

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)

2015
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 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

| | | | | |
|--|--|---|--|--|
| 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 \$ 159,125,869. | |
| | 1110 VERMONT AVENUE, NW | 200 | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| F Name and address of principal officer: WILLIAM GILBERT SHAFROTH | | If "No," attach a list. (see instructions) | | |
| SAME AS C ABOVE | | H(c) Group exemption number ▶ | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 | | | | |
| J Website: ▶ WWW.NATIONALPARKS.ORG | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1967 M State of legal domicile: DC | |

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 24 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 24 |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 72 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 24 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 69,861,221. | 144,785,768. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,462,248. | 1,354,048. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,769,353. | 2,462,988. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 760,591. | 1,443,364. |
| | | 74,853,413. | 150,046,168. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 16,922,032. | 100,933,405. |
| | 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) | 6,647,187. | 7,467,959. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 501,512. | 985,177. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,320,310. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 20,164,389. | 20,067,530. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 44,235,120. | 129,454,071. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 30,618,293. | 20,592,097. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 162,912,616. | 192,200,860. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 31,616,471. | 35,946,405. |
| | 131,296,145. | 156,254,455. | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|--|--|-------------------------|---------------------------------|--------------------------|------------------|
| Sign Here | Signature of officer | | Date | | |
| | WILLIAM GILBERT SHAFROTH, PRESIDENT & CEO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
| | ELIZABETH HELLER | <i>Elizabeth Heller</i> | 7/17/2017 | <input type="checkbox"/> | P00397829 |
| Firm's name ▶ TATE AND TRYON | | | Firm's EIN ▶ 52-1855942 | | |
| Firm's address ▶ 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036 | | | Phone no. (202) 293-2200 | | |

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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning OCT 1, 2015, and ending SEP 30, 2016

2015

Department of the Treasury
Internal Revenue Service

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

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

Name of exempt organization

Employer identification number

NATIONAL PARK FOUNDATION

52-1086761

Name and title of officer

**WILLIAM GILBERT SHAFROTH
PRESIDENT & CEO**

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

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

| | | | | | | |
|----|--------------------------|---------------------------------------|---|--|----|---------------------|
| 1a | Form 990 check here | ▶ <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>150,046,168.</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

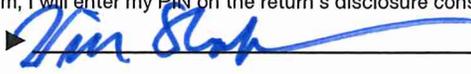
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare 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 2015 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 2015 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.

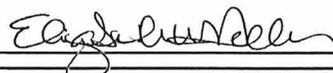
Officer's signature ▶  Date ▶ _____

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 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 6/7/2017

**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 RAISES PRIVATE FUNDS THAT DIRECTLY AID, SUPPORT, AND ENRICH AMERICA'S 417 NATIONAL PARK UNITS AND RELATED PROGRAMS, SO THAT THEY MAY BE EXPERIENCED BY CURRENT AND FUTURE GENERATIONS. CHARTERED BY CONGRESS AS THE NONPROFIT PARTNER OF THE

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 \$ 70,899,458. including grants of \$ 70,303,895.) (Revenue \$) PROTECT NATIONAL PARKS - THE NATIONAL PARK FOUNDATION, SECURES 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, AND PRESERVE AND EXPAND TRAILS FOR THE BENEFIT OF ALL.

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

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

4b (Code:) (Expenses \$ 32,708,195. including grants of \$ 24,710,291.) (Revenue \$) CONNECT NEW AUDIENCES WITH NATIONAL PARKS - THE NATIONAL PARK FOUNDATION IS DEDICATED TO CELEBRATING OUR DIVERSE HERITAGE - SUPPORTING AUDIENCES OF ALL BACKGROUNDS TO EXPERIENCE, ENJOY, AND CREATE LIFE-LONG RELATIONSHIPS WITH AMERICA'S SPECIAL PLACES. NPF ALSO DEDICATES ITSELF TO BRINGING AMERICA'S NATIONAL PARKS TO THE PEOPLE BY MAKING INVESTMENTS IN DIGITAL TECHNOLOGY, STRENGTHENING THE CONNECTION BETWEEN HEALTH AND PARKS, AND CONNECTING URBAN COMMUNITIES TO PARKS.

I. IN MARCH OF 2015, THE NATIONAL PARK FOUNDATION LAUNCHED FIND YOUR PARK/ENCUENTRA TU PARQUE, A PUBLIC AWARENESS AND EDUCATION PROGRAM TO MAKE PARKS RELEVANT TO PEOPLE'S LIVES, ENGAGE THEM IN OUR PARKS, AND

4c (Code:) (Expenses \$ 2,834,632. including grants of \$ 2,593,397.) (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. NPF'S PROGRAMS ENGAGE VOLUNTEERS BY GROWING THE 21ST CENTURY CONSERVATION SERVICE CORPS, EXPANDING THE ROLE OF TEACHERS, AND CREATING THE CITIZEN SCIENTISTS OF TOMORROW.

I. THRU GRANTS FROM THE NATIONAL PARK FOUNDATION, NPS AND PARTNERS CREATED OPPORTUNITIES FOR NEARLY ONE MILLION PEOPLE TO VOLUNTEER IN PARKS, INNER CITIES, SCIENTIFIC DATA GATHERING, BUILDING STEM EDUCATION CURRICULUMS AND VARIOUS OTHER PROJECTS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 6,783,924. including grants of \$ 3,325,822.) (Revenue \$ 1,354,048.)

4e Total program service expenses 113,226,209.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 24; 1b Enter the number of voting members included in line 1a... 24; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CO, HI, MA, MN, NH, NM, OH, PA, SC, TN, UT, VA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 202-796-2500 1110 VERMONT AVENUE, NW, NO. 200, WASHINGTON, DC 20005

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) THE HONORABLE SALLY JEWELL CHAIRMAN | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (2) AL BALDWIN VICE CHAIR | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (3) JONATHAN B. JARVIS SECRETARY | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (4) BRIEN O'BRIEN TREASURER | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (5) ELLEN S. ALBERDING DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (6) RHODA ALTOM DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (7) ELIZABETH FRAWLEY BAGLEY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (8) AUSTIN BEUTNER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (9) KATHLEEN BROWN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (10) KAREN SWETT CONWAY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (11) TOM GOSS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) STEPHEN L. HIGHTOWER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) PETER KNIGHT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (14) ORIN S. KRAMER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) ELLEN MALCOLM DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (16) HENRY R. MUNOZ, III DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (17) JOHN L. NAU, III DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) ROXANNE QUIMBY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) ROBERT S. RIVKIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) DAVID E. SHAW DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) BRYAN TRAUBERT DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) ERNESTO M. VASQUEZ, FAIA, NCARB DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (23) MARY JO VEVERKA DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (24) GREGORY WEINGARTEN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (25) WILLIAM SHAFROTH PRESIDENT & CEO | 40.00 | | | X | | | | 153,438. | 0. | 15,420. |
| (26) MANDEEP SINGH CFO | 40.00 | | | X | | | | 39,070. | 0. | 2,328. |
| 1b Sub-total | | | | | | | | 192,508. | 0. | 17,748. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 1,841,043. | 0. | 101,851. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,033,551. | 0. | 119,599. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **22**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---------------------------------------|---------------------|
| GREY GROUP 200 FIFTH AVE, NEW YORK, NY 10010 | FIND YOUR PARK PROGRAM SERVICES | 6,038,650. |
| ROBBINKERSTEN DIRECT, 3400 WATERVIEW PARKWAY SUITE 250, RICHARDSON, TX 75080 | FUNDRAISING SERVICES | 5,092,433. |
| BOUNCE EVENT MARKETING, INC., 800 W.OLYMPIC BLVD., STE 305, LOS ANGELES, CA | CHRISTMAS TREE LIGHTING PROG SVCS | 915,217. |
| C3 PRESENTS, LLC., 300 WEST 6TH STREET, SUITE 2100, AUSTIN, TX 78701 | WHITE HOUSE EASTER EGG ROLL PROG SVCS | 388,612. |
| TATE & TRYON, 2021 L STREET NW, SUITE 400, WASHINGTON, DC 20036 | ACCOUNTING SERVICES | 336,610. |

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 **16**

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 | 144,785,768. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 69,453,208. | | | | |
| | h Total. Add lines 1a-1f | | | 144,785,768. | | | |
| Program Service Revenue | 2 a PARK FUND MANAGEMENT | Business Code | 900099 | 1,287,156. | 1,287,156. | | |
| | b LITIGATION SETTLEMENTS | | 900099 | 37,767. | 37,767. | | |
| | c EVENTS | | 900099 | 29,125. | 29,125. | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 1,354,048. | | | |
| | Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 2,306,490. | | |
| 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| 5 Royalties | | | | 1,104,150. | | | 1,104,150. |
| 6 a Gross rents | | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| 7 a Gross amount from sales of assets other than inventory | | (i) Securities | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | | d Net gain or (loss) | | | 156,498. | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | 328,737. | | | | | |
| | b Less: cost of goods sold | b | 0. | | | | |
| | c Net income or (loss) from sales of inventory | | | 328,737. | 328,737. | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11 a MISCELLANEOUS INCOME | | 900099 | 10,477. | | | 10,477. | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 10,477. | | | |
| 12 Total revenue. See instructions. | | | 150,046,168. | 1,682,785. | 0. | 3,577,615. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 100,760,916. | 100,760,916. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 172,489. | 172,489. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,393,607. | 312,768. | 516,306. | 564,533. |
| 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 | 5,089,743. | 1,139,465. | 1,887,692. | 2,062,586. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 111,812. | 26,018. | 40,760. | 45,034. |
| 9 Other employee benefits | 424,392. | 98,753. | 154,708. | 170,931. |
| 10 Payroll taxes | 448,405. | 104,341. | 163,462. | 180,602. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 323,444. | 237,652. | 64,381. | 21,411. |
| c Accounting | 57,496. | | 57,496. | |
| d Lobbying | 24,000. | 24,000. | | |
| e Professional fundraising services. See Part IV, line 17 | 985,177. | | | 985,177. |
| f Investment management fees | 890,234. | 890,234. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 6,787,901. | 6,260,616. | 527,285. | |
| 12 Advertising and promotion | 300,842. | 70,912. | 226,230. | 3,700. |
| 13 Office expenses | 1,086,107. | 384,642. | 252,985. | 448,480. |
| 14 Information technology | 778,068. | 270,887. | 303,172. | 204,009. |
| 15 Royalties | | | | |
| 16 Occupancy | 882,885. | | 882,885. | |
| 17 Travel | 461,010. | 179,316. | 132,220. | 149,474. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 186,411. | | 186,411. | |
| 20 Interest | 4,577. | | 4,577. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 207,106. | | 207,106. | |
| 23 Insurance | 24,065. | | 24,065. | |
| 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 | 5,563,076. | 377,286. | | 5,185,790. |
| b EVENT EXPENSES | 1,798,939. | 1,676,893. | | 122,046. |
| c TEMPORARY HELP | 255,685. | 53,610. | 191,333. | 10,742. |
| d MISCELLANEOUS EXPENSES | 191,691. | 141,123. | 44,382. | 6,186. |
| e All other expenses | 243,993. | 44,288. | 40,096. | 159,609. |
| 25 Total functional expenses. Add lines 1 through 24e | 129,454,071. | 113,226,209. | 5,907,552. | 10,320,310. |
| 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 | 701. | 1 | 700. | |
| | 2 Savings and temporary cash investments | 10,202,343. | 2 | 29,381,710. | |
| | 3 Pledges and grants receivable, net | 52,851,158. | 3 | 57,835,650. | |
| | 4 Accounts receivable, net | 16,980. | 4 | 18,609. | |
| | 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 | 421,246. | 9 | 1,055,196. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,337,185. | | | |
| | b Less: accumulated depreciation | 10b 510,437. | | | |
| | 11 Investments - publicly traded securities | 7,122,158. | 10c | 826,748. | |
| | 12 Investments - other securities. See Part IV, line 11 | 66,093,016. | 11 | 72,317,797. | |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | | |
| | 14 Intangible assets | | 13 | | |
| | 15 Other assets. See Part IV, line 11 | 26,205,014. | 14 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 162,912,616. | 15 | 30,764,450. | | |
| | | 16 | 192,200,860. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,946,158. | 17 | 3,263,652. | |
| | 18 Grants payable | 2,286,519. | 18 | 715,010. | |
| | 19 Deferred revenue | 9,875. | 19 | 14,260. | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 26,205,014. | 21 | 30,764,450. | |
| | 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 | 0. | 24 | 1,000,000. | |
| | 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 | 168,905. | 25 | 189,033. | |
| | 26 Total liabilities. Add lines 17 through 25 | 31,616,471. | 26 | 35,946,405. | |
| 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 | 30,818,648. | 27 | 32,710,159. | |
| | 28 Temporarily restricted net assets | 90,014,107. | 28 | 92,783,986. | |
| | 29 Permanently restricted net assets | 10,463,390. | 29 | 30,760,310. | |
| | 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 | 131,296,145. | 33 | 156,254,455. | | |
| 34 Total liabilities and net assets/fund balances | 162,912,616. | 34 | 192,200,860. | | |

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 | 150,046,168. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 129,454,071. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 20,592,097. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 131,296,145. |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,360,963. |
| 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 | 5,250. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 156,254,455. |

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 (2015)

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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 19292779. | 19666973. | 42288287. | 69861221. | 144785768 | 295895028 |
| 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 | 218,926. | 117,736. | 123,623. | 34,723. | 0. | 495,008. |
| 4 Total. Add lines 1 through 3 | 19511705. | 19784709. | 42411910. | 69895944. | 144785768 | 296390036 |
| 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) | | | | | | 116025151 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 180364885 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 19511705. | 19784709. | 42411910. | 69895944. | 144785768 | 296390036 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1965838. | 2432345. | 2150494. | 2819169. | 3410640. | 12778486. |
| 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.) | 5,506. | 1,080. | 869. | 289,794. | 10,477. | 307,726. |
| 11 Total support. Add lines 7 through 10 | | | | | | 309476248 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 9,575,499. |
| 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 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 58.28 | % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | 76.19 | % |
| 16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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 | Current Year |
|----------------------------------|---|----------------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | |

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 2015 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-2015 | (iii) Distributable Amount for 2015 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015: | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2015 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d Excess from 2014 | | | |
| e Excess from 2015 | | | |

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

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

INCOME FROM ACTIVITIES NOT REGULARLY CARRIED ON.

Multiple horizontal lines for providing supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2015

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) (2015)

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

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 | _____ _____ _____ | \$ 3,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ _____ _____ | \$ 18,051,450. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ _____ _____ | \$ 20,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | _____ _____ _____ | \$ 69,130,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | 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 |
|---|---|

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 |
|------------------------------|--|--|----------------------|
| 4 | 88,642 ACRES OF LAND IN PENOBSCOT, ME TO BENEFIT KATAHDIN WOODS AND WATERS NM. | \$ 69,130,000. | 08/17/16 |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |

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

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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-. |
|----------|-------------|---------|---|--|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

LHA
532041
10-05-15

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) | | 72,110. | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 72,110. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 129526181. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 129598291. | | | | | | | | | | | | | |
| 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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2a Lobbying nontaxable amount | | | 1,000,000. | 1,000,000. | 2,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 3,000,000. |
| c Total lobbying expenditures | | | 63,172. | 72,110. | 135,282. |
| d Grassroots nontaxable amount | | | 250,000. | 250,000. | 500,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 750,000. |
| f Grassroots lobbying expenditures | | | | | |

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

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.**

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

OMB No. 1545-0047

2015
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" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|-------------|
| c Beginning balance | 26,205,014. |
| d Additions during the year | 5,683,656. |
| e Distributions during the year | 1,124,220. |
| f Ending balance | 30,764,450. |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 41,532,675. | 43,997,078. | 43,572,769. | 39,902,360. | 35,259,781. |
| b Contributions | 20,345,833. | 38,765. | 133,514. | 27,151. | 81,000. |
| c Net investment earnings, gains, and losses | 4,530,487. | -520,873. | 4,353,982. | 5,110,366. | 5,853,080. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 2,540,063. | 1,982,295. | 4,063,187. | 1,467,108. | 1,291,501. |
| f Administrative expenses | | | | | |
| g End of year balance | 63,868,932. | 41,532,675. | 43,997,078. | 43,572,769. | 39,902,360. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 33.96 %
 - b Permanent endowment 48.16 %
 - c Temporarily restricted endowment 17.88 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 37,777. | | 37,777. |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 1,299,408. | 510,437. | 788,971. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 826,748. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) FUNDS MANAGED AS AGENTS FOR OTHERS | 30,764,450. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 30,764,450. |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) DEFERRED RENT | 189,033. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 189,033. |

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

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

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

| | | | | |
|---|---|----|-------------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 167,693,837. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2a | 4,360,963. | |
| | b Donated services and use of facilities | 2b | 12,694,143. | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | 592,563. | |
| | e Add lines 2a through 2d | 2e | | 17,647,669. |
| 3 | Subtract line 2e from line 1 | | 3 | 150,046,168. |
| 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 | 150,046,168. |

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

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

| | | | | |
|---|--|----|-------------|--------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 142,735,527. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2a | 12,694,143. | |
| | b Prior year adjustments | 2b | | |
| | c Other losses | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | 587,313. | |
| | e Add lines 2a through 2d | 2e | | 13,281,456. |
| 3 | Subtract line 2e from line 1 | | 3 | 129,454,071. |
| 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 | 129,454,071. |

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

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

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

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

PART V, LINE 4:

THE FOUNDATION CURRENTLY APPROPRIATES FUNDS FOR PROGRAM SUPPORT ACTIVITIES

BASED UPON PROGRAM DEMANDS AND AVAILABILITY OF FUNDS DURING A PARTICULAR

YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECOVERY OF INDIRECT COSTS 592,563.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INDIRECT COSTS 587,313.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, 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

2015

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 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, THE ENGAGE GROUP - 7160 COLUMBIA GATEWAY DRIVE, SUITE | FUNDRAISING CONSULTANT | | X | 9,156,469. | 144,000. | 9,012,469. |
| ODDEL SIMMS & ASSOCIATES - 1593 SPRING HILL ROAD, SUITE | FUNDRAISING CONSULTANT | | X | 1,011,228. | 187,060. | 824,168. |
| PRODUCTION SOLUTIONS - 1953 GALLOWS ROAD, SUITE 600, | DIRECT MAIL PRODUCTION | | X | 411,828. | 144,318. | 267,510. |
| GRAPHITE CREATIVE - 2715 MT VERNON AVENUE, ALEXANDRIA, VA | NEWSLETTER GRAPHIC DESIGNER | | X | 36,857. | 12,916. | 23,941. |
| BILL KRIEGER - 11563 BRASS LANTERN COURT, RESTON, VA | NEWSLETTER WRITER | | X | 29,963. | 10,500. | 19,463. |
| M STYLE MARKETING - 38 BELLEFAIR RD,, RYE BROOK, NY | FUNDRAISING CONSULTANT | | X | 0. | 172,638. | -172,638. |
| BENTZ WHALEY FLESSNER, INC - 2461 S CLARK ST, #910, | FUNDRAISING CONSULTANT | | X | 0. | 23,188. | -23,188. |
| INTEGRAL LLC - 1203 19TH ST NW #500, WASHINGTON, DC | DIRECT MAIL AND EMAIL ANALYTICS | | X | 0. | 77,000. | -77,000. |
| STRATEGIC PARTNERSHIPS - 1729 KING ST #100, ALEXANDRIA, VA | FUNDRAISING CONSULTANT | | X | 0. | 177,557. | -177,557. |
| Total | | | | 11,511,879. | 985,177. | 10,526,702. |

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

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

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

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

(I) ADDRESS OF FUNDRAISER:

7160 COLUMBIA GATEWAY DRIVE, SUITE 300, COLUMBIA, MD 21046

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: ODEL SIMMS & ASSOCIATES

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: PRODUCTION SOLUTIONS

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

(I) NAME OF FUNDRAISER: GRAPHITE CREATIVE

(I) ADDRESS OF FUNDRAISER: 2715 MT VERNON AVENUE, ALEXANDRIA, VA 22301

(I) NAME OF FUNDRAISER: BILL KRIEGER

(I) ADDRESS OF FUNDRAISER: 11563 BRASS LANTERN COURT, RESTON, VA 20194

(I) NAME OF FUNDRAISER: M STYLE MARKETING

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

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

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

(I) NAME OF FUNDRAISER: INTEGRAL LLC

(I) ADDRESS OF FUNDRAISER: 1203 19TH ST NW #500, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: STRATEGIC PARTNERSHIPS

(I) ADDRESS OF FUNDRAISER: 1729 KING ST #100, ALEXANDRIA, VA 22314

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

OF THE \$7,145,435 PAID TO THE FUNDRAISING CONSULTANTS DURING THE FISCAL

Part IV Supplemental Information *(continued)*

YEAR, \$985,177 WERE FOR MANAGEMENT RETAINER FEES. THE REMAINDER WAS FOR EXPENSES RELATED TO DIRECT MAILING COSTS, POSTAGE, AND OTHER FULFILLMENT EXPENSES.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ACCOKEEK FOUNDATION 3400 BRYAN POINT ROAD ACCOKEEK, MD 20607 | 52-6037288 | 501(C)(3) | 5,320. | 0. | | | CONNECT: EVERY KID IN A PARK |
| ACTIVE SOUTHERN WEST VIRGINIA INC. 116 NORTH HEBER STREET BECKLEY, WV 25801 | 47-1605904 | 501(C)(3) | 24,998. | 0. | | | PROTECT: 2016 ACTIVE TRAILS |
| ACTIVITIES BEYOND THE CLASSROOM 635 W. SEVENTH ST, SUITE 301 CINCINNATI, OH 45203 | 35-2222723 | 501(C)(3) | 13,993. | 0. | | | CONNECT: EVERY KID IN A PARK FOREST SERVICE, MOUNT AIRY FOREST |
| ALASKA DISCOVERY FOUNDATION, INC. PO BOX 21867 JUNEAU, AK 99802 | 92-0128339 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| ALASKA PTA FAWN MOUNTAIN PTA 400 OLD HOMESTEAD ROAD KETCHIKAN, AK 99901 | 92-0127698 | 501(C)(3) | 5,300. | 0. | | | CONNECT: EVERY KID IN A PARK |
| ALASKA REGIONAL OFFICE 240 W.5TH AVENUE ANCHORAGE, AK 99501 | 53-0197094 | 115 | 2,780. | 0. | | | PROTECT: GLACIER BAY WHALE MORTALITY ADDITIONAL COSTS |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **214.**

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) (2015)

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 | 147,102. | 0. | | | PROTECT: ESTIMATING INDIAN RIVER SALMON |
| ALICE FERGUSON FOUNDATION 2001 BRYAN POINT ROAD ACCOKEEK, MD 20607 | 52-0694646 | 501(C)(3) | 24,297. | 0. | | | CONNECT: 2016 EVERY KID IN A PARK ALICE FERGUSON |
| AMERICAN HIKING SOCIETY 8605 SECOND AVENUE SILVER SPRING, MD 20910 | 51-0211993 | 501(C)(3) | 10,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT - AMERICAN HIKING SOCIETY |
| ARLINGTON HOUSE FOUNDATION PO BOX 3689 MCLEAN, VA 22103 | 80-0507761 | 501(C)(3) | 262,000. | 0. | | | PROTECT: ARLINGTON HOUSE RESTORATION |
| BANDELIER NATIONAL MONUMENT 15 ENTRANCE ROAD LOS ALAMOS, NM 87544-9508 | 53-0197094 | 115 | 5,000. | 0. | | | PROTECT: GRANT FOR BOARD MEETING |
| BANDELIER NATIONAL MONUMENT 15 ENTRANCE ROAD LOS ALAMOS, NM 87544-9508 | 53-0197094 | 115 | 3,000. | 0. | | | PROTECT: 2016 ALBRIGHT-WIRTH |
| BIG CITY MOUNTAINEERS, INC. 710 10TH STREET, SUITE 120 GOLDEN, CO 80401 | 65-0200163 | 501(C)(3) | 15,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT BIG CITY MOUNTAINEERS |
| BIG THICKET NATIONAL PRESERVE 6044 FM 420 KOUNTZE, TX 77625 | 53-0197094 | 115 | 2,303. | 0. | | | PROTECT: 2016 ALBRIGHT WIRTH BIG THICKET NATIONAL PARK & PRESERVE |
| BIG THICKET NATIONAL PRESERVE 6044 FM 420 KOUNTZE, TX 77625 | 53-0197094 | 115 | 100,000. | 0. | | | PROTECT: SITE PREP LONGLY PINE |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| BLUE RIDGE PARKWAY 199 HEMPHILL KNOB ROAD ASHEVILLE, NC 28803 | 31-1512730 | 501(C)(3) | 100,050. | 0. | | | PROTECT: BLUE RIDGE PARKWAY MOLD |
| BLUE RIDGE PARKWAY FOUNDATION 323 GASHES CREEK ROAD ASHEVILLE, NC 28803 | 31-1512730 | 501(C)(3) | 11,669. | 0. | | | PROTECT: BLUE RIDGE PARKWAY GUEST DONATIONS |
| BOLD PATHS 107 MILLER POND ROAD THETFORD CENTER, VT 05075 | 45-4753424 | 115 | 6,575. | 0. | | | PROTECT: ACTIVE TRAILS MABI |
| BOSTON HARBOR ISLANDS 15 STATE STREET, BOSTON, MA 02109 | 04-3268863 | 115 | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| BOSTON HARBOR ISLANDS 15 STATE STREET, BOSTON, MA 02109 | 04-3268863 | 115 | 25,000. | 0. | | | PROTECT: 2016 ACTIVE TRAILS BOHA |
| BOSTON NATIONAL HISTORICAL PARK BUILDING 1 BOSTON, MA 02129-4543 | 53-0197094 | 115 | 95,000. | 0. | | | CONNECT: ENGAGING ARTISTS TO CONNECT STORIES |
| BRYCE CANYON NATURAL HISTORY ASSOCIATION - P.O BOX 640051 - BRYCE, UT 84764-0051 | 87-0258075 | 501(C)(3) | 21,931. | 0. | | | PROTECT: BRYCE CANYON NATIONAL PARK GUEST DONATIONS |
| BUFFALO NATIONAL RIVER PARTNERS PO BOX 1914 HARRISON, AR 72602 | 26-1467465 | 501(C)(3) | 23,000. | 0. | | | PROTECT: 2016 ACTIVE TRAILS BUFF |
| CABRILLO NATIONAL MONUMENT FOUNDATION - 1800 CABRILLO MEMORIAL WAY - SAN DIEGO, CA 92106 | 95-1884723 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CANAVERAL NATIONAL SEASHORE 7611 S. ATLANTIC AVE. NEW SMYRNA, FL 32169 | 53-0197094 | 115 | 23,790. | 0. | | | PROTECT: 2016 ACTIVE TRAILS CANA |
| CAPITOL REEF NATURAL HISTORY ASSOCIATION - 52 W. HEADQUARTERS DRIVE - TORREY, UT 84775 | 87-6129427 | 501(C)(3) | 9,064. | 0. | | | CONNECT: REINVIGORATE NATIONAL CENTER |
| CATOCTIN FOREST ALLIANCE, INC. PO BOX 411 THURMONT, MD 21788-0411 | 26-4223157 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| CCC FOUNDATION 921 11TH STREET, SUITE 1100 SACRAMENTO, CA 95814 | 68-0160977 | 501(C)(3) | 9,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT-CALIFORNIA CONSERVATION |
| CHAMIZAL NATIONAL MEMORIAL 800 S.SAN MARCIAL STREET EL PASO, TX 79905-4123 | 53-0197094 | 115 | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| CHAMIZAL NATIONAL MEMORIAL 800 S.SAN MARCIAL STREET EL PASO, TX 79905-4123 | 53-0197094 | 115 | 2,910. | 0. | | | PROTECT: 2016 ALBRIGHT-WIRTH |
| CHANNEL ISLANDS NATIONAL PARK 1901 SPINNAKER DRIVE VENTURA, CA 93001-4354 | 53-0197094 | 115 | 65,000. | 0. | | | PROTECT CHANNEL ISLANDS NATIONAL PARK LAW ENFORCEMENT |
| CHANNEL ISLANDS PARK FOUNDATION 1901 SPINNAKER DRIVE VENTURA, CA 93001-4354 | 20-5866690 | 115 | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| CHATHAM SCHOOL DISTRICT P.O. BOX 109 ANGOON, AK 99820 | 92-0057395 | 115 | 6,000. | 0. | | | CONNECT: GLACIER BAY NP & PRESERVE |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CHATTAHOOCHEE PARKS CONSERVANCY 4861 LAURAL SPRING DIRVE ROSWELL, GA 30075 | 46-1326423 | 501(C)(3) | 8,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| CHEROKEE NATION P.O. BOX 948 TAHLEQUAH, OK 74465-0948 | 73-0757033 | 115 | 15,000. | 0. | | | PROTECT: 2016 ACTIVE TRAILS |
| CHILDREN & NATURE NETWORK 808 14TH AVE SE MINNEAPOLIS, MN 55414 | 14-1959018 | 155 | 15,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT |
| CITY KIDS TO WILDERNESS PROJECT INC. - 2437 15TH ST NW - WASHINGTON, DC 20009 | 52-1976304 | 501(C)(3) | 9,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT- CITY KIDS TO WILDERNESS |
| CITY OF BALTIMORE RECREATION AND PARKS DEPARTMENT - 3001 EAST DRIVE (DRUID HILL PARK) - BALTIMORE, MD 21217 | 52-6000769 | 115 | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| CLEAN OCEAN ACTION 18 HARTSHORNE DRIVE HIGHLANDS, NJ 07732 | 22-2897204 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| COLONIAL NATIONAL HISTORICAL PARK P.O. BOX 210 YORKTOWN, VA 23690-0210 | 53-0197094 | 115 | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| COLORADO OUTWARD BOUND SCHOOL 5161 SHERIDAN BLVD DENVER, CO 80212 | 84-0512779 | 501(C)(3) | 8,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT -COLORADO OUTWARD BOUND |
| COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523-2002 | 23-7098397 | 501(C)(3) | 12,500. | 0. | | | PROTECT: NPS ECONOMIC VALUATION |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL - 1403 WEST HINES HILL RD. - PENINSULA, OH 44264 | 34-1917257 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| CONSERVATION LEGACY 701 CAMINO DEL RIO SUITE 101 DURANGO, CO 81301 | 84-1450808 | 501(C)(3) | 13,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT- CONSERVATION LEGACY |
| CORPS OF ENGINEERS NATURAL RESOURCES EDUCATION - 404 E. 30TH AVENUE - NORTH KANSAS CITY, MO 64116 | 20-5545091 | 501(C)(3) | 10,233. | 0. | | | CONNECT: EVERY KID IN A PARK |
| COWPENS NATIONAL BATTLEFIELD 338 NEW PLEASANT ROAD GAFFNEY, SC 29341 | 53-0197094 | 115 | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| COWPENS NATIONAL BATTLEFIELD 338 NEW PLEASANT ROAD GAFFNEY, SC 29341 | 53-0197094 | 115 | 465. | 0. | | | CONNECT: 2015 TICKET TO RIDE COWPENS NATIONAL BATTLEFIELD |
| CRATER LAKE NATIONAL PARK TRUST P.O. BOX 62 CRATER LAKE, OR 97604-0062 | 20-5826128 | 501(C)(3) | 11,744. | 0. | | | PROTECT: CRATER LAKE GUEST DONATIONS |
| CRATERS OF THE MOON NATURAL HISTORY ASSOCIATION - P.O. BOX 29 - ARCO, ID 83213 | 82-6002093 | 501(C)(3) | 8,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| CUYAHOGA VALLEY NATIONAL PARK 15610 VAUGHN ROAD BRECKSVILLE, OH 44141-3018 | 53-0197094 | 115 | 16,020. | 0. | | | PROTECT: 2016 ACTIVE TRAIL CUVA |
| DAN RIVER BASIN ASSOCIATION 413 CHURCH STREET, SUITE 401 EDEN, NC 27288 | 56-2275695 | 501(C)(3) | 8,975. | 0. | | | CONNECT: EVERY KID IN A PARK |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| DAYTON AVIATION HERITAGE NATIONAL HISTORICAL PARK - 16 SOUTH WILLIAMS STREET - DAYTON, OH 45402 | 53-0197094 | 115 | 11,848. | 0. | | | CONNECT: EVERY KID IN A PARK DAYTON AVIATION |
| DELAWARE WATER GAP NATIONAL RECREATION AREA - DELAWARE WATER GAP NRA - BUSHKILL, PA 18324-9410 | 53-0197094 | 115 | 6,550. | 0. | | | PROTECT: 2016 ALBRIGHT WIRTH |
| DISCOVER YOUR NORTHWEST 164 S. JACKSON STREET SEATTLE, WA 98104 | 91-0921955 | 501(C)(3) | 12,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| DISCOVER YOUR NORTHWEST 164 S. JACKSON STREET SEATTLE, WA 98104 | 91-0921955 | 501(C)(3) | 1,453. | 0. | | | CONNECT: SAN JUAN ISLAND NHP EVERY KID IN A PARK |
| EASTERN AREA HEALTH EDUCATION CENTER INC. - 2500 FOUNDATION WAY - MARTINSBURG, WV 25401 | 35-2174239 | 501(C)(3) | 18,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| EASTERN NATIONAL 470 MARYLAND DRIVE , SUITE #1 FORT WASHINGTON, PA 19034 | 23-1401703 | 501(C)(3) | 20,000. | 0. | | | CONNECT: GEWA DONATION |
| EASTERN NATIONAL 470 MARYLAND DRIVE , SUITE #1 FORT WASHINGTON, PA 19034 | 23-1401703 | 501(C)(3) | 20,020. | 0. | | | CONNECT: EVERY KID IN A PARK |
| EASTERN NATIONAL 470 MARYLAND DRIVE , SUITE #1 FORT WASHINGTON, PA 19034 | 23-1401703 | 501(C)(3) | 21,000. | 0. | | | CONNECT: KELLOGG NEW ORLEANS PILOT |
| ELKHORN SLOUGH FOUNDATION PO BOX 267 MOSS LANDING, CA 95039 | 94-2823247 | 501(C)(3) | 7,680. | 0. | | | CONNECT: EVERY KID IN A PARK |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ENVIRONMENT FOR THE AMERICAS 5171 ELDORADO SPRING DRIVE, BOULDER, CO 80303 | 20-5844470 | 501(C)(3) | 22,000. | 0. | | | INSPIRE: MOSAICS IN SCIENCE |
| ENVIRONMENT FOR THE AMERICAS 5171 ELDORADO SPRING DRIVE, BOULDER, CO 80303 | 20-5844470 | 501(C)(3) | 9,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT |
| ENVIRONMENTAL LEARNING FOR KIDS P.O. BOX 21679 DENVER, CO 80021 | 84-1436605 | 501(C)(3) | 15,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT |
| ENVIRONMENTAL TRAVELING COMPANIONS FORT MASON CENTER, BLDG. C, ROOM 38 SAN FRANCISCO, CA 94123 | 51-0158789 | 501(C)(3) | 10,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT - ENVIRONMENTAL TRAVELING |
| FLIGHT 93 NATIONAL MEMORIAL P.O. BOX 911 SOMERSET, PA 15501 | 53-0197094 | 115 | 420,000. | 0. | | | PROTECT: 2016 PLANT RED MAPLE TREES |
| FLIGHT 93 NATIONAL MEMORIAL P.O. BOX 911 SOMERSET, PA 15501 | 53-0197094 | 115 | 100,000. | 0. | | | PROTECT: FLIGHT 93 TOWER OF VOICE |
| FLIGHT 93 NATIONAL MEMORIAL P.O. BOX 911 SOMERSET, PA 15501 | 53-0197094 | 115 | 100,000. | 0. | | | PROTECT: 2016 SUPPLEMENTAL SERVICES FOR TOWER OF VOICES |
| FORT STANWIX NATIONAL MONUMENT 112 EAST PARK STREET ROME, NY 13440 | 53-0197094 | 115 | 5,300. | 0. | | | PROTECT: 2016 ACTIVE TRAILS |
| FREDONIA-MOCCASIN UNIFIED SCHOOL DISTRICT #6 - PO BOX 247, 221 EAST HORTT STREET - FREDONIA, AZ 86022 | 86-0592830 | 115 | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FRIENDS OF ACADIA 43 COTTAGE ST. BAR HARBOR, ME 04609 | 01-0425071 | 501(C)(3) | 200,000. | 0. | | | PROTECT: FRIENDS OF ACADIA GRANT |
| FRIENDS OF CARL SANDBURG AT CONNEMARA - ATTN: MS. JAN SPICKA - FLAT ROCK, NC 28731 | 56-1597460 | 501(C)(3) | 6,600. | 0. | | | CONNECT: CARL SANDBURG NHS EVERY KID IN A PARK |
| FRIENDS OF COSTAL SOUTH CAROLINA P.O. BOX 1131 MT. PLEASANT, SC 29465 | 57-1039362 | 501(C)(3) | 11,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| FRIENDS OF FLIGHT 93 C/O FLIGHT 93 NATIONAL MEMORIAL SHANKSVILLE, PA 15560 | 27-0505853 | 501(C)(3) | 10,600. | 0. | | | PROTECT: PROFESSIONAL SERVICES FOR FLIGHT 93 NATIONAL |
| FRIENDS OF FLIGHT 93 C/O FLIGHT 93 NATIONAL MEMORIAL SHANKSVILLE, PA 15560 | 27-0505853 | 501(C)(3) | 55,000. | 0. | | | CONNECT DIGITIZE ORAL HISTORY |
| FRIENDS OF FLIGHT 93 C/O FLIGHT 93 NATIONAL MEMORIAL SHANKSVILLE, PA 15560 | 27-0505853 | 501(C)(3) | 9,487. | 0. | | | PROTECT: FLIGHT 93 BUILD OUT |
| FRIENDS OF FORT SCOTT NATIONAL HISTORIC SITE - 110 N. EDDY - FORT SCOTT, KS 66701 | 80-0485115 | 501(C)(3) | 6,000. | 0. | | | CONNECT: 2015 TICKET TO RIDE |
| FRIENDS OF FORT SCOTT NATIONAL HISTORIC SITE - 110 N. EDDY - FORT SCOTT, KS 66701 | 80-0485115 | 501(C)(3) | 4,600. | 0. | | | CONNECT: EVERY KID IN A PARK |
| FRIENDS OF FORT VANCOUVER NATIONAL HISTORIC SITE - 1701 BROADWAY #345 - VANCOUVER, WA 98663 | 47-2631569 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FRIENDS OF GREAT SMOKY MOUNTAINS NATIONAL PARK - PO BOX 1660 - KODAK, TN 37764 | 62-1564782 | 501(C)(3) | 2,142. | 0. | | | INSPIRE: GREAT SMOKY MOUNTAINS NATIONAL PARK AIR PROGRAM |
| FRIENDS OF GREAT SMOKY MOUNTAINS NATIONAL PARK - PO BOX 1660 - KODAK, TN 37764 | 62-1564782 | 501(C)(3) | 6,333. | 0. | | | PROTECT GREAT SMOKY MOUNTAINS NATIONAL PARK RESTORE LOG CABIN |
| FRIENDS OF GREAT SMOKY MOUNTAINS NATIONAL PARK - PO BOX 1660 - KODAK, TN 37764 | 62-1564782 | 501(C)(3) | 2,227. | 0. | | | PROTECT: GREAT SMOKY MOUNTAINS NATIONAL PARK GUEST DONATIONS |
| FRIENDS OF HUBBELL TRADING POST NHS INC. - P.O. BOX 54295 - PHOENIX, AZ 85078 | 86-0665490 | 501(C)(3) | 10,473. | 0. | | | PROTECT: 2016 ACTIVE TRAILS |
| FRIENDS OF LINDENWALD P.O. BOX 64 KINDERHOOK, NY 12106 | 22-3158344 | 501(C)(3) | 8,000. | 0. | | | PROTECT: 2016ACTIVE TRAILS MAVA |
| FRIENDS OF NISQUALLY NATIONAL WILDLIFE REFUGE - 100 BROWN FARM ROAD - OLYMPIA, WA 98516 | 91-1883269 | 501(C)(3) | 8,250. | 0. | | | CONNECT: EVERY KID IN A PARK |
| FRIENDS OF OLD DOVER INC. PO BOX 44 DOVER, DE 19903 | 51-0202626 | 501(C)(3) | 8,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| FRIENDS OF ORGAN MOUNTAINS DESERT PEAKS WILDERNESS INC. - PO BOX 2676 - LAS CRUCES, NM 88004 | 27-5027211 | 501(C)(3) | 8,569. | 0. | | | CONNECT: EVERY KID IN A PARK |
| FRIENDS OF PATUXENT WILDLIFE RESEARCH CENTER & PRR INC. - 10901 SCARLET Tanager LOOP - LAUREL, MD 20708 | 52-1767775 | 501(C)(3) | 6,780. | 0. | | | CONNECT: EVERY KID IN A PARK |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| FRIENDS OF QUIVIRA NATIONAL WILDLIFE REFUGE, INC - 1434 NE 80TH STREET - STAFFORD, KS 67578 | 48-1235101 | 501(C)(3) | 6,977. | 0. | | | CONNECT: EVERY KID IN A PARK |
| FRIENDS OF SAGUARO NP P.O. BOX 18998 TUCSON, AZ 85731-8998 | 86-0842503 | 501(C)(3) | 8,925. | 0. | | | CONNECT: EVERY KID IN A PARK |
| FRIENDS OF SAGUARO NP P.O. BOX 18998 TUCSON, AZ 85731-8998 | 86-0842503 | 501(C)(3) | 10,000. | 0. | | | INSPIRE: NEXTGEN RANGER CORPS |
| FRIENDS OF SAGUARO NP P.O. BOX 18998 TUCSON, AZ 85731-8998 | 86-0842503 | 501(C)(3) | 10,000. | 0. | | | INSPIRE: SAGUARO NATIONAL PARK 21ST CENTURY CSC |
| FRIENDS OF SAGUARO NP P.O. BOX 18998 TUCSON, AZ 85731-8998 | 86-0842503 | 501(C)(3) | 24,946. | 0. | | | PROTECT: 2016 ACTIVE TRAILS |
| FRIENDS OF SAGUARO NP P.O. BOX 18998 TUCSON, AZ 85731-8998 | 86-0842503 | 501(C)(3) | 8,000. | 0. | | | CONNECT: 2015 TICKET TO RIDE |
| FRIENDS OF SLEEPING BEAR DUNES, INC. - PO BOX 545 - EMPIRE, MI 49630 | 38-3178841 | 501(C)(3) | 7,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT - ENVIRONMENTAL TRAVELING |
| FRIENDS OF TENNESSEE NATIONAL WILDLIFE REFUGE - 1371 C WILDLIFE DRIVE - SPRINGVILLE, TN 38256 | 35-2244433 | 501(C)(3) | 6,120. | 0. | | | CONNECT: EVERY KID IN A PARK |
| FRIENDS OF THE ARTHUR R. MARSHALL LOXAHATCHEE N.WILDLIFE REFUGE - 10216 LEE ROAD - BOYNTON BEACH, FL 33473 | 59-2152926 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FRIENDS OF THE PRESERVE AT LITTLE RIVER CANYON - 4322 LITTLE RIVER TRAIL NE - FORT PAYNE, AL 35967 | 27-3123521 | 501(C)(3) | 6,050. | 0. | | | CONNECT: 2016 TICKET TO RIDE |
| FRIENDS OF THE WILLIAM HOWARD TAFT BIRTHPLACE - 2048 AUBURN AVE - CINCINNATI, OH 45219 | 31-1084651 | 501(C)(3) | 7,585. | 0. | | | CONNECT: EVERY KID IN A PARK |
| GALT JOINT UNION SCHOOL DISTRICT 1018 C STREET, SUITE 120 GALT, CA 95632 | 94-6002510 | 115 | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| GATEWAY NATIONAL RECREATION AREA 210 NEW YORK AVE. STATEN ISLAND, NY 10305 | 53-0197094 | 115 | 50,000. | 0. | | | INSPIRE: INTERNS FOR ENDANGERED SPECIES |
| GEORGE WASHINGTON MEMORIAL PARKWAY 700 GEORGE WASHINGTON MEMORIAL PARK MCLEAN, VA 22101-0001 | 53-0197094 | 115 | 2,738,000. | 0. | | | PROTECT: RESTORING ARLINGTON HOUSE |
| GEORGE WASHINGTON MEMORIAL PARKWAY 700 GEORGE WASHINGTON MEMORIAL PARK MCLEAN, VA 22101-0001 | 53-0197094 | 115 | 2,500. | 0. | | | PROTECT: GWMP- PINK DOGWOOD DONATION |
| GEORGE WASHINGTON MEMORIAL PARKWAY 700 GEORGE WASHINGTON MEMORIAL PARK MCLEAN, VA 22101-0001 | 53-0197094 | 115 | 3,385,188. | 0. | | | PROTECT: RENEWING AN AMERICAN ICON |
| GIRLVENTURES 3543 18TH STREET, SUITE 18 SAN FRANCISCO, CA 94110 | 94-3319189 | 501(C)(3) | 10,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT- GIRL VENTURES |
| GLACIER NATIONAL PARK P.O.BOX 128 WEST GLACIER, MT 59936-0128 | 53-0197094 | 115 | 9,765. | 0. | | | PROTECT: 2016 ALBRIGHT-WIRTH |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 59912 | 56-2579734 | 501(C)(3) | 67,000. | 0. | | | PROTECT: GLACIER NATIONAL PARK HIDDEN LAKE TRAIL |
| GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 59912 | 56-2579734 | 501(C)(3) | 30,552. | 0. | | | PROTECT: GLACIER NATIONAL PARK GUEST DONATIONS |
| GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 59912 | 56-2579734 | 501(C)(3) | 60,000. | 0. | | | PROTECT: GLACIER NATIONAL PARK STAIRCASE |
| GLASS HOUSE COLLECTIVE P.O. BOX 5566 CHATTANOOGA, TN 37406 | 46-3585789 | 501(C)(3) | 25,000. | 0. | | | PROTECT: 2016 ACTIVE TRAILS CHCH |
| GLEN CANYON NATURAL HISTORY ASSOCIATION - P.O. BOX 1835 - PAGE, AZ 86040 | 74-2429545 | 501(C)(3) | 59,676. | 0. | | | PROTECT: GLEN CANYON GUEST DONATIONS DEC.2015 |
| GOLDEN GATE NP CONSERVANCY FORT MASON BUILDING 201 SAN FRANCISCO, CA 94123-0022 | 94-2781708 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| GOLDEN GATE NP CONSERVANCY FORT MASON BUILDING 201 SAN FRANCISCO, CA 94123-0022 | 94-2781708 | 501(C)(3) | 1,000. | 0. | | | INSPIRE: PISCES GRANT REIMBURSEMENT FOR TRAVEL & MEETING |
| GRAND CANYON ASSOCIATION P.O. BOX 399 GRAND CANYON, AZ 86023 | 86-0179548 | 501(C)(3) | 224,297. | 0. | | | PROTECT: GRAND CANYON NATIONAL PARK GUEST DONATIONS |
| GRAND TETON NATIONAL PARK FOUNDATION - P.O. BOX 249 - MOOSE, WY 83012 | 83-0322668 | 501(C)(3) | 45,000. | 0. | | | PROTECT: JENNY LAKE GRAND TETON NATIONAL PARK |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| GRANT-KOHR'S RANCH NATIONAL HISTORIC SITE - 266 WARREN LANE - DEER LODGE, MT 59722-0790 | 53-0197094 | 115 | 25,000. | 0. | | | PROTECT: 2016 ACTIVE TRAILS GRKO |
| GREAT BASIN INSTITUTE 16750 MT. ROSE HIGHWAY RENO, NV 89511 | 88-0431016 | 501(C)(3) | 8,325. | 0. | | | CONNECT: EVERY KID IN A PARK |
| GREAT SMOKY MOUNTAINS ASSOCIATION P.O. BOX 130 GATLINBURG, TN 37738 | 62-0576032 | 501(C)(3) | 4,000. | 0. | | | CONNECT: GREAT SMOKY MOUNTAINS EVERY KID IN A PARK |
| GREAT SMOKY MOUNTAINS ASSOCIATION P.O. BOX 130 GATLINBURG, TN 37738 | 62-0576032 | 501(C)(3) | 11,290. | 0. | | | PROTECT: 2016 ACTIVE TRAILS |
| GREATER HOUSTON COMMUNITY FOUNDATION - 5120 WOODWAY DRIVE, - HOUSTON, TX 77056 | 23-7160400 | 501(C)(3) | 66,000. | 0. | | | CONNECT: NATIONAL PARK PHOTOGRAPHIC PROJECT |
| GREENING YOUTH FOUNDATION P O BOX 45288 ATLANTA, GA 30303 | 26-1211569 | 501(C)(3) | 10,870. | 0. | | | INSPIRE: RTCA GREENING YOUTH FOUNDATION WATER INTERN |
| GREENING YOUTH FOUNDATION P O BOX 45288 ATLANTA, GA 30303 | 26-1211569 | 501(C)(3) | 19,299. | 0. | | | INSPIRE: CHATTAHOOCHEE RNRA INTERNS |
| GREENING YOUTH FOUNDATION P O BOX 45288 ATLANTA, GA 30303 | 26-1211569 | 501(C)(3) | 22,000. | 0. | | | INSPIRE: MOSAICS IN SCIENCE |
| GROUNDWORK JACKSONVILLE, INC. 214 HOGAN ST. 5TH FL JACKSONVILLE, FL 32202 | 47-2342111 | 501(C)(3) | 25,000. | 0. | | | PROTECT: 2016 ACTIVE TRAIL TIMU |

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| GROUNDWORK USA 22 MAIN ST. YONKERS, NY 10701 | 81-0554362 | 501(C)(3) | 353,930. | 0. | | | INSPIRE: GROUNDWORK USA GREEN TEAMS |
| GULF ISLANDS NATIONAL SEASHORE 1801 GULF BREEZE PARKWAY GULF BREEZE, FL 32563 | 53-0197094 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| HAMILTON GRANGE NATIONAL MEMORIAL 287 CONVENT AVENUE NEW YORK, NY 10005 | 53-0197094 | 115 | 8,000. | 0. | | | CONNECT: 2016 EVERY KID IN A PARK |
| HAMILTON PARTNERSHIP FOR PATERSON 32 SPRUCE STREET PATERSON, NJ 07501 | 27-0826275 | 501(C)(3) | 10,499. | 0. | | | CONNECT: CENTENNIAL FESTIVAL |
| HARPERS FERRY HISTORICAL ASSOCIATION - PO BOX 197 - HARPERS FERRY, WV 25425 | 55-0526963 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| HARPERS FERRY NATIONAL HISTORICAL PARK - P.O. BOX 65 - HARPERS FERRY, WV 25401 | 53-0197094 | 115 | 100,000. | 0. | | | PROTECT: HARPERS FERRY NHP POINT ACCESSIBILITY PROJECT |
| HIGGINS & ROSS 219 JACKSON STREET LOWELL, MA 01852 | 01-6400238 | 115 | 5,940. | 0. | | | PROTECT: ACTIVE TRAILS MABI |
| HIGHLANDS CENTER FOR NATURAL HISTORY - 1375 SOUTH WALKER ROAD - PRESCOTT, AZ 86303 | 86-0798677 | 501(C)(3) | 6,800. | 0. | | | CONNECT: EVERY KID IN A PARK |
| HISPANIC ACCESS FOUNDATION 1718 M STREET NW WASHINGTON, DC 20036 | 27-2589206 | 501(C)(3) | 21,600. | 0. | | | INSPIRE: 21ST CENTURY CSC HISPANIC ACCESS FOUNDATION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| HISTORIC FORT WAYNE COALITION 3660 COLUMBIAVILLE RD COLUMBIAVILLE, MI 48421 | 20-4390017 | 501(C)(3) | 27,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| HISTORIC HAMPTON, INC. 535 HAMPTON LANE TOWSON, MD 21286-1397 | 52-1165196 | 115 | 6,700. | 0. | | | CONNECT: EVERY KID IN A PARK |
| HOPEWELL CULTURE NATIONAL HISTORIC PARK - 16062 STATE ROUTE 104 - CHILLICOTHE, OH 45601-8694 | 53-0197094 | 115 | 13,980. | 0. | | | CONNECT: EKIP HOPEWELL CULTURE NHP |
| HOPEWELL CULTURE NATIONAL HISTORIC PARK - 16062 STATE ROUTE 104 - CHILLICOTHE, OH 45601-8694 | 53-0197094 | 115 | 27,000. | 0. | | | PROTECT: 2016 HOCU ENHANCE |
| HYPERARTS 201 4TH STREET OAKLAND, CA 94607 | 56-9769057 | 115 | 10,000. | 0. | | | CONNECT: BLUE SKY FUNDERS GROUP WEBSITE |
| ICE AGE TRAIL ALLIANCE ATTN: MIKE WOLLMER CROSS PLAINS, WI 53528 | 39-6076028 | 501(C)(3) | 25,000. | 0. | | | PROTECT: 2016 ACTIVE TRAILS |
| ICE AGE TRAIL ALLIANCE ATTN: MIKE WOLLMER CROSS PLAINS, WI 53528 | 39-6076028 | 501(C)(3) | 17,000. | 0. | | | CONNECT: TNF - ICE AGE TRAIL ALLIANCE |
| IDAHO DEPARTMENT OF PARKS & RECREATION - 5657 WARM SPRINGS AVENUE - BOISE, ID 83716 | 82-6000952 | 501(C)(3) | 5,036. | 0. | | | CONNECT: EVERY KID IN A PARK |
| INDIANA UNIVERSITY 400 E 7TH STREET BLOOMINGTON, IN 47405 | 35-6001673 | 501(C)(3) | 5,032. | 0. | | | CONNECT: JEFF DESIGN MUSEUM |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| INTERMOUNTAIN REGIONAL OFFICE SANTA FE SANTA FE, NM 87505 | 53-0197094 | 115 | 7,000. | 0. | | | PROTECT: 2016 ALBRIGHT WIRTH |
| INTERPRETIVE ASSOCIATION OF WESTERN COLORADO - 2250 HWY 50 - DELTA, CO 81416 | 84-1115612 | 115 | 15,000. | 0. | | | PROTECT: 2016 ACTIVE TRAILS |
| INTERPRETIVE ASSOCIATION OF WESTERN COLORADO - 2250 HWY 50 - DELTA, CO 81416 | 84-1115612 | 115 | 1,880. | 0. | | | CONNECT: EVERY KID IN A PARK |
| JEFFERSON NP ASSOCIATION ONE MEMORIAL DRIVE, SUITE 1900 ST. LOUIS, MO 63102-1500 | 43-6062751 | 501(C)(3) | 11,140. | 0. | | | CONNECT: EVERY KID IN A PARK |
| KEEPING DEGRAY LAKE BEAUTIFUL 134 IRON MT. MARINA DRIVE ARAKDELPHIA, AR 71923 | 76-0842943 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| KEEPING GREATER MILWAUKEE BEAUTIFUL - 1313 WEST MOUNT VERNON AVENUE - MILWAUKEE, WI 53233 | 39-1339048 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| KELLOGG COMMUNITY COLLEGE 450 NORTH AVENUE BATTLE CREEK, MI 49017-3397 | 38-1942332 | 501(C)(3) | 10,000. | 0. | | | CONNECT: RACIAL HEALING THROUGH CHANGING THE FACE OF NATIONAL PARKS |
| KEMOTRAIL CORPS, INC. 905 KENNESAW MOUNTAIN DRIVE KENNESAW, GA 30152 | 33-1064049 | 501(C)(3) | 20,000. | 0. | | | PROTECT: 2016 ACTIVE TRAILS, KENN |
| KEMOTRAIL CORPS, INC. 905 KENNESAW MOUNTAIN DRIVE KENNESAW, GA 30152 | 33-1064049 | 501(C)(3) | 6,400. | 0. | | | KENNESAW MOUNTAIN NBP |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| KENT STATE UNIVERSITY PO BOX 5190 KENT, OH 44242 | 31-6402079 | 501(C)(3) | 6,900. | 0. | | | PROTECT: 2016 ACTIVE TRAILS CUVA |
| KEWEENAW NATIONAL HISTORICAL PARK P.O. BOX 471 CALUMET, MI 49913-0471 | 53-0197094 | 115 | 10,000. | 0. | | | PROTECT: 2016 ACTIVETRAILS KEWE |
| KEWEENAW NHP ADVISORY COMMISSION 25970 RED JACKET ROAD CALUMET, MI 49913-0471 | 38-3595884 | 115 | 7,700. | 0. | | | CONNECT: EVERY KID IN A PARK |
| KINGS MOUNTAIN NATIONAL MILITARY PARK - 2625 PARK ROAD - BLACKSBURG, SC 29702 | 53-0197094 | 115 | 7,711. | 0. | | | CONNECT: EVERY KID IN A PARK |
| LAKE ROOSEVELT NATIONAL RECREATION AREA - 1008 CREST DRIVE - COULEE DAM, WA 99116 | 53-0197094 | 115 | 10,259. | 0. | | | PROTECT: ARPA TRAINING |
| LASSEN LAND & TRAILS TRUST PO BOX 1461 SUSANVILLE, CA 96130 | 68-0153733 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| LIVING COAST DISCOVERY CENTER 1000 GUNPOWDER POINT DRIVE CHULA VISTA, CA 91910 | 33-0750177 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| LOOP NOLA 1 PALM DRIVE NEW ORLEANS, LA 70124 | 47-5432248 | 501(C)(3) | 10,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT - LOOP NOLA |
| LOS COMPADRES DE SAN ANTONIO 6701 SAN JOSE DR SAN ANTONIO, TX 78214 | 74-2308287 | 501(C)(3) | 6,000. | 0. | | | CONNECT: 2015 TICKET TO RIDE |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LOVELOCK CAVE 5100 E. WINNEMUCCA BLVD. WINNEMUCCA, NV 89445 | 84-0437540 | 115 | 8,636. | 0. | | | CONNECT: EVERY KID IN A PARK |
| LOWELL PARKS AND CONSERVATION TRUST - PO BOX 7162 - LOWELL, MA 01852 | 22-3070912 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| MARSH-BILLINGS-ROCKEFELLER NATIONAL HISTORICAL PARK - 54 ELM STREET - WOODSTOCK, VT 05091 | 53-0197094 | 115 | 5,705. | 0. | | | PROTECT: ACTIVE TRAILS MABI |
| MEDICINES GLOBAL 1073 S CLOVERDALE AVENUE LOS ANGELES, CA 90019 | 91-2154819 | 501(C)(3) | 7,500. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT-MEDICINES GLOBAL |
| MERCED CITY SCHOOL DISTRICT 444 WEST 23RD STREET MERCED, CA 95340 | 77-3572124 | 115 | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| MESA VERDE FOUNDATION PO BOX 178 HESPERUS, CO 81326 | 84-1404606 | 501(C)(3) | 31,896. | 0. | | | PROTECT: GUEST DONATIONS MESA VERDE NATIONAL PARK |
| MOUNT RAINIER NATIONAL PARK 55210 238TH AVENUE EAST ASHFORD, WA 98304-9751 | 53-0197094 | 115 | 11,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| MOUNT RAINIER NATIONAL PARK 55210 238TH AVENUE EAST ASHFORD, WA 98304-9751 | 53-0197094 | 115 | 190,000. | 0. | | | INSPIRE: MOUNT RAINIER NATIONAL PARK 21ST CENTURY CSC |
| MOUNT RAINIER NATIONAL PARK 55210 238TH AVENUE EAST ASHFORD, WA 98304-9751 | 53-0197094 | 115 | 39,495. | 0. | | | INSPIRE: MOUNT RAINIER NATIONAL PARK SUNRISE TRAIL |

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| (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| MOUNT RAINIER NATIONAL PARK 55210 238TH AVENUE EAST ASHFORD, WA 98304-9751 | 53-0197094 | 115 | 3,400. | 0. | | | INSPIRE: MOUNT RAINIER NATIONAL PARK TOURISM CARES |
| MOUNTAINS RESTORATION TRUST 3815 OLD TOPANGA CANYON ROAD CALABASAS, CA 91302 | 95-3677444 | 501(C)(3) | 9,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT |
| NATIONAL CAPITAL PARKS-EAST 1900 ANACOSTIA DRIVE SW WASHINGTON, DC 20020 | 53-0197094 | 115 | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK- CAPITAL PARKS |
| NATIONAL FISH & WILDLIFE FOUNDATION - 1133 15TH STREET, NW - WASHINGTON, DC 20005 | 52-1384139 | 501(C)(3) | 125,000. | 0. | | | INSPIRE: NATIONAL FISH & WILDLIFE FOUNDATION 21ST CENTURY CSC |
| NATIONAL MALL AND MEMORIAL PARKS 900 OHIO DRIVE, SW WASHINGTON, DC 20024 | 53-0197094 | 115 | 1,000,000. | 0. | | | PROTECT: REHABILITATE BELMONT-PAUL WOMEN'S EQUALITY NATIONAL MONUMENT |
| NATIONAL MALL AND MEMORIAL PARKS 900 OHIO DRIVE, SW WASHINGTON, DC 20024 | 53-0197094 | 115 | 1,500,000. | 0. | | | PROTECT: EXPANSION OF THE LINCOLN MEMORIAL EXHIBIT |
| NATIONAL MARINE SANCTUARY FOUNDATION - 8601 GEORGIA AVENUE, - SILVER SPRING, MD 20910 | 94-3370994 | 501(C)(3) | 25,120. | 0. | | | CONNECT: EVERY KID IN A PARK |
| NATIONAL PARK SERVICE 107 PARK HEADQUARTERS RD GATLINBURG, TN 37738 | 53-0197094 | 115 | 0. | 69,130,000. | FMV | 88,642 ACRES OF LAND IN PENOBSCOT, ME | LAND DONATION FOR KATAHDIN WOODS AND WATER NM |
| NATIONAL PARK SERVICE 107 PARK HEADQUARTERS RD GATLINBURG, TN 37738 | 53-0197094 | 115 | 9,000. | 0. | | | CONNECT: KELLOGG NEW ORLEANS PILOT |

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| NATIONAL PARK SERVICE 107 PARK HEADQUARTERS RD GATLINBURG, TN 37738 | 53-0197094 | 115 | 9,854. | 0. | | | FY16 DIRECTORS DISCRETIONARY FUND |
| NATIONAL PARK SERVICE 107 PARK HEADQUARTERS RD GATLINBURG, TN 37738 | 53-0197094 | 115 | 25,000. | 0. | | | INSPIRE: TEACHER RANGER TEACHER |
| NATIONAL PARK SERVICE 107 PARK HEADQUARTERS RD GATLINBURG, TN 37738 | 53-0197094 | 115 | 3,908. | 0. | | | CONNECT: NPS RECEPTION-G&P |
| NATIONAL PARK SERVICE 107 PARK HEADQUARTERS RD GATLINBURG, TN 37738 | 53-0197094 | 115 | 6,958. | 0. | | | PROTECT: 2016 ALBRIGHT-WIRTH |
| NATIONAL PARK TRUST 401 E JEFFERSON ST. SUITE 203 ROCKVILLE, MD 20851 | 52-1691924 | 501(C)(3) | 2,800. | 0. | | | CONNECT: EVERY KID IN A PARK |
| NATIONAL PARK TRUST 401 E JEFFERSON ST. SUITE 203 ROCKVILLE, MD 20851 | 52-1691924 | 501(C)(3) | 35,000. | 0. | | | CONNECT: TNF - NATIONAL PARK TRUST |
| NATIONAL SPORTS CENTER FOR THE DISABLED - 1801 MILE HIGH STADIUM CI. SUITE 1500 - DENVER, CO 80204 | 84-0738419 | 501(C)(3) | 10,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT |
| NATIONAL TRUST FOR HISTORIC PRESERVATION - 2600 VIRGINIA AVE, SUITE 1100 - WASHINGTON, DC 20037 | 53-0210807 | 501(C)(3) | 50,000. | 0. | | | CONNECT: PHREC PAST/FORWARD CONFERENCE |
| NATUREBRIDGE 28 GEARY STREET, SUITE # 650 SAN FRANCISCO, CA 94108 | 94-2145930 | 501(C)(3) | 15,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT NATURE BRIDGE |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NATUREBRIDGE 28 GEARY STREET, SUITE # 650 SAN FRANCISCO, CA 94108 | 94-2145930 | 501(C)(3) | 9,000. | 0. | | | CONNECT: YOSEMITE NATIONAL PARK 2015 TICKET TO RIDE |
| NEW BEDFORD PUBLIC SCHOOLS 455 COUNTY STREET NEW BEDFORD, MA 02740 | 04-6001402 | 115 | 5,280. | 0. | | | CONNECT: NEW BEDFORD WHALING NHP EVERY KID IN A PARK |
| NORTHWEST YOUTH CORPS 2621 AUGUSTA ST EUGENE, OR 97403 | 93-0818160 | 501(C)(3) | 11,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT- NORTHWEST YOUTH CORPS |
| NPS NATIONAL PARK SERVICE NATIONAL CAPITAL PARKS-EAST WASHINGTON, DC 20240 | 53-0197094 | 115 | 9,994. | 0. | | | CONNECT: EVERY KID IN A PARK |
| NPS NATIONAL PARK SERVICE NATIONAL CAPITAL PARKS-EAST WASHINGTON, DC 20240 | 53-0197094 | 115 | 850. | 0. | | | PROTECT 16 ALBRIGHT WIRTH NPS REBECCA WEISSINGER |
| NPS NATIONAL PARK SERVICE NATIONAL CAPITAL PARKS-EAST WASHINGTON, DC 20240 | 53-0197094 | 115 | 2,000,000. | 0. | | | PROTECT: POINT REYES DRAKES ESTERO RESTORATION |
| NPS-NATIONAL PARK SERVICE 13461 SUNRISE VALLEY DRIVE HERNDON, VA 20171 | 53-0197094 | 115 | 1,300,000. | 0. | | | CONNECT: EVERY KID IN A PARK CENTENNIAL MATCH |
| OCMULGEE NATIONAL MONUMENT ASSOCIATION - 1207 EMERY HWY - MACON, GA 31217-4399 | 58-6033981 | 501(C)(3) | 7,240. | 0. | | | CONNECT: EVERY KID IN A PARK |
| OLYMPIC NATIONAL PARK 600 EAST PARK AVENUE PORT ANGELES, WA 98362-6757 | 53-0197094 | 115 | 8,992. | 0. | | | CONNECT: EVERY KID IN A PARK |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| OLYMPIC NATIONAL PARK 600 EAST PARK AVENUE PORT ANGELES, WA 98362-6757 | 53-0197094 | 115 | 190,000. | 0. | | | INSPIRE: 21ST CENTURY CSC OLYMPIC NATIONAL PARK |
| ORGAN PIPE CACTUS NATIONAL MONUMENT - 10 ORGAN PIPE DRIVE - AJO, AZ 85321-9626 | 53-0197094 | 115 | 10,500. | 0. | | | PROTECT: 2016 ALBRIGHT WIRTH |
| OTERO SOIL AND WATER CONSERVATION DISTRICT - 3501 MESA VILLAGE DRIVE - ALAMOGORDO, NM 88310 | 85-0382745 | 115 | 9,000. | 0. | | | CONNECT: LINCOLN NATIONAL FOREST EVERY KID IN A PARK |
| OUTDOOR AFRO 2323 BROADWAY OAKLAND, CA 94612 | 47-3094045 | 501(C)(3) | 5,000. | 0. | | | CONNECT: OUTDOOR AFRO |
| OUTDOOR AFRO 2323 BROADWAY OAKLAND, CA 94612 | 47-3094045 | 501(C)(3) | 10,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT -OUTDOOR AFRO |
| OUTDOOR OUTREACH 5275 MARKET STREET, SUITE 21 SAN DIEGO, CA 92114 | 33-0860449 | 501(C)(3) | 15,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT- OUTDOOR OUTREACH |
| PACIFIC HISTORIC PARKS 94-1187 KA UKA BLVD WAIPAHU, HI 96797 | 99-0194501 | 501(C)(3) | 14,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| PARADOX SPORTS 1911 11TH ST, ST. 201 BOULDER, CO 80302 | 26-0153796 | 501(C)(3) | 15,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT- PARADOX SPORTS |
| PETRIFIED FOREST MUSEUM ASSOCIATION - P.O BOX 2277 - PETRIFIED FOREST, AZ 86028 | 86-0188821 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PHARR-SAN JUAN-ALAMO INDEPENDENT SCHOOL DISTRICT-GRANTS DEPT. - P.O. BOX 769 - PHARR, TX 78577 | 74-6001876 | 115 | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| POCONO ENVIRONMENTAL EDUCATION 538 EMERY ROAD DINGMAN'S FERRY, PA 18328 | 23-2424742 | 115 | 20,625. | 0. | | | PROTECT: 2016 ACTIVETRAILS DEWA |
| POMPEYS PILLAR HISTORICAL ASSOCIATION - 1523 14 STREET WEST, SUITE 2 - BILLINGS, MT 59102 | 81-0482194 | 501(C)(3) | 7,050. | 0. | | | CONNECT: EVERY KID IN A PARK |
| POUDRE HERITAGE ALLIANCE 3745 EAST PROSPECT FORT COLLINS, CO 80525 | 36-4507550 | 501(C)(3) | 13,000. | 0. | | | PROTECT: 2016 ACTIVE TRAILS CALA |
| PRESIDENT & FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVE. - CAMBRIDGE, MA 02138 | 04-2103580 | 115 | 15,000. | 0. | | | PROTECT: NPS ECONOMIC STUDY |
| PUT-IN-BAY CHAMBER OF COMMERCE PO BOX 250 PUT-IN-BAY, OH 43456 | 34-1440981 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| REFUGEE FRIENDS INC. 3815 AMERICAN BOULVEARD EAST BLOOMINGTON, MN 55425 | 20-8644416 | 115 | 7,326. | 0. | | | CONNECT: EVERY KID IN A PARK |
| ROCKY MOUNTAIN CONSERVANCY P.O. BOX 3100 EAST PARK, CO 80517 | 84-0472090 | 501(C)(3) | 10,000. | 0. | | | INSPIRE: ROCKY MOUNTAIN NATIONAL PARK REHABILITATION OF THE LAKE TRAIL |
| ROCKY MOUNTAIN NATIONAL PARK 1000 HIGHWAY 36 ESTES PARK, CO 80517-8397 | 53-0197094 | 115 | 6,219. | 0. | | | PROTECT: 2016 ALBRIGHT-WIRTH |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ROCKY MOUNTAIN YOUTH CORPS PO BOX 1960 RANCHOS DE TAOS, NM 87557 | 85-0404817 | 501(C)(3) | 10,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT- PARADOX SPORTS |
| ROME HISTORICAL SOCIETY 200 CHURCH ST. ROME, NY 13440 | 15-0550178 | 501(C)(3) | 18,540. | 0. | | | PROTECT: 2016 ACTIVE TRAILS |
| SACRED ROK PO BOX 148 YOSEMITE, CA 95389 | 80-0440822 | 501(C)(3) | 15,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT- SACRED ROK |
| SAGAMORE HILL NATIONAL HISTORIC SITE - 20 SAGAMORE HILL ROAD - OYSTER BAY, NY 11771-1899 | 53-0197094 | 115 | 13,000. | 0. | | | CONNECT: SAGAMORE HILL NHS EVENT SUPPORT |
| SANTA MONICA MOUNTAINS NATIONAL RECREATION AREA - C/O SANTA MONICA MOUNTAINS NRA - THOUSAND OAKS, CA 91360 | 53-0197094 | 115 | 138,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| SANTA MONICA MOUNTAINS NATIONAL RECREATION AREA - C/O SANTA MONICA MOUNTAINS NRA - THOUSAND OAKS, CA 91360 | 53-0197094 | 115 | 5,000. | 0. | | | PROTECT: GRANT FOR HOSTING BOARD MEETING |
| SANTA MONICA MOUNTAINS NATIONAL RECREATION AREA - C/O SANTA MONICA MOUNTAINS NRA - THOUSAND OAKS, CA 91360 | 53-0197094 | 115 | 42,000. | 0. | | | PROTECT - SANTA MONICA MOUNTAINS NRA ELECTRONIC SECURITY |
| SEEDS PO BOX 2454 TRAVERSE CITY, MI 49685 | 38-3482266 | 501(C)(3) | 6,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT-SEEDS |
| SEQUOIA AND KING'S CANYON NATIONAL PARKS - 47050 GENERALS HIGHWAY - THREE RIVERS, CA 93271 | 53-0197094 | 115 | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SEQUOIA AND KING'S CANYON NATIONAL PARKS - 47050 GENERALS HIGHWAY - THREE RIVERS, CA 93271 | 53-0197094 | 115 | 11,740. | 0. | | | PROTECT: 2016 ALBRIGHT-WIRTH |
| SEQUOIA PARKS CONSERVANCY 47050 GENERALS HIGHWAY # 10 THREE RIVERS, CA 93271 | 94-1379633 | 501(C)(3) | 103,500. | 0. | | | INSPIRE: 21ST CENTURY CSC SEQUOIA & KINGS CANYON NATIONAL PARKS |
| SEQUOIA PARKS CONSERVANCY 47050 GENERALS HIGHWAY # 10 THREE RIVERS, CA 93271 | 94-1379633 | 501(C)(3) | 9,000. | 0. | | | CONNECT: KINGS CANYON NATIONAL PARK EVERY KID IN A PARK |
| SEQUOIA PARKS CONSERVANCY 47050 GENERALS HIGHWAY # 10 THREE RIVERS, CA 93271 | 94-1379633 | 501(C)(3) | 9,038. | 0. | | | CONNECT: SEQUOIA NATIONAL PARK EVERY KID IN A PARK |
| SEVEN TEPEES YOUTH PROGRAM 3177 17TH STREET SAN FRANCISCO, CA 94110 | 94-3231059 | 501(C)(3) | 8,500. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT |
| SHENANDOAH NATIONAL PARK TRUST PO BOX 2977 CHARLOTTESVILLE, VA 22902 | 20-8685310 | 501(C)(3) | 6,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| SHENANDOAH NATIONAL PARK TRUST PO BOX 2977 CHARLOTTESVILLE, VA 22902 | 20-8685310 | 501(C)(3) | 30,373. | 0. | | | PROTECT: SHENANDOAH NATIONAL PARK GUEST DONATIONS |
| SHENANDOAH NATIONAL PARK TRUST PO BOX 2977 CHARLOTTESVILLE, VA 22902 | 20-8685310 | 501(C)(3) | 93,659. | 0. | | | PROTECT: SHENANDOAH NATIONAL PARK VISITOR & RESOURCE PROTECTION |
| SHILOH MILITARY PARK 1055 PITTSBURG LANDING ROAD SHILOH, TN 38376 | 53-0197094 | 115 | 7,272. | 0. | | | CONNECT: EVERY KID IN A PARK |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SLIDE RANCH 2025 SHORELINE HIGHWAY MUIR BEACH, CA 94965 | 23-7069469 | 501(C)(3) | 9,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT- SLIDE RANCH |
| SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23532 CALABASAS ROAD, SUITE A - CALABASAS, CA 91302 | 95-4116679 | 501(C)(3) | 8,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT - GATEWAY MOUNTAIN CENTER |
| SOCIETY OF THE NATIONAL SHRINE OF THE BILL OF RIGHTS - 897 SOUTH COLUMBUS AVENUE - MOUNT VERNON, NY 10550 | 13-3148962 | 501(C)(3) | 8,280. | 0. | | | CONNECT: EVERY KID IN A PARK |
| SOS OUTREACH P.O. BOX 2020 AVON, CO 81620 | 84-1332544 | 501(C)(3) | 15,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT- SOS OUTREACH |
| SOUTH FLORIDA NATIONAL PARK 1390 S DIXIE HWY STE 2203 CORAL GABLES, FL 33146-2945 | 13-4341209 | 501(C)(3) | 18,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| SOUTHERN UTE INDIAN TRIBE P.O. BOX 737 IGNACIO, CO 81137 | 84-0404384 | 115 | 3,232. | 0. | | | CONNECT: INDIGENOUS YOUTH, ANCESTRAL LANDS |
| SOUTHERN UTE INDIAN TRIBE P.O. BOX 737 IGNACIO, CO 81137 | 84-0404384 | 115 | 3,232. | 0. | | | CONNECT: TICKET TO RIDE-YOUTH PROGRAM |
| ST. CROIX RIVER ASSOCIATION PO BOX 655 ST. CROIX FALLS, WI 54024 | 26-3025933 | 501(C)(3) | 25,000. | 0. | | | PROTECT: 2016 ACTIVE TRAILS SACN |
| STUDENT CONSERVATION ASSOC. P.O.BOX 550 CHARLESTOWN, NH 03603 | 91-0880684 | 501(C)(3) | 78,770. | 0. | | | INSPIRE: ROCK CREEK PARK 21ST CENTURY CSC |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SUSQUEHANNA HERITAGE CORPORATION 1706 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368 | 75-3087098 | 501(C)(3) | 5,200. | 0. | | | CONNECT: EVERY KID IN A PARK |
| THE AMERICAN COUNCIL OF LEARNED SOCIETIES - 633 THIRD AVENUE 8TH FLOOR - NEW YORK, NY 10017 | 13-1851145 | 501(C)(3) | 6,000. | 0. | | | CONNECT: ACLS FELLOW PLACEMENT |
| THE FRIENDS OF THE HEINZ REFUGE AT TINICUM - PO BOX 333 - FOLCROFT, PA 19032 | 23-2889425 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| THE FRIENDS OF VALLEY FORGE 1400 N OUTER LINE DRIVE KING OF PRUSSIA, PA 19406 | 23-2036005 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| THE GREENING OF DETROIT 1418 MICHIGAN AVE DETROIT, MI 48216 | 31-0036036 | 501(C)(3) | 10,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT -GREENING OF DETROIT |
| THE MOUNTAINEERS 7700 SAND POINT WAY NE SEATTLE, WA 98115 | 27-3009280 | 501(C)(3) | 15,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT- THE MOUNTAINEERS |
| THE OUTDOOR FOUNDATION 4909 PEARL EAST CIRCLE, BOULDER, CO 80301 | 84-1549065 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| THE OUTSIDE LAS VEGAS FOUNDATION 919 E. BONNEVILLE AVENUE LAS VEGAS, NV 89101 | 26-2537847 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK LAKE MEAD NRA |
| THE OUTSIDE LAS VEGAS FOUNDATION 919 E. BONNEVILLE AVENUE LAS VEGAS, NV 89101 | 26-2537847 | 501(C)(3) | 10,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| THE SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, SUITE 1250 OAKLAND, CA 94612 | 94-6069890 | 501(C)(3) | 15,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT- SIERRA CLUB |
| THE TRUST FOR PUBLIC LAND 101 MONTGOMERY STREET SAN FRANCISCO, CA 94104 | 23-7222333 | 501(C)(3) | 250,000. | 0. | | | PROTECT: ACKERSON MEADOWS YOSEMITE NATIONAL PARK |
| THOMAS COLE NATIONAL HISTORIC SITE 218 SPRING STREET CATSKILL, NY 12414 | 53-0197094 | 115 | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| THREE FORESTS INTERPRETIVE ASSOCIATION, INC. - 30330 WATTS VALLEY RD - TOLLHOUSE, CA 93667 | 23-7230664 | 501(C)(3) | 8,938. | 0. | | | CONNECT: STANISLAUS NATIONAL FOREST EVERY KID IN A PARK |
| TIMPANOGOS CAVE NATIONAL MONUMENT RR3, BOX 200 AMERICAN FORK, UT 84003-9803 | 53-0197094 | 115 | 6,500. | 0. | | | PROTECT: 2016 ACTIVE TRAILS |
| TRUST FOR THE GEORGE WASHINGTON MEMORIAL PARKWAY - 2202 FOREST HILL ROAD - ALEXANDRIA, VA 22307 | 54-4536451 | 501(C)(3) | 9,000. | 0. | | | CONNECT: 2016 TICKET TO RIDE GWMP |
| UNIVERSITY OF NEW ORLEANS 2000 LAKESHORE DRIVE NEW ORLEANS, LA 70148 | 72-0702000 | 115 | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| UPPER DELAWARE SCENIC AND RECREATIONAL RIVER - 274 RIVER ROAD - BEACH LAKE, PA 18405-9737 | 53-0197094 | 115 | 8,349. | 0. | | | CONNECT: EVERY KID IN A PARK |
| UPPER DELAWARE SCENIC AND RECREATIONAL RIVER - 274 RIVER ROAD - BEACH LAKE, PA 18405-9737 | 53-0197094 | 115 | 6,411. | 0. | | | PROTECT: 2016 ACTIVE TRAILS, UPDE |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| UTAH SKI & SNOWBOARD ASSOCIATION 150 WEST 500 S SALT LAKE CITY, UT 84101 | 87-0316293 | 501(C)(3) | 9,000. | 0. | | | CONNECT: EVERY KID IN A PARK |
| VIA ADVENTURES, INC. 300 GROGAN AVENUE MERCED, CA 95341 | 77-0233283 | 115 | 8,400. | 0. | | | CONNECT: EVERY KID IN A PARK |
| VICTORY VILLAGE DEVELOPMENT CORPORATION - 1500 9TH STREET, NW - WASHINGTON, DC 20001 | 27-2126199 | 501(C)(3) | 100,000. | 0. | | | PROTECT: CARTER G WOODSON HOME |
| WASHINGTON DEPT. OF FISH & WILDLIFE - 1111 WASHINGTON ST SE - OLYMPIA, WA 98501 | 91-1632572 | 115 | 558,383. | 0. | | | PROTECT: ELWHA REARING CHANNEL O&M |
| WASHINGTON'S NATIONAL PARK FUND 1904 THIRD AVE SEATTLE, WA 98101 | 01-0869799 | 501(C)(3) | 91,956. | 0. | | | PROTECT: OLYMPIC NATIONAL PARK GUEST DONATIONS |
| WAYNE STATE UNIVERSITY 5057 WOODWARD AVENUE DETROIT, MI 48202 | 38-6028429 | 501(C)(3) | 10,000. | 0. | | | CONNECT: KELLOGG DETROIT PILOT |
| WESTERN NATIONAL PARKS ASSOCIATION 12880 NORTH VISTOSO VILLAGE TUCSON, AZ 85755 | 86-0107049 | 501(C)(3) | 18,182. | 0. | | | CONNECT: EVERY KID IN A PARK |
| WESTERN NATIONAL PARKS ASSOCIATION 12880 NORTH VISTOSO VILLAGE TUCSON, AZ 85755 | 86-0107049 | 501(C)(3) | 1,263. | 0. | | | INSPIRE: DIVERSITY SCHOLARSHIP |
| WESTERN UPPER PENINSULA HEALTH DEPARTMENT - 540 DEPOT STREET - HANCOCK, MI 49930 | 38-6004855 | 115 | 15,000. | 0. | | | PROTECT: 2016 ACTIVE TRAILS KEWE |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| WILDERNESS INQUIRY 808 14TH AVENUE SE MINNEAPOLIS, MN 55414 | 93-0708637 | 501(C)(3) | 112,500. | 0. | | | CONNECT: GATEWAY TO ADVENTURE |
| WILDERNESS INQUIRY 808 14TH AVENUE SE MINNEAPOLIS, MN 55414 | 93-0708637 | 501(C)(3) | 10,000. | 0. | | | CONNECT: TNF - WILDERNESS INQUIRY |
| YELLOWSTONE NATIONAL PARK C/O YELLOWSTONE NATIONAL PARK YELLOWSTONE NP, WY 82190-0168 | 53-0197094 | 115 | 1,000. | 0. | | | PROTECT: GRANT FOR HOSTING AN EVENT ON 1/28/16 |
| YELLOWSTONE NATIONAL PARK C/O YELLOWSTONE NATIONAL PARK YELLOWSTONE NP, WY 82190-0168 | 53-0197094 | 115 | 10,000. | 0. | | | PROTECT: GRANT FOR HOSTING BOARD MEETING |
| YELLOWSTONE NATIONAL PARK C/O YELLOWSTONE NATIONAL PARK YELLOWSTONE NP, WY 82190-0168 | 53-0197094 | 115 | 3,195. | 0. | | | PROTECT: 2016 ALBRIGHT-WIRTH |
| YELLOWSTONE PARK FOUNDATION 222 EAST MAIN ST #301 BOZEMAN, MT 59715 | 83-0311166 | 501(C)(3) | 50,000. | 0. | | | CONNECT: CENTENNIAL EVENT |
| YELLOWSTONE PARK FOUNDATION 222 EAST MAIN ST #301 BOZEMAN, MT 59715 | 83-0311166 | 501(C)(3) | 12,500. | 0. | | | CONNECT: NATIVE AMERICAN YOUTH |
| YELLOWSTONE PARK FOUNDATION 222 EAST MAIN ST #301 BOZEMAN, MT 59715 | 83-0311166 | 501(C)(3) | 30,189. | 0. | | | PROTECT: YELLOWSTONE LAMAR BUFFALO RANCH |
| YELLOWSTONE PARK FOUNDATION 222 EAST MAIN ST #301 BOZEMAN, MT 59715 | 83-0311166 | 501(C)(3) | 12,500. | 0. | | | PROTECT: YELLOWSTONE WOLF PROJECT |

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) | 5,000. | 0. | | | CONNECT: YOSEMITE NATIONAL PARK GLOBAL SYMPOSIUM |
| YOSEMITE CONSERVANCY 101 MONTGOMERY ST., SAN FRANCISCO, CA 94104 | 94-3058041 | 501(C)(3) | 112,500. | 0. | | | PROTECT: FY 16 GUEST DONATIONS YOSEMITE NATIONAL PARK |
| YOSEMITE CONSERVANCY 101 MONTGOMERY ST., SAN FRANCISCO, CA 94104 | 94-3058041 | 501(C)(3) | 3,738. | 0. | | | CONNECT: PARTNERS IN GLOBAL CONSERVATION: AN INTERNATIONAL SYMPOSIUM |
| YOSEMITE CONSERVANCY 101 MONTGOMERY ST., SAN FRANCISCO, CA 94104 | 94-3058041 | 501(C)(3) | 36,615. | 0. | | | PROTECT: YOSEMITE NATIONAL PARK TRAIL MAINTENANCE |
| YOSEMITE CONSERVANCY 101 MONTGOMERY ST., SAN FRANCISCO, CA 94104 | 94-3058041 | 501(C)(3) | 146,127. | 0. | | | PROTECT: FY16 GUEST DONATIONS YOSEMITE NATIONAL PARK |
| YOSEMITE FOUNDATION DBA, YOSEMITE CONSERVANCY SAN FRANCISCO, CA 94104-4129 | 94-3058041 | 501(C)(3) | 15,000. | 0. | | | CONNECT: NORTH FACE EXPLORE FUND GRANT - YOSEMITE FOUNDATION |
| ZION NATURAL HISTORY ASSOCIATION C/O ZION NATIONAL PARK SPRINGDALE, UT 84767 | 87-0256961 | 501(C)(3) | 16,500. | 0. | | | CONNECT: 2016 J.L. FERN CRAWFORD HERITAGE LECTURE SERIES |
| TRUST FOR THE NATIONAL MALL 601 13TH STREET, NW, SUITE#300 N WASHINGTON, DC 20005 | 30-0080738 | 501(C)(3) | 10,000. | 0. | | | CONNECT: 2015 LANDMARK FESTIVAL |
| GEORGETOWN HERITAGE 1000 POTOMAC ST. NW, SUITE 122 WASHINGTON, DC 20007 | 30-3083098 | 501(C)(3) | 374,810. | 0. | | | PROTECT: BUILD NEW DOCK AND PLANNING |

Schedule I (Form 990)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|----------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| CONNECT: LGBTQ THEME STUDY | 77 | 142,325. | 0. | | |
| CONNECT: YOUTH SUMMIT | 1 | 1,584. | 0. | | |
| INSPIRE ACLS FELLOWSHIP | 1 | 20,000. | 0. | | |
| INSPIRE: BEARS FELLOWSHIP | 1 | 2,500. | 0. | | |
| INSPIRE: TRANSPORTATION SCHOLARS | 1 | 500. | 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| PROTECT: ACTIVE TRAILS MABI | 2. | 3,180. | 0. | | |
| PROTECT: GLACIER BAY WHALES | 1. | 2,400. | 0. | | |
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**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

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

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

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

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

9 If "Yes" 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) 2015

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) WILLIAM SHAFROTH PRESIDENT & CEO | (i) | 153,438. | 0. | 0. | 0. | 17,369. | 170,807. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) KIRSTEN JOHANSEN SVP, INDV & FNDN GIVING- THRU 9/2015 | (i) | 253,373. | 0. | 0. | 325. | 4,071. | 257,769. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) DAVID FRENCH SVP, MKTG COMM- THRU 7/2016 | (i) | 195,909. | 25,000. | 0. | 7,485. | 6,703. | 235,097. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) SUSAN NEWTON SVP, GRANTS & PROGRAMS | (i) | 148,727. | 10,000. | 0. | 4,533. | 29,547. | 192,807. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) NANCY REHMAN SVP, INDV & FNDN GIVING | (i) | 170,198. | 10,000. | 0. | 0. | 1,659. | 181,857. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) CARTER K LAUGHLIN VP, MAJOR GIVING | (i) | 152,887. | 8,500. | 0. | 0. | 8,092. | 169,479. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) RUTH PRESCOTT SENIOR ADVISOR FOR THE PRESIDENT | (i) | 169,148. | 11,500. | 0. | 0. | 1,654. | 182,302. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) CURT BUCHHOLTZ DIRECTOR, MAJOR & PLANNED GIVING | (i) | 124,088. | 5,000. | 0. | 4,880. | 19,927. | 153,895. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) NEIL MULHOLLAND CEO- THRU 10/2014 | (i) | 0. | 0. | 300,043. | 0. | 13,561. | 313,604. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 4A:

NEIL MULHOLLAND, FORMER CEO, RECEIVED SEVERANCE PAYMENTS TOTALING \$300,043.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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 | 323,208. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | X | 1 | 69,130,000. | FMV |
| 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** **0**

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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) (2015)

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

2015

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:

NATIONAL PARK SERVICE, THE NATIONAL PARK FOUNDATION PLAYS A CRITICAL
ROLE IN CONSERVATION AND PRESERVATION EFFORTS, HELPING MAKE NATIONAL
PARKS POWERFUL LEARNING ENVIRONMENTS, AND GIVING ALL AUDIENCES AN
OPPORTUNITY TO EXPERIENCE, ENJOY, AND SUPPORT THESE TREASURED PLACES.

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

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 AT NATIONAL PARKS.

IV. NPF SUPPORTED SEVERAL CENTENNIAL PROJECTS TO PRESERVE AND
REHABILITATE HISTORIC PLACES INCLUDING ARLINGTON HOUSE, BELMONT PAUL
WOMEN'S EQUALITY NATIONAL MONUMENT, THE LINCOLN MEMORIAL, AND CARTER G
WOODSON HOME NATIONAL HISTORIC SITE.

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

INSPIRE PEOPLE TO SUPPORT THEIR PARKS. THIS PROGRAM LEVERAGED ITS
ACTIVITY AROUND THE CELEBRATION OF THE CENTENNIAL OF THE NATIONAL PARKS

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

IN 2016 AND CONTINUES TO INVITE 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 FOCUSES ON MILLENNIALS WHO ARE LESS FAMILIAR WITH THEIR NATIONAL PARKS.

II. IN RECOGNITION OF THE 100TH ANNIVERSARY OF THE NATIONAL PARK SERVICE IN 2016, THE NATIONAL PARK FOUNDATION IS CONDUCTING A 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 CAMPAIGN, THE FOUNDATION IS RAISING PRIVATE SUPPORT FROM INDIVIDUALS, CORPORATIONS, AND FOUNDATIONS ACROSS THE NATION THAT WILL HELP PROTECT AMERICA'S SPECIAL PLACES, CONNECT PEOPLE 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 WERE SOLD THROUGH THE UNITED STATES MINT AND AT PARKS ACROSS THE COUNTRY UNTIL THE END OF 2016, AND THE PROCEEDS OF THE SALES OF THE COINS WILL BE GIVEN TO THE NATIONAL PARK FOUNDATION AND WILL BE USED FOR INVESTMENT IN SIGNATURE PROGRAMS AND PROJECTS.

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

FISCAL YEAR 2016 MARKED THE THIRD YEAR OF THIS HISTORIC FIVE-YEAR CENTENNIAL CAMPAIGN FOR AMERICA'S NATIONAL PARKS. THE INITIAL \$250 MILLION CAMPAIGN GOAL WAS INCREASED TO \$350 MILLION IN FEBRUARY OF 2016.

III. THE NATIONAL PARK SERVICE CENTENNIAL ACT WAS SIGNED INTO LAW ON DECEMBER 16, 2016 AND INCLUDED SEVERAL PROVISIONS THAT AFFECT THE NATIONAL PARK FOUNDATION, INCLUDING PROVIDING \$10 MILLION PER YEAR TO ESTABLISH AN ENDOWMENT FOR NATIONAL PARKS A THE FOUNDATION.

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

II. NPF SUPPORTED PROGRAMS AROUND THE NATION THAT HIRED 614 YOUTH FOR THE 21ST CENTURY CONSERVATION CORPS TO IMPROVE SEVERAL NATIONAL PARKS. SOME OF THE ACHIEVEMENTS INCLUDED RESTORING TRAILS AT GLACIER NATIONAL PARK AND ROCK CREEK PARK, ESTABLISHING URBAN RIVER ACCESS IN SIX NATIONAL PARKS AND HOSTING EDUCATION AND INTERPRETATION PROGRAMS FOR TENS OF THOUSANDS OF PARK VISITORS

III. NPF RAISED FUNDS FOR AND ADMINISTERED THE OPEN OUTDOORS FOR KIDS / EVERY KID IN A PARK PROGRAMS. THROUGH THESE YOUTH-FOCUSED INITIATIVES, THE NATIONAL PARK FOUNDATION IS MAKING SURE ALL ELEMENTARY AGED CHILDREN FROM ACROSS THE COUNTRY GET THE CHANCE TO EXPERIENCE AND LEARN FROM NATIONAL PARKS BY RAISING FUNDS TO SUPPORT IN-PARK PROGRAMS AND PROVIDING TRANSPORTATION TO THE PARK.

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

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| Name of the organization NATIONAL PARK FOUNDATION | Employer identification number 52-1086761 |
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OTHER NPF PROGRAM SERVICE ACCOMPLISHMENTS

EXPENSES \$ 6,783,924. INCL GRANTS OF \$ 3,325,822. REVENUE \$ 1,354,048.

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, EVP, 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 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

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

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

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

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

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

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

THE COMPENSATION COMMITTEE REGULARLY CONDUCTS REVIEWS OF COMPENSATION FOR THE PRESIDENT/CEO. THE COMMITTEE USES VARIOUS RESOURCES FOR DETERMINING

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

| | |
|---|--------|
| TIMING DIFFERENCE BETWEEN INDIRECT COST AND INDIRECT COST | 5,250. |
| RECOVERY FOR SOUTH BY SOUTH LAWN PROGRAM | |
| TOTAL TO FORM 990, PART XI, LINE 9 | 5,250. |

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|---------------------------|---|---------------------|---------------------------|-------------------------------------|
| NPF SCHOODIC WOODS LLC - 47-4792944 1110 VERMONT AVE., NW SUITE 200 WASHINGTON, DC 20005 | FACILITATE LAND DONATIONS | DISTRICT OF COLUMBIA | | | NATIONAL PARK FOUNDATION |
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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 |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 1c | | |
| 1d | | |
| 1e | | |
| 1f | | |
| 1g | | |
| 1h | | |
| 1i | | |
| 1j | | |
| 1k | | |
| 1l | | |
| 1m | | |
| 1n | | |
| 1o | | |
| 1p | | |
| 1q | | |
| 1r | | |
| 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) | | | | |

