

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2017
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization NATIONAL PARK FOUNDATION Doing business as NPF Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1110 VERMONT AVENUE, NW 200 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005	D Employer identification number 52-1086761 E Telephone number 202-796-2500
	F Name and address of principal officer: WILLIAM GILBERT SHAFROTH SAME AS C ABOVE	G Gross receipts \$ 113,291,389. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	
	J Website: ▶ WWW.NATIONALPARKS.ORG	
	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1967 M State of legal domicile: DC

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
Activities & Governance	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 27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 27
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 82
	6 Total number of volunteers (estimate if necessary)	6 28
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	71,060,676. 74,896,669.
	9 Program service revenue (Part VIII, line 2g)	1,607,163. 1,518,289.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,652,609. 3,667,639.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,600,964. 1,214,930.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,921,412. 81,297,527.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)		8,349,827. 9,853,189.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 1,380,390.
16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,721,446.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		20,349,267. 24,494,758.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		70,306,163. 58,804,437.
19 Revenue less expenses. Subtract line 18 from line 12	9,615,249. 22,493,090.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	220,044,972. 249,089,852.
	21 Total liabilities (Part X, line 26)	47,790,722. 51,404,299.
	22 Net assets or fund balances. Subtract line 21 from line 20	172,254,250. 197,685,553.

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 WILLIAM GILBERT SHAFROTH, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ELIZABETH HELLER	Preparer's <i>Elizabeth Heller</i>
	Firm's name ▶ TATE AND TRYON	Date 5/24/2019
	Firm's address ▶ 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036	Check if self-employed <input type="checkbox"/> PTIN P00397829
		Firm's EIN ▶ 52-1855942
		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 2017, or fiscal year beginning OCT 1, 2017, and ending SEP 30, 2018

2017

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

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>81,297,527.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

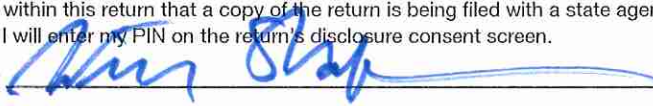
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare 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 2017 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 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature  Date 5/22/2019

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 2017 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 5/21/2019

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

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

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

• The books are in the care of ► **1110 VERMONT AVENUE, NW, NO. 200 - WASHINGTON, DC 20005**
Telephone No. ► **202-796-2500** Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box _____ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year _____ or
- tax year beginning **OCT 1, 2017**, and ending **SEP 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AS THE OFFICIAL PHILANTHROPIC PARTNER OF THE NATIONAL PARK SERVICE, THE NATIONAL PARK FOUNDATION GENERATES PRIVATE SUPPORT AND BUILDS STRATEGIC PARTNERSHIPS TO PROTECT AND ENHANCE AMERICA'S NATIONAL PARKS FOR PRESENT AND FUTURE GENERATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 21,829,867. including grants of \$ 17,879,573.) (Revenue \$) PROTECT NATIONAL PARKS - THE NATIONAL PARK FOUNDATION SECURES PRIVATE AND PHILANTHROPIC FUNDS TO ENHANCE, PRESERVE, AND RESTORE THE NATURAL AND HISTORIC RESOURCES STEWARDED BY NPS. THE FOUNDATION'S SUPPORT IS INVESTED PRIMARILY THROUGH STRATEGIC PARTNERSHIPS. SPECIFIC INVESTMENTS INCLUDE PROTECTING PRIVATE INHOLDINGS IN NATIONAL PARKS, RESTORING TRAILS AND HISTORIC STRUCTURES, CONSERVING WILDLIFE AND HABITATS, AND MAKING THE PARKS MORE SUSTAINABLE IN THEIR USE OF NATURAL RESOURCES. IN FY18, NPF PROVIDED \$14,611,468 TO PROTECT OUR NATIONAL PARKS.

I. NPF SUPPORTED MAJOR PROJECTS TO PRESERVE AND REHABILITATE HISTORIC PLACES AT SEVERAL PARKS INCLUDING PULLMAN NATIONAL MONUMENT, OLYMPIC NATIONAL PARK, YELLOWSTONE NATIONAL PARK, AND GRAND TETON NATIONAL

4b (Code:) (Expenses \$ 12,024,945. including grants of \$ 4,379,169.) (Revenue \$) CONNECT PEOPLE WITH NATIONAL PARKS - THE NATIONAL PARK FOUNDATION IS DEDICATED TO CREATING MEANINGFUL OPPORTUNITIES FOR PEOPLE TO VISIT AND CONNECT WITH OUR NATIONAL PARKS AND THE PROGRAMS THEY OFFER. NPF WORKS TO INVITE ALL PEOPLE TO EXPERIENCE, ENJOY, AND CREATE LIFE-LONG RELATIONSHIPS WITH NATIONAL PARKS AND BRING PARKS TO PEOPLE. THIS IS ACCOMPLISHED BY WAY OF INVESTMENTS TO REACH UNDERREPRESENTED AUDIENCES, INCREASE DIVERSITY AND INCLUSION, CREATE DIGITAL EXPERIENCES AND ATTRACT MILLENIALS TO ENGAGE WITH NATIONAL PARKS. IN ADDITION, THE NATIONAL PARK FOUNDATION IS DEDICATED TO ESTABLISHING NATIONAL PARKS AS POWERFUL LEARNING ENVIRONMENTS THAT PROVIDE IN-DEPTH EXPERIENCES THAT SHAPE LIVES AND STRENGTHEN OUR PARKS. THE FOUNDATION'S PROGRAMS FOCUS ON CONNECTING AUDIENCES TO INTRODUCTORY EXPERIENCES IN OUR NATIONAL

4c (Code:) (Expenses \$ 2,367,560. including grants of \$ 817,358.) (Revenue \$ 1,520,480.) OTHER NPF PROGRAM SERVICE ACCOMPLISHMENTS

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 36,222,372.

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

Main form table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-headers like 'Organizations that may receive deductible contributions under section 170(c)' and 'Sponsoring organizations maintaining donor advised funds'.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	27	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	27	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RYAN ZINKE DIRECTOR	5.00	X					0.	0.	0.	
(2) BRYAN TRAUBERT CHAIR	5.00	X		X			0.	0.	0.	
(3) PAUL DANIEL SMITH SECRETARY	2.00	X		X			0.	0.	0.	
(4) RHODA ALTOM TREASURER	5.00	X		X			0.	0.	0.	
(5) ELLEN S. ALBERDING DIRECTOR	2.00	X					0.	0.	0.	
(6) PATRICIA ARVIELO DIRECTOR	2.00	X					0.	0.	0.	
(7) ELIZABETH FRAWLEY BAGLEY DIRECTOR	2.00	X					0.	0.	0.	
(8) AL BALDWIN DIRECTOR	2.00	X					0.	0.	0.	
(9) AUSTIN BEUTNER DIRECTOR	2.00	X					0.	0.	0.	
(10) KATHLEEN BROWN DIRECTOR	2.00	X					0.	0.	0.	
(11) THOMAS BROWN DIRECTOR	2.00	X					0.	0.	0.	
(12) KAREN SWETT CONWAY DIRECTOR	2.00	X					0.	0.	0.	
(13) STEVE DENNING DIRECTOR	2.00	X					0.	0.	0.	
(14) CYNTHIA FISHER DIRECTOR	2.00	X					0.	0.	0.	
(15) RANDI FISHER DIRECTOR	2.00	X					0.	0.	0.	
(16) TOM GOSS DIRECTOR	2.00	X					0.	0.	0.	
(17) ANDREA J. GRANT 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) STEPHEN L. HIGHTOWER DIRECTOR	2.00	X						0.	0.	0.
(19) WILLIAMS O. HILTZ DIRECTOR	2.00	X						0.	0.	0.
(20) THOMAS HUTCHISON DIRECTOR	2.00	X						0.	0.	0.
(21) ORIN S. KRAMER DIRECTOR	2.00	X						0.	0.	0.
(22) RICK JAMES DIRECTOR	2.00	X						0.	0.	0.
(23) SUSAN LAPIERRE DIRECTOR	2.00	X						0.	0.	0.
(24) JOHN L. NAU, III DIRECTOR	2.00	X						0.	0.	0.
(25) BRIEN O'BRIEN DIRECTOR	2.00	X						0.	0.	0.
(26) ROXANNE QUIMBY DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,572,255.	0.	204,318.
d Total (add lines 1b and 1c)								2,572,255.	0.	204,318.

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 **23**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, 1953 GALLOWS ROAD, SUITE 500, VIENNA, VA 22182	DIRECT MAIL FUNDRAISING SERVICES	5,512,068.
GREY GLOBAL GROUP, LLC 200 FIFTH AVENUE, NEW YORK, NY 10010	FIND YOUR PARK PROGRAM EXPENSE	4,268,504.
BOUNCE EVENT MARKETING, INC, 800 W.OLYMPIC BLVD., STE 305, LOS ANGELES, CA 90015	CHRISTMAS TREE LIGHTING PROGRAM SER	1,261,233.
ROBBINS KERSTEN DIRECT, 3400 WATERVIEW PARKWAY, SUITE 250, RICHARDSON, TX 75080	DIRECT MAIL FUNDRAISING SERVICES	1,096,566.
KEY ACQUISITION PARTNERS, LLC, 181 HARRY S. TRUMAN PKWY, SUITE 265, ANNAPOLIS, MD	DIRECT MAIL FUNDRAISING SERVICES	815,303.

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 **23**

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	12,119,799.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	62,776,870.				
	g Noncash contributions included in lines 1a-1f: \$		958,138.				
	h Total. Add lines 1a-1f		74,896,669.				
Program Service Revenue	2 a PARK FUND MANAGEMENT	Business Code 900099	1,452,755.	1,452,755.			
	b EVENTS	900099	57,400.	57,400.			
	c LITIGATION SETTLEMENTS	900099	8,134.	8,134.			
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		1,518,289.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,297,846.			3,297,846.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		1,283,186.			1,283,186.	
	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				
		32,363,655.					
		b Less: cost or other basis and sales expenses		31,993,862.			
		c Gain or (loss)		369,793.			
	d Net gain or (loss)		369,793.			369,793.	
	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	2,191.					
	b Less: cost of goods sold	b	0.				
	c Net income or (loss) from sales of inventory		2,191.	2,191.			
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS INCOME	900099	-70,447.			-70,447.		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		-70,447.					
12 Total revenue. See instructions.		81,297,527.	1,520,480.	0.	4,880,378.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,938,262.	22,938,262.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	137,838.	137,838.		
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	2,001,687.	486,471.	726,151.	789,065.
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	6,539,936.	1,589,723.	2,371,954.	2,578,259.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	160,107.	38,835.	58,209.	63,063.
9 Other employee benefits	571,228.	138,554.	207,679.	224,995.
10 Payroll taxes	580,231.	140,737.	210,953.	228,541.
11 Fees for services (non-employees):				
a Management				
b Legal	186,325.	95,440.	74,779.	16,106.
c Accounting	105,821.		105,821.	
d Lobbying	35,202.	35,202.		
e Professional fundraising services. See Part IV, line 17	1,380,390.			1,380,390.
f Investment management fees	1,012,078.	1,012,078.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	7,271,238.	6,051,909.	1,219,329.	
12 Advertising and promotion	168,798.	4,091.	110,724.	53,983.
13 Office expenses	993,995.	394,545.	218,194.	381,256.
14 Information technology	541,048.	56,562.	413,185.	71,301.
15 Royalties				
16 Occupancy	913,243.	20.	913,223.	
17 Travel	584,155.	166,270.	223,953.	193,932.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	132,919.	662.	131,911.	346.
20 Interest	118,725.	31,247.	87,478.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	470,240.	300,011.	170,229.	
23 Insurance	104,499.		104,499.	
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	8,608,956.	412,870.		8,196,086.
b EVENT EXPENSES	2,405,688.	2,060,147.	45,977.	299,564.
c TEMPORARY HELP	401,768.	24,770.	269,346.	107,652.
d DUES & SUBSCRIPTIONS	157,698.	42,611.	59,593.	55,494.
e All other expenses	282,362.	63,517.	137,432.	81,413.
25 Total functional expenses. Add lines 1 through 24e	58,804,437.	36,222,372.	7,860,619.	14,721,446.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	700.	1	700.	
	2 Savings and temporary cash investments	37,389,869.	2	11,447,128.	
	3 Pledges and grants receivable, net	57,783,015.	3	57,203,107.	
	4 Accounts receivable, net	12,720.	4	3,687.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	1,481,284.	9	2,498,750.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,640,462.			
	b Less: accumulated depreciation	10b 1,365,722.			
	11 Investments - publicly traded securities	1,591,451.	10c	1,274,740.	
	12 Investments - other securities. See Part IV, line 11	84,534,863.	11	129,586,728.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	37,251,070.	14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	220,044,972.	15	47,075,012.		
		16	249,089,852.		
Liabilities	17 Accounts payable and accrued expenses	3,188,659.	17	8,408,949.	
	18 Grants payable		18		
	19 Deferred revenue	2,250,946.	19	1,089,156.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	37,251,070.	21	40,625,012.	
	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	4,920,642.	24	1,142,023.	
	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	179,405.	25	139,159.	
	26 Total liabilities. Add lines 17 through 25	47,790,722.	26	51,404,299.	
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	40,675,874.	27	44,078,581.	
	28 Temporarily restricted net assets	90,694,578.	28	102,312,681.	
	29 Permanently restricted net assets	40,883,798.	29	51,294,291.	
	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	172,254,250.	33	197,685,553.		
34 Total liabilities and net assets/fund balances	220,044,972.	34	249,089,852.		

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	81,297,527.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,804,437.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,493,090.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	172,254,250.
5	Net unrealized gains (losses) on investments	5	2,938,213.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	197,685,553.

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	X	

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42288287.	69861221.	144785768	70385176.	74896669.	402217121
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 ...	123,623.	34,723.				158,346.
4 Total. Add lines 1 through 3	42411910.	69895944.	144785768	70385176.	74896669.	402375467
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)						112766212
6 Public support. Subtract line 5 from line 4.						289609255

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	42411910.	69895944.	144785768	70385176.	74896669.	402375467
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	2150494.	2819169.	3410640.	6492815.	4581032.	19454150.
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.)	869.	289,794.	10,477.	364,628.	-70,447.	595,321.
11 Total support. Add lines 7 through 10						422424938
12 Gross receipts from related activities, etc. (see instructions)					12	11,918,869.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	68.56	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	63.43	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

2013 AMOUNT: \$ 869.

2014 AMOUNT: \$ 289,794.

2015 AMOUNT: \$ 10,477.

2016 AMOUNT: \$ 364,628.

2017 AMOUNT: \$ -70,447.

Multiple horizontal lines for providing additional information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 10,018,574.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 6,781,570.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 3,044,151.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 3,038,220.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,719,130.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,607,370.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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

Name of organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

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.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

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 campaign activity expenditures ► \$ _____
- 3 Volunteer hours for political campaign activities

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

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)	100,157.													
c	Total lobbying expenditures (add lines 1a and 1b)	100,157.													
d	Other exempt purpose expenditures	58,704,285.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	58,804,442.													
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	63,172.	72,110.	94,313.	100,157.	329,752.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017
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	1
b Total acreage restricted by conservation easements	10.26
c Number of conservation easements on a certified historic structure included in (a)	0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	1

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 ▶ 1

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	1c 37,251,070.
d Additions during the year	1d 6,512,798.
e Distributions during the year	1e 3,138,856.
f Ending balance	1f 40,625,012.

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	78,546,156.	63,868,932.	41,532,675.	43,997,078.	43,572,769.
b Contributions	10,713,770.	10,437,981.	20,345,833.	38,765.	133,514.
c Net investment earnings, gains, and losses	4,783,957.	6,622,802.	4,530,487.	-520,873.	4,353,982.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,424,943.	2,383,559.	2,540,063.	1,982,295.	4,063,187.
f Administrative expenses					
g End of year balance	91,618,940.	78,546,156.	63,868,932.	41,532,675.	43,997,078.

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

- a Board designated or quasi-endowment 26.54 %
- b Permanent endowment 55.99 %
- c Temporarily restricted endowment 17.47 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		702,775.		702,775.
b Buildings				
c Leasehold improvements				
d Equipment		1,937,687.	1,365,722.	571,965.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,274,740.

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	40,625,012.
(2) DEPOSITS	6,450,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	47,075,012.

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	139,159.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	139,159.

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	95,465,307.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,938,213.	
b	Donated services and use of facilities	2b	10,405,892.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	823,675.	
e	Add lines 2a through 2d	2e		14,167,780.
3	Subtract line 2e from line 1	3		81,297,527.
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		81,297,527.

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	70,034,004.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	10,405,892.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	823,675.	
e	Add lines 2a through 2d	2e		11,229,567.
3	Subtract line 2e from line 1	3		58,804,437.
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		58,804,437.

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 II, LINE 9:

THE FOUNDATION ACQUIRES CONSERVATION PROPERTY THROUGH DONATIONS OR PURCHASES FOR SUBSEQUENT SALE OR DONATION TO OR FOR THE BENEFIT OF THE NPS. REAL PROPERTY DONATED IS VALUED AT ITS ESTIMATED FAIR MARKET VALUE AT THE TIME OF DONATION. THE CARRYING VALUE IS REDUCED IF THE ESTIMATED MARKET VALUE DECREASES BELOW THE ORIGINAL RECORDED VALUE. CONVENANTS ON THE PROPERTIES RESTRICT THEIR FUTURE USE TO CONSERVATION ACTIVITIES.

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 XIII Supplemental Information (continued)

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 823,675.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INDIRECT COSTS 823,675.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PRODUCTION SOLUTIONS, INC. - 1953 GALLOWS ROAD, SUITE 600,	DIRECT MAIL FUNDRAISING CONSULTANT		X	7,096,628.	6,487,614.	609,014.
CHAPMAN CUBINE AND HUSSEY, INC. - 2000 15TH ST N #550,	ONLINE FUNDRAISING CONSULTANT		X	3,827,696.	306,050.	3,521,646.
KEY ACQUISITION PARTNERS, LLC - 2525 RIVA RD #145,	DIRECT MAIL FUNDRAISING CONSULTANT		X	3,743,245.	822,522.	2,920,723.
STEPHEN WINCHELL & ASSOCIATES - 1593 SPRING HILL RD SUITE	DIRECT MAIL FUNDRAISING CONSULTANT		X	909,104.	61,806.	847,298.
ATLANTIC LIST COMPANY, INC. - 2300 9TH ST S, ARLINGTON, VA	DIRECT MAIL FUNDRAISING CONSULTANT		X	245,291.	62,410.	182,880.
SD&A TELESERVICES, INC. - 5757 W CENTURY BLVD #300, LOS	TELEMARKETING CONSULTANT		X	15,625.	31,458.	-15,833.
PUBLIC INTEREST COMMUNICATIONS, INC. - 7700	DONOR SERVICES		X	11,275.	59,116.	-47,841.
MAIL AMERICA - 89 BRIDGE STREET PLAZA, WHEELING, WV	DIRECT MAIL FUNDRAISING CONSULTANT		X	0.	94,920.	-94,920.
EIDOLON COMMUNICATIONS, INC. - 15 MAIDEN LN #1401, NEW	DIRECT MAIL FUNDRAISING CONSULTANT		X	0.	343,984.	-343,984.
INTEGRAL - 1203 19TH STREET NW, SUITE 500, WASHINGTON, DC	DIRECT MAIL FUNDRAISING CONSULTANT		X	0.	84,000.	-84,000.
Total				15,848,864.	8,353,880.	7,494,983.

- 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.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, ME, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, 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.

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

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

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

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

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

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

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

Name ▶ _____
 Address ▶ _____

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

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

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

(I) NAME OF FUNDRAISER: CHAPMAN CUBINE AND HUSSEY, INC.

(I) ADDRESS OF FUNDRAISER: 2000 15TH ST N #550, ARLINGTON, VA 22201

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

Part IV Supplemental Information (continued)

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

(I) NAME OF FUNDRAISER: STEPHEN WINCHELL & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 1593 SPRING HILL RD SUITE 450, TYSONS, VA 22182

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

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

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

(I) ADDRESS OF FUNDRAISER: 5757 W CENTURY BLVD #300, LOS ANGELES, CA 90045

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

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

(I) NAME OF FUNDRAISER: MAIL AMERICA

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

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

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

(I) NAME OF FUNDRAISER: INTEGRAL

(I) ADDRESS OF FUNDRAISER:

1203 19TH STREET NW, SUITE 500, WASHINGTON, DC 20036

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

OF THE \$8,353,880 PAID TO THE FUNDRAISING CONSULTANTS DURING THE FISCAL YEAR, \$1,380,390 WERE FOR MANAGEMENT RETAINER FEES. THE REMAINDER WAS FOR EXPENSES RELATED TO DIRECT MAILING COSTS, POSTAGE, AND OTHER FULFILLMENT

Schedule G (Form 990 or 990-EZ)

**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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCOKEEK FOUNDATION 3400 BRYAN POINT ROAD ACCOKEEK, MD 20607	52-6037288	501(C)(3)	15,000.	0.			CONNECT/ENGAGE: EKIP - PISCATAWAY
ACTIVE SOUTHERN WEST VIRGINIA INC. 116 NORTH HEBER STREET BECKLEY, WV 25801	47-1605904	501(C)(3)	26,850.	0.			CONNECT/ENGAGE: RT50
ALA KAHAKAI NATIONAL HISTORIC TRAIL - 73-4786 LANALANI ST #14 - KAILUA-KONA, HI 96740	53-0197094	115	19,639.	0.			CONNECT/ENGAGE: RT50
ALASKA GEOGRAPHIC ASSOCIATION 241 NORTH C STREET ANCHORAGE, AK 99501	92-0043154	501(C)(3)	5,250.	0.			CONNECT/ENGAGE: EKIP GATES OF THE ARTIC
ALASKA REGIONAL OFFICE 240 W. 5TH AVENUE ANCHORAGE, AK 99501	53-0197094	115	18,500.	0.			PROTECT: AW JOEL CUSICK
ALCOVE SPRING HISTORICAL TRUST P.O. BOX 157 BLUE RAPIDS, KS 66411	48-1150951	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: OREGON AND CALI NHT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **253.**

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

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

Schedule I (Form 990) (2017)

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
ALICE FERGUSON FOUNDATION 2001 BRYAN POINT ROAD ACCOKEEK, MD 20607	52-0694646	501(C)(3)	24,851.	0.			CONNECT/ENGAGE: EKIP MANA & PRWI
AMERICAN BATTLEFIELD TRUST 1140 PROFESSIONAL COURT HAGERSTOWN, MD 21740	54-1426643	501(C)(3)	76,455.	0.			PROTECT: CANE PHASE I DUE DILIGENCE
AMERICAN FISHERIES SOCIETY 425 BARLOW PLACE, SUITE 110 BETHESDA, MD 20814	54-0683803	501(C)(3)	38,279.	0.			CONNECT/ENGAGE: DIVERSITY JOINT VENTURE
ANTIETAM NATIONAL BATTLEFIELD P.O. BOX 158 SHARPSBURG, MD 21782-0158	53-0197094	115	88,940.	0.			PROTECT: ANTI HISTORIC PRES
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON STREET HARPERS FERRY, WV 25425-0807	52-6046689	501(C)(3)	35,000.	0.			CONNECT/ENGAGE:RT50
AUDUBON NATURALIST SOCIETY OF THE CENTRAL ATLANTIC STATES, INC - 8940 JONES MILL RD - CHEVY CHASE, MD 20815	53-0233715	501(C)(3)	62,200.	0.			CONNECT/ENGAGE: CITIZEN SCIENCE 2.0 ROCR
BADLANDS NATIONAL PARK P.O. BOX 6 INTERIOR, SD 57750-0006	53-0197094	115	7,500.	0.			CONNECT/ENGAGE: HANDS ON THE LAND - STEM
BADLANDS NATURAL HISTORY ASSOCIATION - P.O. BOX 47 - INTERIOR, SD 57750	46-0278822	501(C)(3)	5,700.	0.			CONNECT/ENGAGE:BADLANDS HANDS ON THE LAND
BALTIMORE NATIONAL HERITAGE AREA ASSOCIATION, INC. - 12 W. MADISON ST. STE 120 - BALTIMORE, MD 21201	45-2429915	501(C)(3)	121,820.	0.			CONNECT/ENGAGE:EKIP FOCUS CITY BALTIMORE

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
BARATARIA TERREBONNE ESTUARY FOUNDATION - 320 AUDUBON AVENUE - THIBODAUX, LA 70310	72-1330053	501(C)(3)	82,728.	0.			CONNECT/ENGAGE: JELA CS2.0
BIG BEND NATIONAL PARK BIG BEND NATIONAL PARK BIG BEND NATIONAL PARK, TX 79834-0129	53-0197094	115	32,500.	0.			PROTECT: BUCKEYE CAMERA PROJECT
BIG CITY MOUNTAINEERS, INC. 710 10TH STREET, SUITE 120 GOLDEN, CO 80401	65-0200163	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
BIG THICKET NATIONAL PRESERVE 6044 FM 420 KOUNTZE, TX 77625	53-0197094	115	26,896.	0.			PROTECT: BITH ARBOR DAY GRANT
BLUE RIDGE PARKWAY FOUNDATION 323 GASHES CREEK ROAD ASHEVILLE, NC 28803	31-1512730	501(C)(3)	10,152.	0.			PROTECT: BLRI GUEST DONATIONS
BOSTON HARBOR NOW, INC 15 STATE STREET BOSTON, MA 02109	04-3268863	501(C)(3)	45,130.	0.			CONNECT/ENGAGE: BOST OOFK
BOULDER CLIMBING COMMUNITY 727 13TH ST BOULDER, CO 80302	45-3623399	501(C)(3)	9,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
BROWN V BOARD OF EDUCATION 1515 SE MONROE STREET TOPEKA, KS 66612-1143	53-0197094	115	6,000.	0.			CONNECT/ENGAGE: BROWN V BOARD
BRYCE CANYON NATURAL HISTORY ASSOCIATION - P.O. BOX 640051 - BRYCE, UT 84764-0051	87-0258075	501(C)(3)	26,764.	0.			CONNECT/ENGAGE: BRCA OOFK

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
C & O CANAL TRUST, INC. 1850 DUAL HWY. , SUITE 100 HAGERSTOWN, MD 21740	30-0401642	501(C)(3)	8,000.	0.			CONNECT/ENGAGE: EKIP CHESAPEAKE & OHIO
CABRILLO NATIONAL MONUMENT FOUNDATION - 1800 CABRILLO MEMORIAL WAY - SAN DIEGO, CA 92106	95-1884723	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: EKIP - CABRILLO
CAMDEN COUNTY SCHOOLS 311 SOUTH EAST STREET KINGSLAND, GA 31548	58-6000201	115	13,928.	0.			CONNECT/ENGAGE: EKIP CUMBERLAND ISLAND
CANYONLANDS NATIONAL PARK 2282 S. WEST RESOURCE BLVD. MOAB, UT 84532	53-0197094	115	19,000.	0.			CONNECT/ENGAGE: CANY OOFK
CARTER G WOODSON 1900 ANACOSTIA DRIVE SE WASHINGTON, DC 20020	53-0197094	115	8,000.	0.			CONNECT/ENGAGE: EKIP CARTER G WOODSON
CASTLE CLINTON NATIONAL MONUMENT 26 WALL ST NEW YORK, NY 10005	53-0197094	115	8,000.	0.			CONNECT/ENGAGE: CACL OOF
CATAWBA CULTURAL PRESERVATION PROJECT - 1536 TOM STEVEN RD - ROCK HILL, SC 29730	57-0901191	7871	10,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
CATOCTIN FOREST ALLIANCE, INC. P.O. BOX 411 THURMONT, MD 21788-0411	26-4223157	501(C)(3)	9,000.	0.			CONNECT/ENGAGE: EKIP CATOCTIN MOUNTAIN
CCC FOUNDATION 921 11TH STREET, SUITE 1100 SACRAMENTO, CA 95814	68-0160977	501(C)(3)	15,000.	0.			CONNECT/ENGAGE: EXPLOREFUND

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
CHAMIZAL NATIONAL MEMORIAL 800 S.SAN MARCIAL STREET EL PASO, TX 79905-4123	53-0197094	115	47,000.	0.			CONNECT/ENGAGE: EKIP - CHAMIZAL
CHANNEL ISLANDS NATIONAL PARK 1901 SPINNAKER DRIVE VENTURA, CA 93001-4354	53-0197094	115	59,373.	0.			PROTECT: LAW ENFORCEMENT SUPPORT
CHATTAHOOCHEE PARKS CONSERVANCY 4861 LAURAL SPRING DRIVE ROSWELL, GA 30075	46-1326423	501(C)(3)	8,000.	0.			CONNECT/ENGAGE: EKIP CHATTAHOOCHEE
CHATTAHOOCHEE RIVER NATIONAL RECREATION AREA - 1978 ISLAND FORD PARKWAY - ATLANTA, GA 30350-3400	53-0197094	115	25,000.	0.			CONNECT& ENGAGE: GRANT FOR BOARD MEETING
CHICAGO NEIGHBORHOOD INITIATIVES INC - 1000 E 111TH STREET - CHICAGO, IL 60628	27-1832686	501(C)(3)	636,493.	0.			PROTECT: PULL VISITOR CENTER
CINCINNATI PUBLIC SCHOOLS 2651 BURNET AVENUE CINCINNATI, OH 45219	31-6000758	115	27,932.	0.			CONNECT/ENGAGE: CINCINNATI EKIP
CITY KIDS TO WILDERNESS PROJECT INC. - 2437 15TH ST NW - WASHINGTON, DC 20009	52-1976304	501(C)(3)	15,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
CITY OF BALTIMORE RECREATION AND PARKS DEPARTMENT - 3001 EAST DRIVE (DRUID HILL PARK) - BALTIMORE, MD 21217	52-6000769	115	21,000.	0.			CONNECT/ENGAGE: FOCUS CITY BALTIMORE
CITY OF DETROIT-DETROIT PARKS AND RECREATION - 18100 MEYERS RD. - DETROIT, MI 48235	38-6004606	115	106,374.	0.			PROTECT: HISTORIC FORT WAYNE

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
CLIMBING FOR LIFE, INC 3470 S MARION ST #306 ENGLEWOOD, CO 80113	84-1287236	501(C)(3)	5,900.	0.			CONNECT/ENGAGE: EXPLOREFUND
COLONIAL NATIONAL HISTORICAL PARK P.O. BOX 210 YORKTOWN, VA 23690-0210	53-0197094	115	10,000.	0.			CONNECT/ENGAGE: EKIP COLONIAL NHP
COLORADO NATIONAL MONUMENT ASSOCIATION - 1750 RIM ROCK DR - FRUITA, CO 81521	84-6035626	501(C)(3)	11,900.	0.			CONNECT/ENGAGE: COLM OOFK
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL - 1403 WEST HINES HILL RD. - PENINSULA, OH 44264	34-1917257	501(C)(3)	305,633.	0.			CONNECT/ENGAGE: CUVA CS2.0 -
CONSERVATION LEGACY 701 CAMINO DEL RIO SUITE 101 DURANGO, CO 81301	84-1450808	501(C)(3)	696,404.	0.			CONNECT/ENGAGE: LOVE YOUR PAR
CONTINENTAL DIVIDE TRAIL COALITION 710 10TH STREET GOLDEN, CO 80401	45-5051775	501(C)(3)	6,200.	0.			CONNECT/ENGAGE: EXPLOREFUND
CRATER LAKE NATIONAL PARK TRUST P.O. BOX 62 CRATER LAKE, OR 97604-0062	20-5826128	501(C)(3)	7,520.	0.			PROTECT: CRLA GUEST DONATIONS
CRATERS OF THE MOON NATURAL HISTORY ASSOCIATION - P.O. BOX 29 - ARCO, ID 83213	82-6002093	501(C)(3)	14,400.	0.			CONNECT/ENGAGE: CRMO OOFK
CUYAHOGA VALLEY NATIONAL PARK 15610 VAUGHN ROAD BRECKSVILLE, OH 44141-3018	53-0197094	115	40,000.	0.			CONNECT/ENGAGE: EKIP FOCUS CITY CINCI

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	6,400.	0.			CONNECT/ENGAGE: EKIP - DAYTON AVIATION
DEATH VALLEY NATIONAL PARK P.O. BOX 579 DEATH VALLEY, CA 92328	53-0197094	115	8,826.	0.			PROTECT: DEVA A&A
DEATH VALLEY NATURAL HISTORY ASSOCIATION - P.O. BOX 188 - DEATH VALLEY, CA 92328	95-2083126	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: EKIP DEATH VALLEY
DELAWARE RIVER STEAMBOAT FLOATING CLASSROOM INC. - PO BOX 403 - LAMBERTVILLE, NJ 08530	22-3677048	501(C)(3)	6,000.	0.			CONNECT/ENGAGE: RT50 SWIM SPLASH SMI
DELAWARE RIVERKEEPER NETWORK 925 CANAL STREET BRISTOL, PA 19007	74-3255972	501(C)(3)	9,080.	0.			CONNECT/ENGAGE: - RT50 AND LYP
DENALI EDUCATION CENTER P.O. BOX 212 DENALI NATIONAL PARK, AK 99755	92-0131177	501(C)(3)	150,000.	0.			PROTECT: DENA ZERO LANDFILL
DENVER PUBLIC SCHOOL 1860 LINCOLN STREET, 11TH FLOOR DENVER, CO 80203	84-6001099	501(C)(3)	5,838.	0.			CONNECT/ENGAGE: EKIP WASHINGTON SERVICE OFFICE
DISCOVER YOUR NORTHWEST 164 S. JACKSON STREET SEATTLE, WA 98104	91-0921955	501(C)(3)	196,700.	0.			CONNECT/ENGAGE: OOK SEATTLE
DUNES LEARNING CENTER 700 HOWE ROAD CHESTERTON, IN 46304	35-2031658	501(C)(3)	102,500.	0.			CONNECT: PULL EDUCATION

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
EARTH ISLAND INSTITUTE 2150 ALLSTON WAY BERKELEY, CA 94704	94-2889684	501(C)(3)	10,000.	0.			CONNECT/ENGAGE EXPLORER FUND
EARTH TEAM 1301 SOUTH 46TH STREET RICHMOND, CA 94804	68-0347329	501(C)(3)	24,500.	0.			CONNECT/ENGAGE: EXPLOREFUND
EASTERN NATIONAL 470 MARYLAND DRIVE , SUITE #1 FORT WASHINGTON, PA 19034	23-1401703	501(C)(3)	31,375.	0.			CONNECT/ENGAGE: ANTI OOFK
EBEY'S LANDING NATIONAL HISTORICAL RESERVE - P.O. BOX 774 - COUPEVILLE, WA 98239-0774	53-0197094	115	6,100.	0.			CONNECT/ENGAGE: EKIP EBEY'S LANDING
ELLIOTSVILLE PLANTATION, INC. 769 CONGRESS STREET PORTLAND, ME 04101	13-4223002	501(C)(3)	22,372.	0.			PROTECT: EPI KAWW REIMBURSEMENT 2
ENVIRONMENTAL LEARNING FOR KIDS P.O. BOX 21679 DENVER, CO 80021	84-1436605	501(C)(3)	25,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
ERIE CANALWAY HERITAGE FUND, INC. PO BOX 219 WATERFORD, NY 12188	26-0372982	501(C)(3)	19,000.	0.			CONNECT/ENGAGE: ERIE OOFK
EVERGLADES NATIONAL PARK 40001 STATE ROAD 9336 HOMESTEAD, FL 33034-6733	53-0197094	115	9,273.	0.			PROTECT: - JEANIE GREENE - AW
FAMILIES IN NATURE 4610 SHOALWOOD AVE. AUSTIN, TX 78756	47-1614599	501(C)(3)	15,000.	0.			CONNECT/ENGAGE: EXPLOREFUND

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
FIRE ISLAND LIGHTHOUSE PRESERVATION SOCIETY - 4640 CAPTREE ISLAND - CAPTREE ISLAND, NY 11702	11-4592744	501(C)(3)	15,948.	0.			CONNECT/ENGAGE: EKIP - FIRE ISLAND
FLIGHT 93 NATIONAL MEMORIAL P.O. BOX 911 SOMERSET, PA 15501	53-0197094	115	358,500.	0.			PROTECT: FL 93 TOV MODIFICATION
FORD'S THEATRE SOCIETY 514 TENTH STREET, N.W WASHINGTON, DC 20004	52-6073157	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: NPLA FORDS THEATER
FORT LARNED OLD GUARD, INC. PO BOX 1 WOODSTON, KS 67675	48-1064493	501(C)(3)	18,000.	0.			CONNECT/ENGAGE: FOLA OOFK
FREDERICK DOUGLAS NATIONAL HISTORIC SITE - 1411 W STREET SE - WASHINGTON, DC 20020	53-0197094	115	8,000.	0.			CONNECT/ENGAGE: EKIP - FREDERICK DOUGLASS
FRIENDS OF ACADIA 43 COTTAGE ST. BAR HARBOR, ME 04609	01-0425071	501(C)(3)	216,782.	0.			CONNECT/ENGAGE: NPLA ACADIA
FRIENDS OF BIG BEND NATIONAL PARK P.O. BOX 200 BIG BEND NATIONAL PARK, TX 79834	75-2670331	501(C)(3)	35,000.	0.			CONNECT/ENGAGE: IMR FRIENDS ALLIANCE M
FRIENDS OF BLACKWATER, INC P.O. BOX 247 THOMAS, WV 26292	55-0778211	501(C)(3)	9,400.	0.			CONNECT/ENGAGE: EXPLOREFUND
FRIENDS OF CANAVERAL, INC PO BOX 1526 NEW SMYRNA BEACH, FL 32170	59-2991163	501(C)(3)	8,000.	0.			CONNECT/ENGAGE: EKIP - CANAVERAL

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 CASA GRANDE RUINS, INC 32068 GRAND VALLEY DRIVE MARANA, AZ 85658	27-2285931	501(C)(3)	10,000.	0.			PROTECT: SUPPORT PROJECTS AT CA
FRIENDS OF FLIGHT 93 P.O. BOX 911 SHANKSVILLE, PA 15560	27-0505853	501(C)(3)	183,411.	0.			CONNECT/ENGAGE: FL 93 JUNIOR RANGER
FRIENDS OF FORT VANCOUVER NATIONAL HISTORIC SITE - 1701 BROADWAY #345 - VANCOUVER, WA 98663	47-2631569	501(C)(3)	25,000.	0.			CONNECT/ENGAGE: FOVA OOFK
FRIENDS OF GREAT SMOKY MOUNTAINS NATIONAL PARK - P.O. BOX 1660 - KODAK, TN 37764	62-1564782	501(C)(3)	9,368.	0.			CONNECT/ENGAGE: ARTIST-IN-RESIDENCE
FRIENDS OF HAWAII VNP P.O. BOX 653 VOLCANO, HI 96785-0653	31-1577169	501(C)(3)	13,000.	0.			CONNECT/ENGAGE: EKIP HAWAII VOLCANOES
FRIENDS OF HOMESTEAD NATIONAL MONUMENT - 8523 WEST STATE HIGHWAY 4 - BEATRICE, NE 68310-6743	47-0842437	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: EKIP HOMESTEAD
FRIENDS OF HORSESHOE BEND PO BOX 865 DADEVILLE, AL 36853	27-1992252	501(C)(3)	7,000.	0.			CONNECT/ENGAGE: EKIP HORSESHOE BEND
FRIENDS OF INDEPENDENCE NATIONAL HISTORICAL PARK - 143 S. 3RD STREET - PHILADELPHIA, PA 19106	23-7179598	501(C)(3)	12,225.	0.			CONNECT/ENGAGE: INDE OOFK
FRIENDS OF KATAHDIN WOODS AND WATERS - PO BOX 148 - PORTLAND, ME 04112	81-5102906	501(C)(3)	249,466.	0.			PROTECT: FKWW VISITOR SERVICES GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF LYNDON B JOHNSON NATIONAL HISTORICAL PARK - P.O. BOX 1831 - JOHNSON CITY, TX 78636	32-0202408	501(C)(3)	8,680.	0.			CONNECT/ENGAGE: EKIP - LYNDON B JOHNSON NHP
FRIENDS OF MAMMOTH CAVE P.O. BOX 27 MAMMOTH CAVE, KY 42259	61-1302865	501(C)(3)	22,615.	0.			CONNECT/ENGAGE: MACA OOFK
FRIENDS OF NEW RIVER GORGE NATIONAL RIVER, INC - P.O. BOX 312 - GLEN JEAN, WV 25846	05-0578229	501(C)(3)	31,479.	0.			CONNECT/ENGAGE:RT50
FRIENDS OF OLD DOVER INC. P.O. BOX 44 DOVER, DE 19903	51-0202626	501(C)(3)	15,000.	0.			CONNECT/ENGAGE: EKIP FIRST STATE
FRIENDS OF PIERCE MILL 2930 BRANDYWINE ST. NW WASHINGTON, DC 20008-2138	52-2010378	501(C)(3)	9,500.	0.			CONNECT/ENGAGE: ROCR OOFK
FRIENDS OF SAGUARO NP P.O. BOX 18998 TUCSON, AZ 85731-8998	86-0842503	501(C)(3)	63,900.	0.			CONNECT/ENGAGE: SAGU 21CSC
FRIENDS OF SLEEPING BEAR DUNES, INC. - PO BOX 545 - EMPIRE, MI 49630	38-3178841	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: EKIP SLEEPING BEAR DUNES
GATEWAY ARCH PARK FOUNDATION ONE S. MEMORIAL DRIVE ST LOUIS, MO 63102	27-2128072	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: GRAND OPENING
GATEWAY NATIONAL RECREATION AREA 210 NEW YORK AVE. STATEN ISLAND, NY 10305	53-0197094	115	46,000.	0.			CONNECT& ENGAGE:EKIP - GATEWAY

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GENERAL GRANT NATIONAL MEMORIAL 122ND ST. AND RIVERSIDE DRIVE NEW YORK, NY 10027-3703	53-0197094	115	10,000.	0.			CONNECT/ENGAGE: GEGR OOF
GEORGE WASHINGTON MEMORIAL PARKWAY 700 GEORGE WASHINGTON MEMORIAL PARK MCLEAN, VA 22101-0001	53-0197094	115	10,200.	0.			CONNECT/ENGAGE: EKIP - GW PKWY
GETTYSBURG FOUNDATION 1195 BALTIMORE PIKE GETTYSBURG, PA 17325	23-2969074	501(C)(3)	300,000.	0.			PROTECT: GETT LITTLE ROUND TOP
GETTYSBURG NATIONAL MILITARY PARK 1124 BALTIMORE PIKE, SUITE #100 GETTYSBURG, PA 17325	53-0197094	115	7,000.	0.			CONNECT/ENGAGE: FY18SUPPORT GRANT FOR HOSTING
GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 59912	56-2579734	501(C)(3)	57,041.	0.			CONNECT/ENGAGE: GLAC 21CSC
GLEN CANYON NATURAL HISTORY ASSOCIATION - P.O. BOX 1835 - PAGE, AZ 86040	74-2429545	501(C)(3)	89,273.	0.			CONNECT/ENGAGE: EKIP RAINBOW BRIDGE
GOLDEN GATE NATIONAL RECREATION AREA - FORT MASON, BUILDING 201 - SAN FRANCISCO, CA 94123-1308	53-0197094	115	70,000.	0.			PROTECT: - GOGA ENVIRONMENTAL
GOLDEN GATE NP CONSERVANCY FORT MASON BUILDING 201 SAN FRANCISCO, CA 94123-0022	94-2781708	501(C)(3)	10,407.	0.			CONNECT/ENGAGE: EKIP GOLDEN GATE
GRAND CANYON ASSOCIATION P.O. BOX 399 GRAND CANYON, AZ 86023	86-0179548	501(C)(3)	338,199.	0.			PROTECT: - GRCA - GUEST DONATION

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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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GRAND CANYON NATIONAL PARK P.O. BOX 129 GRAND CANYON, AZ 86023-0129	53-0197094	115	20,160.	0.			PROTECT: AW - BRIAN HEALY
GRAND STAIRCASE ESCALANTE PARTNERS P.O. BOX 53 KANAB, UT 84741	34-1987583	501(C)(3)	11,250.	0.			CONNECT/ENGAGE: EXPLOREFUND
GRAND TETON ASSOCIATION P.O. BOX 170 MOOSE, WY 83012	83-0185073	501(C)(3)	35,000.	0.			PROTECT: GRTE ZERO LANDFILL
GRAND TETON NATIONAL PARK P.O. DRAWER 170 MOOSE, WY 83012-0170	53-0197094	115	115,000.	0.			PROTECT: GRTE ZERO LANDFILL
GRAND TETON NATIONAL PARK FOUNDATION - P.O. BOX 249 - MOOSE, WY 83012	83-0322668	501(C)(3)	75,000.	0.			CONNECT/ENGAGE: GRAND TETON NPF - CORP SUMMIT
GREAT SMOKY MOUNTAINS ASSOCIATION P.O. BOX 130 GATLINBURG, TN 37738	62-0576032	501(C)(3)	6,000.	0.			CONNECT/ENGAGE: GRSM OOFK
GREAT SMOKY MOUNTAINS INSTITUTE 9275 TREMONT ROAD TOWNSEND, TN 37882	62-1833479	501(C)(3)	14,280.	0.			CONNECT/ENGAGE: - NPLA GREAT SMOKY
GREAT SMOKY MOUNTAINS NATIONAL PARK - 107 PARK HEADQUARTERS ROAD - GATLINBURG, TN 37738-4102	53-0197094	115	16,777.	0.			PROTECT: AW - ERIN LAMM
GREENBELT PARK 6565 GREENBELT ROAD GREENBELT, MD 20770	53-0197094	115	5,300.	0.			CONNECT/ENGAGE: EKIP GREENBELT PARK

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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 ELIZABETH 205 FIRST STREET ELIZABETH, NJ 07206	56-2397106	501(C)(3)	13,137.	0.			CONNECT/ENGAGE: VOLUNTEER C
GROUNDWORK USA 22 MAIN ST. YONKERS, NY 10701	81-0554362	501(C)(3)	158,172.	0.			CONNECT/ENGAGE: GRANTGROUNDWORKUSA YOUTHCORPS
GUILFORD BATTLEGROUND COMPANY P.O. BOX 39508 GREENSBORO, NC 27438	56-1397310	501(C)(3)	5,500.	0.			CONNECT/ENGAGE: EKIP - GUILFORD COURTHOUSE
HAGERMAN FOSSIL BEDS NATIONAL MONUMENT - HAGERMAN FOSSIL BEDS NATIONAL MONUMENT - HAGERMAN, ID 83332	53-0197094	115	9,355.	0.			CONNECT/ENGAGE: HAFO OOFK
HAMILTON GRANGE NATIONAL MEMORIAL 287 CONVENT AVENUE NEW YORK, NY 10005	53-0197094	115	10,000.	0.			CONNECT/ENGAGE: HAGR OOF
HARPERS FERRY HISTORICAL ASSOCIATION - PO BOX 197 - HARPERS FERRY, WV 25425	55-0526963	501(C)(3)	9,000.	0.			CONNECT/ENGAGE: EKIP - HARPERS FERRY
HIGHLANDS FOOTPATH, INC. 104 MAYNARD HILL ROAD CHESTER, MA 01011	82-1033887	501(C)(3)	27,200.	0.			CONNECT/ENGAGE: WESTFIELD RT50 PROJECT
ICE AGE TRAIL ALLIANCE 2110 MAIN ST CROSS PLAINS, WI 53528	39-6076028	501(C)(3)	42,375.	0.			CONNECT/ENGAGE: NPLA ICE AGE
ILERI, INC. 10 ABC QUEEN STREET CHRISTIANSTED, VI 00820	66-0818815	501(C)(3)	12,000.	0.			CONNECT/ENGAGE: SARI OOFK

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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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INDUSTRIES FOR THE BLIND, INC 445 S CURTIS ROAD WEST ALLIS, WI 53214	39-0840476	501(C)(3)	95,126.	0.			CONNECT/ENGAGE: NPS JUNIOR ANGLER
INTERMOUNTAIN REGIONAL OFFICE 1100 OLD SANTA FE TRAIL SANTA FE, NM 87505	53-0197094	115	19,950.	0.			PROTECT: LYDIA MANDERS - AW
IRONWOOD TREE EXPERIENCE 439 N 6TH AVENUE #187 TUCSON, AZ 85705	46-4125968	501(C)(3)	98,203.	0.			CONNECT/ENGAGE: CITIZEN SCIENCE 2.0
ISLE ROYALE NATIONAL PARK 800 E. LAKESHORE DRIVE HOUGHTON, MI 49931	53-0197094	115	38,988.	0.			PROTECT: ISLE ROYALE
JEFFERSON NP ASSOCIATION ONE MEMORIAL DRIVE, SUITE 1900 ST. LOUIS, MO 63102-1500	43-6062751	501(C)(3)	153,000.	0.			CONNECT/ENGAGE: JEFF OOK/EKIP
JOSHUA TREE NATIONAL PARK 74485 NATIONAL PARK DRIVE TWENTYNINE PALMS, CA 92277-3597	53-0197094	115	48,000.	0.			PROTECT: WILDERNESS FROM OHV
JOSHUA TREE NATIONAL PARK ASSOCIATION - 77485 NATIONAL PARK DRIVE - TWENTYNINE PALMS, CA 92277	95-2312513	501(C)(3)	11,200.	0.			CONNECT/ENGAGE: EKIP JOSHUA TREE
KEEP TRUCKEE MEADOWS BEAUTIFUL PO BOX 7412 RENO, NV 89510	88-0254957	501(C)(3)	7,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
KENNESAW MOUNTAIN NATIONAL BATTLEFIELD PARK - 905 KENNESAW MOUNTAIN DRIVE - KENNESAW, GA 30152	53-0197094	115	20,000.	0.			CONNECT/ENGAGE: VOLUNTEER CAPACITY BUILDING

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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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KEWEENAW NHP ADVISORY COMMISSION 25970 RED JACKET ROAD CALUMET, MI 49913-0471	38-3595884	115	20,000.	0.			CONNECT/ENGAGE: KEWE OOFK
KINGS MOUNTAIN NATIONAL MILITARY PARK - 2625 PARK ROAD - BLACKSBURG, SC 29702	53-0197094	115	18,816.	0.			CONNECT/ENGAGE: KIMO OOFK
KNIFE RIVER INDIAN VILLAGES NATIONAL HISTORIC SITE - P.O. BOX 9 - STANTON, ND 58571-0009	53-0197094	115	14,000.	0.			CONNECT/ENGAGE: KNIFE RIVER HANDS ON THE LAND
KUPU 677 ALA MOANA BLVD HONOLULU, HI 96813	51-0652665	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
LACKAWANNA HERITAGE VALLEY AUTHORITY - 213 SOUTH 7TH AVENUE - SCRANTON, PA 18505	23-2745483	115	13,000.	0.			CONNECT/ENGAGE: STEA OOFK
LYCEE FRANCAIS DE LA NOUVELLE ORLEANS - 5951 PATTON ST - NEW ORLEANS, LA 70115	80-0502031	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: EKIP - NEW ORLEANS JAZZ
LYME LAND CONSERVATION TRUST INC. PO BOX 1002 OLD LYME, CT 06371	06-6085183	501(C)(3)	14,125.	0.			CONNECT/ENGAGE: RT50 EIGHTMILE
MERCED CITY SCHOOL DISTRICT 444 WEST 23RD STREET MERCED, CA 95340	77-3572124	115	10,800.	0.			CONNECT/ENGAGE: EKIP YOSEMITE
MESA VERDE MUSEUM ASSOCIATION PO.BOX 38 MESA VERDE NATIONAL PARK, CO 81330	84-0469675	501(C)(3)	18,470.	0.			PROTECT: MEVA - GUEST DONATION

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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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MISSISSIPPI PARK CONNECTION 111 KELLOGG BLVD EAST SAINT PAUL, MN 55101	87-0786530	501(C)(3)	396,450.	0.			CONNECT/ENGAGE: 21CSC
MISSOURI NATIONAL RECREATIONAL RIVER - P.O. BOX 591 - O'NEILL, NE 68763-0591	53-0197094	115	35,000.	0.			CONNECT/ENGAGE: RT50
MISSOURI RIVER RELIEF P.O. BOX 463 COLUMBIA, MO 65205	03-0425187	501(C)(3)	5,400.	0.			CONNECT/ENGAGE: EKIP - LEWIS & CLARK
MONTANA ENVIRONMENTAL EDUCATION ASSOCIATION - P.O. BOX 1015 - MISSOULA, MT 59806	81-0468587	501(C)(3)	20,900.	0.			CONNECT/ENGAGE: EKIP GLACIER
MOORES CREEK NATIONAL BATTLEFIELD 40 PATRIOTS HALL DRIVE CURRIE, NC 28435	53-0197094	115	7,678.	0.			CONNECT/ENGAGE: EKIP - MOORE'S CREEK
MOTORCITIES NATIONAL HERITAGE AREA PARTNERSHIP, INC - 200 RENAISSANCE CENTER - DETROIT, MI 48243	38-3489636	501(C)(3)	16,000.	0.			CONNECT/ENGAGE: EKIP - MOTORCITIES
MOUNT RAINIER NATIONAL PARK 55210 238TH AVENUE EAST ASHFORD, WA 98304-9751	53-0197094	115	108,600.	0.			CONNECT/ENGAGE MORA 21STCSC
MOUNT RUSHMORE NATIONAL MEMORIAL 13000 HIGHWAY 244 KEYSTONE, SD 57751-0268	53-0197094	115	20,000.	0.			PROTECT: MORU HISTORIC TRAIL PR
MOUNTAINS RESTORATION TRUST 3815 OLD TOPANGA CANYON ROAD CALABASAS, CA 91302	95-3677444	501(C)(3)	6,000.	0.			CONNECT/ENGAGE: EXPLOREFUND

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MUSCONETCONG WATERSHED ASSOCIATION P.O. BOX 113 ASBURY, NJ 08802	22-3199292	501(C)(3)	58,000.	0.			CONNECT/ENGAGE: RT50
NATCHEZ TRACE NATIONAL SCENIC TRAIL - 2680 NATCHEZ TRACE PARKWAY - TUPELO, MI 38804-9718	53-0197094	115	75,000.	0.			CONNECT/ENGAGE: RT50 LYP
NATCHEZ TRACE PARKWAY 2680 NATCHEZ TRACE PARKWAY TUPELO, MS 38804	53-0197094	115	5,088.	0.			CONNECT/ENGAGE: EKIP NATCHEZ TRACE
NATIONAL BROTHERHOOD OF SKIERS 10 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606	36-3058068	501(C)(3)	10,000.	0.			CONNECT/ENGAGE EXPLORER FUND
NATIONAL COUNCIL OF NEGRO WOMEN 633 PENNSYLVANIA AVE, NW WASHINGTON, DC 20004	53-0173054	501(C)(3)	15,000.	0.			CONNECT/ENGAGE: EKIP CONGAREE
NATIONAL PARK SERVICE 1849 C STREET, NW WASHINGTON, DC 20240	53-0197094	115	94,874.	0.			CONNECT/ENGAGE: NPS JUNIOR ANGLER
NATIONAL PARK SERVICE - AIR RESOURCES DIVISION - P.O. BOX 27285 - DENVER, CO 80225	53-0197094	115	50,000.	0.			PROTECT: NPS DMP
NATIONAL PARK SERVICE - WASO OFFICE OF PARTNERSHIPS AND PHILANTHROPY - 1849 C STREET NW - WASHINGTON, DC 20240	53-0197094	115	100,000.	0.			CONNECT: EXPANSION OF IN-HOUSE
NATIONAL PARK TRUST 401 E JEFFERSON ST. SUITE 207 ROCKVILLE, MD 20850	52-1691924	501(C)(3)	87,219.	0.			CONNECT/ENGAGE: CHIS OOFK

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NATIONAL PARKS OF AMERICAN SAMOA MHJ BUILDING, 2ND FLOOR PAGO PAGO, AS 96799-0001	53-0197094	115	7,750.	0.			CONNECT/ENGAGE: EKIP NATL PARK OF AMERICAN SAM
NATIONAL PARKS OF NEW YORK HARBOR 210 NEW YORK AVENUE STATEN ISLAND, NY 10305	53-0197094	115	9,350.	0.			CONNECT/ENGAGE: EKIP - SAINT PAULS CHURCH
NATUREBRIDGE 28 GEARY STREET, SUITE # 650 SAN FRANCISCO, CA 94108	94-2145930	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
NEW MEXICO HUMANITIES COUNCIL 4115 SILVER AVE, SE ALBUQUERQUE, NM 87108	85-0225681	501(C)(3)	12,381.	0.			CONNECT/ENGAGE: RT50
NIOBRARA NATIONAL SCENIC RIVER 214 W. HIGHWAY 20 VALENTINE, NE 69201	53-0197094	115	10,000.	0.			CONNECT/ENGAGE: RT50
NORTH COUNTRY TRAIL ASSOCIATION INC. - 229 E MAIN STREET - LOWELL, MI 49331	38-2423480	501(C)(3)	30,000.	0.			CONNECT/ENGAGE: RT50
NORTHWEST YOUTH CORPS 2621 AUGUSTA ST EUGENE, OR 97403	93-0818160	501(C)(3)	290,753.	0.			CONNECT/ENGAGE: NORTHWESTYOUTHCOR
NPS - GRAND PORTAGE P.O. BOX 426 GRAND PORTAGE, MN 55605	53-0197094	115	35,500.	0.			CONNECT/ENGAGE: 21CSC GRAND PORTAGE
NPS - OFFICE OF INTERNATIONAL AFFAIRS - 1849 C STREET NW - WASHINGTON, DC 20240	53-0197094	115	18,000.	0.			CONNECT/ENGAGE: PD FOR NPS

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NPS - OREGON CAVES NATIONAL MONUMENT AND PRESERVE - 1900 CAVES HWY - CAVE JUNCTION, OR 97523	53-0197094	115	8,000.	0.			CONNECT/ENGAGE: EKIP - OREGON CAVES
NPS - STONEWALL NATIONAL MONUMENT 26 WALL STREET NEW YORK, NY 10005	53-0197094	115	14,250.	0.			PROTECT: FORMAT CURRICULUM, ADD NPS ONL
NPS - WATER RESOURCES DIVISION 1201 OAKRIDGE DRIVE FORT COLLINS, CO 80525	53-0197094	115	55,000.	0.			CONNECT/ENGAGE: RT50
OCMULGEE NATIONAL MONUMENT ASSOCIATION - 1207 EMERY HWY - MACON, GA 31217-4399	58-6033981	501(C)(3)	17,000.	0.			CONNECT/ENGAGE: OCMU OOFK
OKLAHOMA CITY NATIONAL MEMORIAL FOUNDATION - 620 N HARVEY AVENUE - OKLAHOMA CITY, OK 73102	73-1472725	501(C)(3)	21,000.	0.			CONNECT/ENGAGE: OKCI OOFK
OLD SPANISH TRAIL ASSOCIATION P.O. BOX 324 KANAB, UT 87741	84-1282611	501(C)(3)	6,600.	0.			CONNECT/ENGAGE: RT50
OLYMPIC NATIONAL PARK 600 EAST PARK AVENUE PORT ANGELES, WA 98362-6757	53-0197094	115	2,893,494.	0.			CONNECT/ENGAGE: FINAL EKGV BUDGET
ORIGINAL PONY EXPRESS HOME STATION 106 S. 8TH STREET MARYSVILLE, KS 66508	48-6139910	501(C)(3)	45,000.	0.			CONNECT/ENGAGE: RT50
OTERO SOIL AND WATER CONSERVATION DISTRICT - 3501 MESA VILLAGE DRIVE - ALAMOGORDO, NM 88310	85-0382745	115	9,000.	0.			CONNECT/ENGAGE: WWSA OOF

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OUT THERE ADVENTURES 2912 COTTONWOOD AVE BELLINGHAM, WA 98225	46-2934827	501(C)(3)	15,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
OUTDOOR OUTREACH 5275 MARKET STREET, SUITE 21 SAN DIEGO, CA 92114	33-0860449	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
OVERMOUNTAIN VICTORY TRAIL ASSOCIATION - 1780 MUSTER PLACE - ABINGDON, VA 24210	62-1074440	501(C)(3)	8,000.	0.			CONNECT/ENGAGE: EKIP OVERMOUNTAIN VICTORY TRAI
OZARK NATIONAL SCENIC RIVERWAYS P.O. BOX 490 VAN BUREN, MO 63965-0490	53-0197094	115	5,600.	0.			CONNECT/ENGAGE: EKIP - OZARK
PACIFIC HISTORIC PARKS 94-1187 KA UKA BLVD WAIPAHU, HI 96797	99-0194501	501(C)(3)	16,600.	0.			CONNECT/ENGAGE: EKIP - AMERICAN MEMORIAL
PARA LA NATURALEZA PO BOX 9023554 SAN JUAN, PR 00902	66-0801404	501(C)(3)	20,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
PETRIFIED FOREST MUSEUM ASSOCIATION - P.O. BOX 2277 - PETRIFIED FOREST, AZ 86028	86-0188821	501(C)(3)	8,000.	0.			CONNECT/ENGAGE: PEFO OOF
PICTURED ROCKS NATIONAL LAKESHORE P.O. BOX 40 MUNISING, MI 49862	53-0197094	115	19,340.	0.			CONNECT/ENGAGE: PIRO OOFK
PINNACLES NATIONAL PARK FOUNDATION P.O. BOX 2080 HOLLISTER, CA 95024	76-0849623	501(C)(3)	5,200.	0.			CONNECT/ENGAGE: PINN OOF

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
PINNACLES PARTNERSHIP P.O. BOX 2080 HOLLISTER, CA 95024	76-0849623	501(C)(3)	5,200.	0.			CONNECT/ENGAGE: EKIP PINNACLES
PIPESTONE INDIAN SHRINE ASSOCIATION - P.O. BOX 727 - PIPESTONE, MN 56164	41-6043337	501(C)(3)	5,700.	0.			CONNECT/ENGAGE: PIPE OOF
POCONO ENVIRONMENTAL EDUCATION 538 EMERY ROAD DINGMAN'S FERRY, PA 18328	23-2424742	501(C)(3)	6,525.	0.			CONNECT/ENGAGE: EKIP - DELAWARE WATER GAP
PRESIDENT'S PARK (WHITE HOUSE) 1100 OHIO DRIVE, SW WASHINGTON, DC 20242	53-0197094	115	11,000.	0.			CONNECT/ENGAGE: EKIP - WHITE HOUSE
PULLMAN NATIONAL MONUMENT 11141 S. COTTAGE GROVE AVENUE CHICAGO, IL 60628	53-0197094	115	3,812,943.	0.			CONNECT/ENGAGE: PULL EDUCATION
REDWOOD NATIONAL PARK 1111 SECOND ST. CRESCENT CITY, CA 95531	53-0197094	115	74,863.	0.			CONNECT/ENGAGE: RT50
REGENTS UNIVERSITY OF CALIFORNIA 10889 WILSHIRE BLVD LOS ANGELES, CA 90095	95-6006143	501(C)(3)	42,985.	0.			PROTECT: SAMO LANDSCAPE GENOM
RIOS TO RIVERS 266 WILDWOOD LANE ASPEN, CO 81611	46-0720031	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
RIVER MANAGEMENT SOCIETY P.O. BOX 5750 TAKOMA PARK, MD 20913-5750	31-1297130	501(C)(3)	14,680.	0.			CONNECT/ENGAGE: - RT50 NPS

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
RIVER RAISIN NATIONAL BATTLEFIELD PARK FOUNDATION - 1403 E. ELM AVE - MONROE, MI 48162	46-2501428	501(C)(3)	28,000.	0.			CONNECT/ENGAGE: EKIP - RIVER RAISIN
ROANOKE OUTSIDE FOUNDATION 111 FRANKLIN PLAZA ROANOKE, VA 24011	45-1648056	501(C)(3)	8,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
ROCK CREEK CONSERVANCY, INC 4300 MONTGOMERY AVE. BETHESDA, MD 20814	20-3874333	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
ROCK CREEK PARK 3545 WILLIAMSBURG LANE, NW WASHINGTON, DC 20008-1207	53-0197094	115	235,000.	0.			CONNECT/ENGAGE: CITIZEN SCIENCE 2.0 ROCR
ROCKY MOUNTAIN CONSERVANCY P.O. BOX 3100 EAST PARK, CO 80517	84-0472090	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: EKIP - ROCKY MOUNTAIN
ROCKY MOUNTAIN NATIONAL PARK 1000 HIGHWAY 36 ESTES PARK, CO 80517-8397	53-0197094	115	13,500.	0.			PROTECT: ACCEPT AND ADMIN
ROOSEVELT-VANERBILT NAT'L HIST. ASSN. - P.O. BOX 235 - HYDE PARK, NY 12538	14-6035855	501(C)(3)	7,000.	0.			CONNECT/ENGAGE: EKIP - ROOSEVELT VANDERBILT
ROSIE THE RIVETER TRUST 440 CIVIC CENTER PLAZA, 2ND FLOOR RICHMOND, CA 94804	94-3335350	501(C)(3)	9,000.	0.			CONNECT/ENGAGE: EKIP ROSIE THE RIVETER
SACRED ROK P.O. BOX 148 YOSEMITE, CA 95389	80-0440822	501(C)(3)	20,000.	0.			CONNECT/ENGAGE: EXPLOREFUND

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
SAGAMORE HILL NATIONAL HISTORIC SITE - 20 SAGAMORE HILL ROAD - OYSTER BAY, NY 11771-1899	53-0197094	115	27,500.	0.			PROTECT: SAHI A&A
SAINT CROIX RIVER ASSOCIATION P.O. BOX 655 ST. CROIX FALLS, WI 54024	26-3025933	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: RT50 SWIM SPLASH SMI
SAINT GAUDENS MEMORIAL 34 SOUTH HIGHLAND AVE OSSINING, NY 10562	02-0223438	501(C)(3)	26,000.	0.			PROTECT: SAGA A&A
SAINT PAUL'S CHURCH NATIONAL HISTORIC SITE - 897 SOUTH COLUMBUS AVENUE - MOUNT VERNON, NY 10550-5018	53-0197094	115	9,350.	0.			CONNECT/ENGAGE: SAPA OOFK
SAN FRANCISCO MARITIME NATIONAL PARK ASSOCIATION - P.O. BOX 470310 - SAN FRANCISCO, CA 94147	94-1254650	501(C)(3)	11,200.	0.			CONNECT/ENGAGE: EKIP SAN FRANCISCO MARITIME
SAN JUAN NATIONAL HISTORIC SITE 501 CALLE NORZAGARAY SAN JUAN, PR 00901	53-0197094	115	50,000.	0.			PROTECT: SAJU HURRICANE SUPPLIES
SANTA FE TRAIL ASSOCIATION 1349 K-156 HWY LARNED, KS 67550	48-1058674	501(C)(3)	59,200.	0.			CONNECT/ENGAGE: RT50
SANTA MONICA MOUNTAINS FUND 401 WEST HILLCREST DRIVE THOUSAND OAKS, CA 91360	95-4187832	501(C)(3)	774,478.	0.			CONNECT/ENGAGE: SAMO YOUTH
SANTA MONICA MOUNTAINS NATIONAL RECREATION AREA - 401 WEST HILLCREST DRIVE - THOUSAND OAKS, CA 91360	53-0197094	115	67,560.	0.			CONNECT/ENGAGE: FOCUS CITY LOS ANGELES

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
SCHOODIC INSTITUTE 9 ATTERBURY CIR, WINTER HARBOR, MN 04693	20-1054593	501(C)(3)	250,000.	0.			CONNECT/ENGAGE: SECOND CENTURY
SCIENCE MUSEUM OF MINNESOTA 120 WEST KELLOGG BOULEVARD ST PAUL, MN 55102	41-0706172	501(C)(3)	48,333.	0.			CONNECT/ENGAGE: CITIZEN SCIENCE 2.0 MISSISSIPPI
SEQUOIA AND KING'S CANYON NATIONAL PARKS - 47050 GENERALS HIGHWAY - THREE RIVERS, CA 93271	53-0197094	115	40,000.	0.			PROTECT: NPS REQUEST - FUNERAL TRAVEL
SEQUOIA PARKS CONSERVANCY 47050 GENERALS HIGHWAY # 10 THREE RIVERS, CA 93271	94-1379633	501(C)(3)	218,500.	0.			CONNECT/ENGAGE: SEKI 21CSC
SHELBURNE FARMS 1611 HARBOR ROAD SHELBURNE, VT 05482	03-0229347	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: NPLA PEC
SHENANDOAH NATIONAL PARK TRUST P.O. BOX 2977 CHARLOTTESVILLE, VA 22902	20-8685310	501(C)(3)	39,949.	0.			PROTECT: SHEN - GUEST DONATION
SHILOH MILITARY PARK 1055 PITTSBURG LANDING ROAD SHILOH, TN 38376	53-0197094	115	6,400.	0.			CONNECT/ENGAGE: EKIP - SHILOH
SOUTH FLORIDA NATIONAL PARK 1390 S DIXIE HWY STE 2203 CORAL GABLES, FL 33146-2945	13-4341209	501(C)(3)	411,387.	0.			CONNECT/ENGAGE: FINAL EKGV BUDGET
SOUTHERN ARIZONA OFFICE 3636 N CENTRAL AVE PHOENIX, AZ 85004	53-0197094	115	9,051.	0.			PROTECT: AW - HART

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
STUDENT CONSERVATION ASSOC. P.O. BOX 550 CHARLESTOWN, NH 03603	91-0880684	501(C)(3)	288,254.	0.			CONNECT/ENGAGE: 2 SCA INTERNS FOR STON
SULTANA EDUCATION FOUNDATION 200 SOUTH CROSS ST CHESTERTOWN, MD 21620	52-2021091	501(C)(3)	9,900.	0.			CONNECT/ENGAGE: CAJO OOFK
SUSQUEHANNA HERITAGE CORPORATION 1706 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368	75-3087098	501(C)(3)	14,135.	0.			CONNECT/ENGAGE: CAJO OOFK
TEACHING RESPONSIBLE EARTH EDUCATION - 4714 EARHART BLVD, STE D - NEW ORLEANS, LA 70125	72-1310276	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: EKIP JEAN LAFITTE
THE MARTIN LUTHER KING JR. CENTER FOR NONVIOLENT SOCIAL CHANGE - 449 AUBURN AVENUE NE - ATLANTA, GA 30312	58-1030989	501(C)(3)	9,000.	0.			CONNECT/ENGAGE: MALU OOF
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE ARLINGTON, VA 22203	53-0242652	501(C)(3)	15,000.	0.			PROTECT: TAPR A&A
THE OUTSIDE LAS VEGAS FOUNDATION 919 E. BONNEVILLE AVENUE LAS VEGAS, NV 89101	26-2537847	501(C)(3)	9,627.	0.			CONNECT/ENGAGE: LAKE OOFK
THE SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	12,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
THE STATUE OF LIBERTY ELLIS ISLAND FOUNDATION, INC - 17 BATTERY PLACE - NEW YORK, NY 10004	13-3118415	501(C)(3)	333,333.	0.			CONNECT/ENGAGE: SOLEIF ENGAGEMENT GALL

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
THEODORE ROOSEVELT BIRTHPLACE NATIONAL HISTORIC SITE - 28 EAST 20TH STREET - NEW YORK, NY 10003	53-0197094	115	10,000.	0.			CONNECT/ENGAGE: THRB OOF
TONTO NATIONAL MONUMENT 26260 N. HWY 188, LOT 2 ROOSEVELT, AZ 85545	53-0197094	115	7,064.	0.			CONNECT/ENGAGE: EKIP - TONTO
TOWN OF CONCORD 22 MONUMENT SQUARE CONCORD, MA 01742	04-6001121	115	42,000.	0.			CONNECT/ENGAGE: RT50
TRUST FOR THE NATIONAL MALL 601 13TH STREET, NW, SUITE#300 N WASHINGTON, DC 20005	30-0080738	501(C)(3)	66,000.	0.			CONNECT/ENGAGE: BOEING GRANT 2 FELLOWS NAT MAL
TUMACACORI NATIONAL HISTORICAL PARK - P.O. BOX 8067 - TUMACACORI, AZ 85640-0067	53-0197094	115	9,250.	0.			CONNECT/ENGAGE: EKIP TUMACACORI
UNITED ACTIVITIES UNLIMITED, INC 1000 RICHMOND TERRACE STATEN ISLAND, NY 10301	13-2921483	501(C)(3)	7,500.	0.			CONNECT/ENGAGE: VOLUNTEER C
UNIVERSITY OF COLORADO, DENVER 13001 EAST 17TH PLACE, W1124 AURORA, CO 80045	84-6000555	501(C)(3)	78,580.	0.			CONNECT/ENGAGE: TEACHER-RANGER PROG
UPPER DELAWARE SCENIC AND RECREATIONAL RIVER - 274 RIVER ROAD - BEACH LAKE, PA 18405-9737	53-0197094	115	6,065.	0.			CONNECT/ENGAGE: UPDE OOFK
UTAH SKI & SNOWBOARD ASSOCIATION 150 WEST 500 S SALT LAKE CITY, UT 84101	87-0316293	501(C)(6)	10,000.	0.			CONNECT/ENGAGE: VARIOUS NATL FORESTS IN UTAH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON COUNTY BOARD OF EDUCATION - 10435 DOWNSVILLE PIKE - HAGERSTOWN, MD 21740	52-6001035	115	8,250.	0.			CONNECT/ENGAGE: EKIP ANTIETAM
WASHINGTON DEPT. OF FISH & WILDLIFE - 600 CAPITOL WAY NORTH - OLYMPIA, WA 98501	91-1632572	115	830,654.	0.			PROTECT: OLYM - ELWHA RIVE
WASHINGTON'S NATIONAL PARK FUND 1904 THIRD AVE SEATTLE, WA 98101	01-0869799	501(C)(3)	54,037.	0.			CONNECT/ENGAGE: HANDS ON THE LAND - NOCA
WHITE CLAY WATERSHED ASSOCIATION 182 SAWMILL ROAD LANDENBERG, PA 19350	23-7116453	501(C)(3)	11,321.	0.			CONNECT/ENGAGE: RT50 SWIM SPLASH SMI
WHITEFISH SCHOOL DISTRICT 600 2ND ST. E. WHITEFISH, MT 59937	81-6000395	115	8,799.	0.			CONNECT/ENGAGE: RT50 SWIM SPLASH SMI
WILSON'S CREEK NATIONAL BATTLEFIELD - 6424 W. FARM ROAD 182 - REPUBLIC, MO 65738	53-0197094	115	350,000.	0.			PROTECT: WICR VISITOR'S CENTER
WING LUKE MUSEUM 719 S KING ST SEATTLE, WA 98104	91-6067431	501(C)(3)	15,000.	0.			CONNECT/ENGAGE: EKIP - WING LUKE MUSEUM
WINTER WILDLANDS ALLIANCE 910 MAIN STREET BOISE, ID 83702	82-0523471	501(C)(3)	10,000.	0.			CONNECT/ENGAGE: EXPLOREFUND
YELLOWSTONE NATIONAL PARK P.O. BOX 168 YELLOWSTONE NP, WY 82190-0168	53-0197094	115	343,490.	0.			PROTECT: A&A YELLOWSTONE

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
YELLOWSTONE PARK FOUNDATION 222 EAST MAIN ST #301 BOZEMAN, MT 59715	83-0311166	501(C)(3)	334,585.	0.			CONNECT/ENGAGE: EKIP YELLOWSTONE
YOSEMITE CONSERVANCY 101 MONTGOMERY ST., SAN FRANCISCO, CA 94104	94-3058041	501(C)(3)	747,078.	0.			CONNECT/ENGAGE: EXPLORE FUND
YOSEMITE NATIONAL PARK P.O. BOX 577 YOSEMITE, CA 95389	53-0197094	115	10,000.	0.			PROTECT: ACCEPT AND ADMIN
ZION NATIONAL PARK STATE ROUTE 9 SPRINGDALE, UT 84767-1099	53-0197094	115	40,000.	0.			CONNECT/ENGAGE: VOLUNTEER CAPACITY BUILDING ZI
ZION NATURAL HISTORY ASSOCIATION 1 ZION NATIONAL PARK SPRINGDALE, UT 84767	87-0256961	501(C)(3)	180,526.	0.			CONNECT/ENGAGE: PISP OOFK

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CONNECT/ENGAGE: 2017 BEARSS FE	1	2,500.	0.		
WASO VET FELLOW CURRIC SUPPORT	1	3,060.	0.		
STONEWALL SCHOLARS	8	18,922.	0.		
GRANTS & PROGRAMS SUPPORT - TRAVEL	9	3,944.	0.		
CONNECT/ENGAGE: NATR EKIP	1	3,456.	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 USES 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
CONNECT/ENGAGE: LGBTQ THEME STUDY	2.	3,389.	0.		
CONNECT/ENGAGE: MELLON	6.	54,500.	0.		
CONNECT/ENGAGE: ACLS FELLOW	4.	25,002.	0.		
CONNECT/ENGAGE: PLACE BASED EDUCATION	1.	5,667.	0.		
PROTECT: FT WAYNE REVITALIZATION	1.	639.	0.		
CONNECT/ENGAGE: FELLOWSHIP	1.	2,500.	0.		
CONNECT/ENGAGE: VETERANS PROJECT	5.	7,503.	0.		
CONNECT/ENGAGE: EKIP - NATCHEZ TRACE	1.	3,456.	0.		
CONNECT/ENGAGE: CITIZEN SCIENCE 2.0	3.	3,300.	0.		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

	Yes	No
1b	X	
2	X	
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) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM SHAFROTH PRESIDENT AND CEO	(i)	379,422.	37,800.	1,584.	12,822.	28,398.	460,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH AANGEENBRUG EXECUTIVE VP (TIL 3/18)	(i)	261,903.	18,700.	538.	4,694.	10,768.	296,603.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MANDEEP SINGH CHIEF FINANCIAL OFFICER	(i)	205,873.	9,940.	451.	3,100.	27,168.	246,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RUTH PRESCOTT CHIEF OF STAFF	(i)	188,329.	12,425.	703.	6,807.	2,188.	210,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIEL SAKURA SR ADVISOR, INNOVATIVE FUNDING & PRI	(i)	184,948.	10,100.	389.	2,860.	23,874.	222,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANGELA HEARN SVP, MARKETING AND COMM (TIL 5/18)	(i)	157,607.	5,600.	130.	5,133.	9,956.	178,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHRYSTAL MORRIS MURPHY SVP, COMMUNITY PARTNERSHIPS	(i)	164,707.	8,450.	216.	2,267.	11,954.	187,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SUSAN NEWTON SVP, GRANTS & PROGRAMS (TIL 4/18)	(i)	160,103.	5,129.	334.	5,699.	28,619.	199,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CARTER K. LAUGHLIN SVP, PRINCIPAL GIFTS	(i)	165,296.	14,063.	206.	6,017.	8,462.	194,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STEFANIE MATHEW VP, CORPORATE PARTNERSHIPS	(i)	141,037.	8,089.	108.	5,356.	9,002.	163,592.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) NICOLE ENGDAHL VP, PLANNED AND ANNUAL GIVING	(i)	133,211.	12,873.	152.	5,374.	9,342.	160,952.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MATTHEW PROVOST VP, STRATEGIC PARTNERSHIPS (TIL 6/18)	(i)	137,364.	7,704.	105.	3,036.	2,059.	150,268.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CURTIS BUCHHOLTZ DIRECTOR, MAJ&PLND GIVING (TIL 9/18)	(i)	130,507.	4,052.	2,107.	5,402.	17,418.	159,486.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 1A:

WILLIAM SHAFROTH (PRESIDENT AND CEO) IS PERMITTED PER CONTRACTUAL AGREEMENT TO TRAVEL FIRST CLASS FOR AIR TRAVEL LASTING 3 HOURS OR LONGER. ALL EXPENSES ARE SUBJECT TO THE FOUNDATION'S TRAVEL AND EXPENSE POLICY. THESE AMOUNTS ARE NOT TREATED AS TAXABLE COMPENSATION.

PART I, LINE 4B:

THE FOUNDATION HAS ESTABLISHED A SECTION 457(F) PLAN FOR WILLIAM GILBERT SHAFROTH, PRESIDENT AND CEO. THE AMOUNT ACCRUED UNDER THIS PLAN WAS \$71,503 AS OF SEPTEMBER 30, 2018.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		960.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	52	767,722.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>EQUIPMENT</u>)	X	3	153,899.	FMV
26	Other ▶ (<u>PRIZES</u>)	X	3	27,571.	FMV
27	Other ▶ (<u>MERCHANDISE</u>)	X	1	7,986.	FMV
28	Other ▶ ()				

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

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

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

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

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

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

PARK.

II. NPF ACQUIRED, ON BEHALF OF THE NATIONAL PARK SERVICE, LAND IN ZION
NATIONAL PARK, PETERSBURG NATIONAL BATTLEFIELD, EBAY'S LANDING NATIONAL
HISTORICAL RESERVE, CAMP NELSON NATIONAL MONUMENT, FREEDOM RIDERS
NATIONAL MONUMENT, AND FIRE ISLAND NATIONAL SEASHORE.

III. NPF SUPPORTED THE CONSTRUCTION AND IMPLEMENTATION OF PROGRAMMATIC
OPPORTUNITIES ASSOCIATED WITH THE FLIGHT 93 NATIONAL MEMORIAL.

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

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

PARKS, FOSTERING LIFELONG CONNECTIONS, AND BUILDING STRONG
PARTNERSHIPS. IN FY18, NPF PROVIDED \$8,437,135 TO CONNECT PEOPLE TO OUR
NATIONAL PARKS.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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

I. IN FY18, THE NATIONAL PARK FOUNDATION CONTINUED ITS WORK ON FIND YOUR PARK/ENCUENTRA TU PARQUE, A PUBLIC AWARENESS AND EDUCATION PROGRAM. FIND YOUR PARK IS A MARKETING PROGRAM THAT MAKES PARKS RELEVANT TO PEOPLES LIVES, BRINGING AWARENESS OF NATIONAL PARKS, CONNECTING THEM TO PARKS, AND INSPIRING PEOPLE TO SUPPORT THEIR PARKS. THIS PROGRAM IS FUNDED THROUGH CORPORATE CONTRIBUTIONS AND FOCUSES MUCH OF ITS EFFORTS ON GETTING PEOPLE TO ENGAGE WITH PARKS. "FIND YOUR PARK" INVITES PEOPLE TO DISCOVER AND SHARE THEIR OWN UNIQUE CONNECTIONS TO THE NATION'S NATURAL LANDSCAPES, VIBRANT CULTURE, AND RICH HISTORY.

II. THRU GRANTS FROM THE NATIONAL PARK FOUNDATION, NPS AND PARTNERS CREATED OPPORTUNITIES FOR 273,160 PEOPLE TO CONNECT TO THE PARKS THROUGH COMMUNITY ENGAGEMENT PROGRAMS.

III. NPF SUPPORTED PROGRAMS AROUND THE NATION THAT HIRED 698 YOUTH TO SERVE IN CONSERVATION CORPS. THESE CORPS MEMBERS RESTORED TRAILS AND REMOVED INVASIVE SPECIES AT OLYMPIC NATIONAL PARK, MOUNT RAINIER NATIONAL PARK, SEQUOIA AND KINGS CANYON NATIONAL PARK, AND MANY OTHERS.

IV. IN FY18, THE FOUNDATION GRANTED \$1,839,730 FOR DRAKES ESTERO RESTORATION AT POINT REYES NATIONAL SEASHORE AND TO SUPPORT YOUTH CORPS AT SEVERAL NATIONAL PARKS.

V. NPF SUPPORTED THE OPEN OUTDOOR FOR KIDS PROGRAM. THROUGH THIS INITIATIVE, THE NATIONAL PARK FOUNDATION IS REACHING ELEMENTARY AGED CHILDREN FROM ACROSS THE COUNTRY AND PROVIDING THEM THE CHANCE TO EXPERIENCE AND LEARN FROM NATIONAL PARKS. NPF'S ROLE IS TO FUND IN-PARK

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

PROGRAMS AND PROVIDE TRANSPORTATION TO THE PARK.

VI. THE NATIONAL PARK SERVICE CENTENNIAL ACT WAS SIGNED INTO LAW ON DECEMBER 16, 2016. THE LAW AFFECTS NPF PROGRAMMATIC SERVICES IN THREE SPECIFIC WAYS: 1) PROVIDES \$10 MILLION PER YEAR TO THE FOUNDATION FROM THE SALES OF NATIONAL PARK SENIOR PASSES TO FUND AN ENDOWMENT FOR NATIONAL PARKS AT THE FOUNDATION. THE FOUNDATION WILL USE THE PROCEEDS OF THE INVESTMENT EARNINGS FROM THE ENDOWMENT TO FUND SIGNATURE PARK PROJECTS THAT SUPPORT THE PRIORITIES OF THE NATIONAL PARK SERVICE. 2) AUTHORIZED \$5 MILLION ANNUAL APPROPRIATION TO THE NATIONAL PARK FOUNDATION AND 3) PROVIDES MATCHING GRANTS FOR PARK IMPROVEMENT PROJECTS. IN FY18, THE NATIONAL PARK FOUNDATION RECEIVED \$3 MILLION OF THESE MATCHING GRANTS AND IS WORKING WITH THE NATIONAL PARK SERVICE TO EXPEND THAT THROUGH COMMUNITY ENGAGEMENT PROGRAMS.

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

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

THE 990 FORM DRAFTS ARE REVIEWED BY THE CEO, COO, CFO, AND CONTROLLER AS WELL AS THE CHIEF PROGRAM OFFICER, AND THE CHIEF EXTERNAL AFFAIRS OFFICER.

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

Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

FORM TO THE INTERNAL REVENUE SERVICE. FORM 990 IS FILED AFTER THE BOARD HAS BEEN GIVEN A CHANCE TO REVIEW AND PROVIDE FEEDBACK.

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

IF AN INDIVIDUAL HAS A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST IN CONNECTION WITH ANY FOUNDATION TRANSACTION OR MATTER, THE INDIVIDUAL MUST IMMEDIATELY NOTIFY THE PRESIDENT, CHAIR OF THE BOARD, OR CHAIR OF THE GOVERNANCE COMMITTEE AND DISCLOSE ALL THE MATERIAL FACTS CONCERNING THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST AND HIS OR HER RELATIONSHIP TO THE TRANSACTION OR MATTER AT ISSUE.

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

THE FOUNDATION ALSO UTILIZES A MANDATORY DISCLOSURE POLICY UNDER WHICH EACH OF THE FOLLOWING CATEGORIES OF INDIVIDUALS IS REQUIRED TO SUBMIT A MANDATORY ANNUAL DISCLOSURE STATEMENT OF ANY KNOWN OR POTENTIAL CONFLICTS OF INTEREST. THE DISCLOSURE FORM REQUIRES IDENTIFICATION AND SIGNATURE AND

Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

IS SUBMITTED TO THE PRESIDENT OR VICE CHAIR.

THE FOLLOWING CLASSES OF INDIVIDUALS MUST SUBMIT THE DISCLOSURE ANNUALLY:

A. BOARD OF DIRECTORS

B. OFFICERS AND KEY EMPLOYEES

C. 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 AND OTHER KEY EMPLOYEES. THE COMMITTEE USES VARIOUS RESOURCES FOR DETERMINING COMPARABLE DATA DURING THE DELIBERATION AND DECISION PROCESS.

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

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

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

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	6,051,909.
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MANAGEMENT AND GENERAL EXPENSES	1,219,329.
---------------------------------	------------

FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	7,271,238.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,271,238.
--	------------

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

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Schedule R (Form 990) 2017

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

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

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

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

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

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

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

- 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)				

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018

2017

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? J The books are in care of THE ORGANIZATION Telephone number 202-796-2500

Part I Unrelated Trade or Business Income table header with columns (A) Income, (B) Expenses, (C) Net

Table for Part I Unrelated Trade or Business Income with rows 1a through 13. Total income is 0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table for Part II Deductions Not Taken Elsewhere with rows 14 through 34. Total deductions are 1,000.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Tax on Non-Compliant Facility Income. See instructions		39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit. Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	0.
43	Other taxes. Check if from: Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	0.
45a	Payments: A 2016 overpayment credited to 2017	45a	
b	2017 estimated tax payments	45b	8,400.
c	Tax deposited with Form 8868	45c	3,500.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	45g	
46	Total payments. Add lines 45a through 45g	46	11,900.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	11,900.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax _____ Refunded _____	50	11,900.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ **PRESIDENT & CEO** Title

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

Paid Preparer Use Only	Print/Type preparer's name	Prep	Date	Check if self-employed	PTIN
	ELIZABETH HELLER	<i>Elizabeth Heller</i>	5/24/2019		P00397829
	Firm's name	Firm's address		Firm's EIN	Phone no.
	TATE AND TRYON	2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036		52-1855942	(202) 293-2200

Form **8868**
(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

• The books are in the care of ► **1110 VERMONT AVENUE, NW, NO. 200 - WASHINGTON, DC 20005**
Telephone No. ► **202-796-2500** Fax No. ► _____

• If the organization does not have an office or place of business in the United States, check this box ►
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or
► tax year beginning **OCT 1, 2017**, and ending **SEP 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	11,900.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	8,400.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	3,500.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2017)

National Park Foundation (the "Foundation") is filing Form 990-T for the tax year ended September 30, 2018. The Foundation is requesting a refund of all taxes paid for this tax year, for the reasons stated below.

The Foundation has received Internal Revenue Service ("IRS") recognition of exemption from federal income tax, as an instrumentality of the United States as described in IRC Sections 115 and 501(c)(1). US instrumentalities described in IRC Sections 115 and 501(c)(1) are expressly exempted from the unrelated business income tax ("UBIT") under IRC Section 511(a)(2)(A). Therefore, the Foundation is exempt from any and all UBIT reporting and payment requirements.

The Foundation has made federal estimated tax payments and a federal tax extension payment, totaling \$11,900, for the tax year ended September 30, 2018. The Foundation made these payments with the belief that it would be subject to new UBIT requirements, due to the enactment of the new tax law (P.L. 115-97). However, as stated above, after further review, the Foundation has concluded that it is not subject to the new UBIT tax because the Foundation is exempt from any and all UBIT requirements, due to its tax-exempt status under IRC Sections 115 and 501(c)(1).

The Foundation has never conducted any unrelated trade or business that would otherwise subject it to UBIT. The Foundation has never before been required to file, and has never filed, Form 990-T with the IRS.

Therefore, the Foundation is filing this Form 990-T to request a refund of its tax payments for the tax year ended September 30, 2018.