1904 THIRD AVE SEATTLE, WA 98101	01-0869799	501(C)(3)	21,336.	0.			PROTECT-GUEST DONATIONS SEPT 2014
WASHITA BATTLEFIELD NATIONAL HISTORIC SITE - P.O. BOX 890 - CHEYENNE, OK 73628	53-0197094	115	5,689.	0.			CONNECT-STUDENTS & NATIVE AMERICAN ELDERS ENGAGE IN SYMBOLIC POW WOW
WESTERN ARCHEOLOGICAL & CONSERVATION CENTER - 255 N. COMMERCE PARK LOOP - TUCSON, AZ 85745	53-0197094	115	10,100.	0.			PROTECT-CONSERVE FAILING PREHISTORIC CERAMIC VESSELS

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
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD. BRONX, NY 10460	13-1740011	501(C)(3)	100,000.	0.			PROTECT-KOTZEBUE SOUND WHITEFISH ECOLOGY AND SEASONAL DYNAMICS
YELLOWSTONE PARK FOUNDATION 222 EAST MAIN ST #301 BOZEMAN, MT 59715	83-0311166	501(C)(3)	12,500.	0.			INSPIRE-CONNECTING NATIVE AMERICAN YOUTH TO YELLOWSTONE
WUPATKI NATIONAL MONUMENT 6400 N. HIGHWAY 89 FLAGSTAFF, AZ 86004	53-0197094	115	22,065.	0.			INSPIRE-BRINGING LOCAL CONSERVATION CORPS TO WUPATKI
YELLOWSTONE PARK FOUNDATION 222 EAST MAIN ST #301 BOZEMAN, MT 59715	83-0311166	501(C)(3)	8,000.	0.			CONNECT-CONNECTING NATIVE AMERICAN YOUTH TO YELLOWSTONE
YELLOWSTONE PARK FOUNDATION 222 EAST MAIN ST #301 BOZEMAN, MT 59715	83-0311166	501(C)(3)	30,272.	0.			PROTECT-LAMAR BUFFALO RANCH & CENTER FOR ENVIRONMENTAL SUSTAINABILITY
YELLOWSTONE PARK FOUNDATION 222 EAST MAIN ST #301 BOZEMAN, MT 59715	83-0311166	501(C)(3)	200,000.	0.			PROTECT-ROOSEVELT ARCH / CUTTHROAT TROUT IN YELLOWSTONE LAKE
YELLOWSTONE PARK FOUNDATION 222 EAST MAIN ST #301 BOZEMAN, MT 59715	83-0311166	501(C)(3)	12,500.	0.			PROTECT-YELLOWSTONE WOLF PROJECT
YMCA OF THE USA 101 N. WACKER DRIVE, SUITE 1600 CHICAGO, IL 60606	36-3258696	501(C)(3)	2,500,000.	0.			CONNECT-YMCA OF THE USA VOLUNTEERS IN SERVICE
YOSEMITE CONSERVANCY 101 MONTGOMERY ST. SAN FRANCISCO, CA 94104	94-3058041	501(C)(3)	338,328.	0.			PROTECT-FY 2015 YOSEMITE NP 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
YOSEMITE CONSERVANCY 101 MONTGOMERY ST. SAN FRANCISCO, CA 94104	94-3058041	501(C)(3)	122,722.	0.			PROTECT-GUEST DONATIONS SEPT 2014
YOSEMITE CONSERVANCY 101 MONTGOMERY ST. SAN FRANCISCO, CA 94104	94-3058041	501(C)(3)	36,453.	0.			PROTECT-JEAN MERCER YOSEMITE ENDOWMENT FUNDS REQUEST
YOSEMITE CONSERVANCY 101 MONTGOMERY ST. SAN FRANCISCO, CA 94104	94-3058041	501(C)(3)	5,000.	0.			PROTECT-NATIONAL PARK FRIENDS ALLIANCE RECEPTION
YOSEMITE NATIONAL PARK P.O. BOX 577 YOSEMITE, CA 95389	53-0197094	115	2,220.	0.			PROTECT-2015 ALBRIGHT WIRTH FOR GARRETT CHUN (YOSE)
YOSEMITE NATIONAL PARK P.O. BOX 577 YOSEMITE, CA 95389	53-0197094	115	3,500.	0.			PROTECT-FY 15 ALBRIGHT WIRTH GRANT FOR JOY BACCEI (YOSE)
ZION NATURAL HISTORY ASSOCIATION STATE ROUTE 9 SPRINGDALE, UT 84767	87-0256961	501(C)(3)	15,000.	0.			CONNECT-2015 J.L. AND FERN CRAWFORD HERITAGE LECTURE SERIES
ZION NATURAL HISTORY ASSOCIATION STATE ROUTE 9 SPRINGDALE, UT 84767	87-0256961	501(C)(3)	8,000.	0.			CONNECT-FROM GIGANTIC GEOLOGY TO MIGHTY MICROS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CONNECT-BRIDGING HERITAGE BETWEEN TIME	1	697.	0.		
CONNECT-HEALTHY PARKS HEALTHY PEOPLE GLOBAL YOUTH AMBASSADORS	2	13,378.	0.		
CONNECT-LGBTQ HERITAGE INITIATIVE	25	55,068.	0.		
CONNECT-THE KEY (KNOWLEDGE ENRICHING YOUTH) PROJECT	1	8,000.	0.		
CONNECT-TRANSPORTATION FOR STUDENTS TO ENGAGE IN CITIZEN SCIENCE	1	297.	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-ALTERNATE TRANSPORTATION CONNECTIVITY TO THE CRNRA COUNT	2.	55,000.	0.		
INSPIRE-BIKE, HIKE, BUS BANDELIER: REGIONAL MULTI-USE PATH	1.	57,900.	0.		
PROTECT-2015 ALBRIGHT WIRTH FOR LAURA O'GAN (RMN)	1.	3,295.	0.		
PROTECT-GROWING A WILD BROOKLYN AND QUEENS" PROGRAM	1.	1,620.	0.		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NEIL MULHOLLAND CEO- THRU 10/2014	(i)	262,584.	75,000.	23,979.	9,099.	15,400.	386,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY DICKSON CFO- THRU 12/2014	(i)	148,671.	0.	17,471.	7,000.	13,643.	186,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KIRSTEN JOHANSEN SVP, IND & FOUND GIVING-THRU 9/30/15	(i)	217,588.	0.	228.	2,626.	8,608.	229,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID FRENCH SVP, MARKETING & COMMUNICATIONS	(i)	188,821.	0.	129.	6,600.	6,243.	201,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
VALERIE DORIAN SVP, CORP PARTNERSHIP-THRU 2/27/15	(i)	159,329.	0.	218.	7,003.	770.	167,320.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JULIE WILLIAMS SVP, AAEF & PARTNERSHIP-THRU 2/12/15	(i)	158,233.	0.	306.	533.	20,822.	179,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CARTER LAUGHLIN VP, MAJOR & PLANNED GIVING	(i)	153,335.	0.	178.	0.	7,647.	161,160.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art			
2	Art - Historical treasures			
3	Art - Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			
8	Intellectual property			
9	Securities - Publicly traded	X	26	225,142. FMV
10	Securities - Closely held stock			
11	Securities - Partnership, LLC, or trust interests			
12	Securities - Miscellaneous			
13	Qualified conservation contribution - Historic structures			
14	Qualified conservation contribution - Other			
15	Real estate - Residential			
16	Real estate - Commercial			
17	Real estate - Other			
18	Collectibles			
19	Food inventory			
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other ()			
26	Other ()			
27	Other ()			
28	Other ()			

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

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

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

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

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

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

INSPIRE PEOPLE FROM ALL BACKGROUNDS TO CONNECT WITH, CELEBRATE, AND
SUPPORT AMERICA'S NATIONAL PARKS AND COMMUNITY-BASED PROGRAMS.
CELEBRATING THE NATIONAL PARK SERVICE CENTENNIAL AND SETTING THE STAGE
FOR THE SERVICE'S NEXT 100 YEARS, #FINDYOURPARK INVITES PEOPLE TO
DISCOVER AND SHARE THEIR OWN UNIQUE CONNECTIONS TO THE NATION'S NATURAL
LANDSCAPES, VIBRANT CULTURE, AND RICH HISTORY.

THE FIND YOUR PARK/ENCUENTRA TU PARQUE MOVEMENT IS DESIGNED TO SET THE
STAGE FOR INCREASED RELEVANCY AND CONNECTION, AND ULTIMATELY SUPPORT
AND ADVOCATE FOR THESE INCREDIBLE PLACES AS WE EMBARK ON THE NATIONAL
PARKS' NEXT 100 YEARS. FIND YOUR PARK INVITES THE PUBLIC, WITH A KEEN

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FOCUS ON MILLENNIALS WHO ARE LESS FAMILIAR WITH THEIR NATIONAL PARKS.

BEYOND AWE-INSPIRING LANDSCAPES, THE MOVEMENT HIGHLIGHTS HISTORICAL,

URBAN, AND CULTURAL PARKS, SHOWING THE BREADTH AND VARIETY OF THE

NATIONAL PARK SYSTEM SO THAT THE NEXT GENERATION IS ENCOURAGED TO

DISCOVER ALL THE NATIONAL PARK SYSTEM REPRESENTS AND HAS TO OFFER.

II. IN RECOGNITION OF THE 100TH ANNIVERSARY OF THE NATIONAL PARK

SERVICE, THE NATIONAL PARK FOUNDATION HAS BEGUN ITS FIRST-EVER

MULTI-YEAR COMPREHENSIVE NATIONAL FUNDRAISING CAMPAIGN - THE CENTENNIAL

CAMPAIGN FOR AMERICA'S NATIONAL PARKS. TOGETHER, THE FOUNDATION AND THE

NATIONAL PARK SERVICE HAVE IDENTIFIED HIGH-PRIORITY PROJECTS AND

PROGRAMS AT INDIVIDUAL PARKS AND ACROSS THE NATIONAL PARK SYSTEM IN

NEED OF SUPPORT. THROUGH THE CENTENNIAL CAMPAIGN FOR AMERICA'S NATIONAL

PARKS, THE FOUNDATION WILL RALLY PHILANTHROPISTS AND PRIVATE SUPPORT TO

ADDRESS THESE PROJECTS AND PROGRAMS THAT WILL PROTECT SPECIAL PLACES,

CONNECT PEOPLE FROM ALL BACKGROUNDS TO PARKS, AND INSPIRE THE NEXT

GENERATION OF PARK STEWARDS.

IN SPRING 2016, THE UNITED STATES MINT BEGAN MINTING AND SELLING COINS

COMMEMORATING THE CENTENNIAL OF THE NATIONAL PARK SERVICE. THE THREE

COINS ARE FOR SALE THROUGH THE UNITED STATES MINT AND AT PARKS ACROSS

THE COUNTRY, AND BY STATUTE THE PROCEEDS OF THE SALES OF THE COINS WILL

COME TO THE NATIONAL PARK FOUNDATION TO BE USED FOR SIGNATURE PROGRAMS

AND PROJECTS.

ADDITIONALLY, THE NATIONAL PARK FOUNDATION IS PROVIDING INFORMATION TO

MEMBERS OF CONGRESS AND THEIR STAFF RELATED TO THE CREATION OF AN

INNOVATIVE, HOLISTIC FUNDING MODEL FOR OUR NATIONAL PARKS. THE

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FOUNDATION IS FOCUSED ON DEVELOPING AND ENHANCING TOOLS THAT WILL HELP LEVERAGE PHILANTHROPIC SUPPORT FOR OUR PARKS AND CREATE ENDURING FINANCIAL SUPPORT FOR THEM.

FISCAL YEAR 2015 MARKED THE SECOND YEAR OF THIS HISTORIC FIVE-YEAR CENTENNIAL CAMPAIGN FOR AMERICA'S NATIONAL PARKS. GIVEN THE IMPORTANCE AND MAGNITUDE OF SUCH A CAMPAIGN, SIGNIFICANT UP-FRONT INVESTMENTS WERE MADE BY THE NATIONAL PARK FOUNDATION'S BOARD OF DIRECTORS IN 2015 TO BUILD THE ORGANIZATION'S CAPACITY TO SUPPORT EXPANDED FUNDRAISING AND PROGRAM DELIVERY EFFORTS.

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

II. NPF RAISES PRIVATE PHILANTHROPIC SUPPORT TO RESTORE AND PRESERVE TRAILS.

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

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

II. NPF TOOK OWNERSHIP OF THE SCHOODIC WOODS CAMPGROUND ON THE SCHOODIC PENINSULA ADJACENT TO ACADIA NATIONAL PARK TO PROTECT THIS LAND FROM THE THREAT OF DEVELOPMENT, PROVIDED SUPPORT TO ENHANCE THE VISITOR EXPERIENCE THROUGH THE CONSTRUCTION OF A MULTI-USE PATH FOR PEDESTRIANS AND BICYCLISTS, AND FUNDED START UP COSTS TO MAKE THE CAMPGROUND OPERATIONAL.

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III. THROUGH ITS FUNDRAISING ACTIVITIES, NPF BROUGHT AN ESTIMATED 135,000 STUDENTS TO THE NATIONAL PARKS THROUGH THE "TICKET TO RIDE" PROGRAM IN FISCAL YEAR 15.

IV. 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 MAKING SURE ALL KIDS FROM ACROSS THE COUNTRY GET THE CHANCE TO EXPERIENCE AND LEARN FROM THESE INCREDIBLE PLACES, BY RAISING FUNDS TO SUPPORT CREATIVE AND ENGAGING IN-PARK PROGRAMS OR PROVIDING TRANSPORTATION TO REACH THE PARK.

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

OTHER NPF PROGRAM SERVICE ACCOMPLISHMENTS

EXPENSES \$ 5,451,418. INCL GRANTS OF \$ 5,875,907. REVENUE \$ 1,690,857.

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

THE ORGANIZATION IS NOT REQUIRED TO FILE A FORM 990 WITH THE INTERNAL REVENUE SERVICE PURSUANT TO ITS IRS DETERMINATION LETTER; HOWEVER, IN 2013, THE BOARD ELECTED TO BEGIN FILING ON A VOLUNTARY BASIS AND WILL CONTINUE TO DO SO IN THE FUTURE.

THE 990 FORM DRAFTS ARE REVIEWED BY THE CEO, CFO, AND CONTROLLER AS WELL AS SVP OF GRANTS AND PROGRAMS, SVP OF INDIVIDUAL AND FOUNDATION GIVING, 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

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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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 OR VICE CHAIR AND DISCLOSE ALL THE MATERIAL FACTS CONCERNING THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST AND HIS OR HER RELATIONSHIP TO THE TRANSACTION OR MATTER AT ISSUE.

IF THE CONFLICT OF INTEREST ARISES IN CONNECTION WITH THE ACTIVITIES OF ANY DELIBERATIVE BODY (E.G., THE BOARD OF DIRECTORS, COMMITTEE OF THE BOARD), THE INDIVIDUAL WITH THE CONFLICT MUST IMMEDIATELY DISCLOSE THE CONFLICT TO THE OTHER MEMBERS OF THE BODY AND THE INDIVIDUAL MUST NOT PARTICIPATE IN THE DELIBERATION, CONSIDERATION, OR VOTE ON THE TRANSACTION OR MATTER AT ISSUE. A NOTATION MUST BE MADE IN THE MINUTES OF ANY MEETING AT WHICH DELIBERATION, CONSIDERATION, OR VOTE ON THE TRANSACTION OR MATTER AT ISSUE IS UNDERTAKEN INDICATING THAT THE INDIVIDUAL WITH A CONFLICT OR POTENTIAL CONFLICT OF INTEREST WAS EXCUSED FROM THE MEETING DURING THE TIME THAT CONSIDERATION OF THE TRANSACTION OR MATTER WAS UNDERTAKEN, TOOK NO PART IN ANY DISCUSSION PERTAINING TO THE TRANSACTION OR MATTER, AND REFRAINED FROM VOTING ON THE TRANSACTION OR MATTER.

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

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PRESIDENT OR VICE CHAIR:

1. BOARD OF DIRECTORS.

2. OFFICERS.

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

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

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

THE COMPENSATION COMMITTEE REGULARLY CONDUCTS REVIEWS OF COMPENSATION FOR OFFICERS, DIRECTORS, AND TOP MANAGEMENT. THE COMMITTEE USES VARIOUS RESOURCES FOR DETERMINING COMPARABLE DATA DURING THE DELIBERATION AND DECISION PROCESS.

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

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

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

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	6,482,909.
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MANAGEMENT AND GENERAL EXPENSES	1,121,489.
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FUNDRAISING EXPENSES	191,680.
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TOTAL EXPENSES	7,796,078.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,796,078.
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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.

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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) 2014

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)				

