

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 10/01, 2018, and ending 09/30, 20 19

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

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

Name and title of officer

MANDEEP SINGH, CFO

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 one 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>70913760.</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 2018 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 BDO USA, LLP to enter my PIN 1 4 2 2 7 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 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 2018 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 ▶ 07/23/20

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.

5 4 6 2 1 8 1 3 5 3 8
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 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 ▶ 7/28/2020

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

For Paperwork Reduction Act Notice, see back of form.

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)

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **10/01, 2018**, and ending **09/30, 2019**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL PARK FOUNDATION			D Employer identification number 52-1086761		
	Doing Business As NPF			E Telephone number (202) 796-2500		
	Number and street (or P.O. box if mail is not delivered to street address) 1500 K STREET, NW		Room/suite 700			
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005			G Gross receipts \$ 116,834,951.		
F Name and address of principal officer: WILLIAM GILBERT SHAFROTH SAME AS "C" ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list. (see instructions)			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: WWW.NATIONALPARKS.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1967		M State of legal domicile: DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25.
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	99.
	6 Total number of volunteers (estimate if necessary)	6	25.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	74,896,669.	64,317,125.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,518,289.	631,803.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,667,639.	5,124,319.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,214,930.	840,513.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	81,297,527.	70,913,760.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	23,076,100.	26,156,370.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	9,853,189.	11,404,384.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,687,309.	1,380,390.	443,300.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,494,758.	24,029,001.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,804,437.	62,033,055.
19 Revenue less expenses. Subtract line 18 from line 12	22,493,090.	8,880,705.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	249,089,852.	253,475,291.
	22 Net assets or fund balances. Subtract line 21 from line 20.	51,404,299.	47,192,613.
		197,685,553.	206,282,678.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MANDEEP SINGH Type or print name and title	CFO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARC BERGER	<i>Marc Berger</i>	7/28/2020		P01871563
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590			
Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102		Phone no. 703-893-0600			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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 No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 27,222,836. including grants of \$ 18,840,543.) (Revenue \$ 633,561.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 10,570,690. including grants of \$ 7,315,827.) (Revenue \$ 0.)
SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 37,793,526.

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> (see instructions)?	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> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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
35b 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.

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 99		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i> 16		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (25), 1b (25), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 (1024 or 1024-A 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.
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

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 X

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 dotted 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) BRYAN TRAUBERT BOARD CHAIR	5.00 0.	X		X				0.	0.	0.
(2) RHODA ALTOM DIRECTOR	2.00 0.	X						0.	0.	0.
(3) WILLIAM O. HILTZ VICE CHAIR	3.00 0.	X						0.	0.	0.
(4) PATRICIA ARVIELO DIRECTOR	2.00 0.	X						0.	0.	0.
(5) AL BALDWIN DIRECTOR	2.00 0.	X						0.	0.	0.
(6) AUSTIN BEUTNER DIRECTOR	2.00 0.	X						0.	0.	0.
(7) THOMAS BROWN DIRECTOR	2.00 0.	X						0.	0.	0.
(8) KAREN SWETT CONWAY DIRECTOR	2.00 0.	X						0.	0.	0.
(9) STEVEN A. DENNING DIRECTOR	2.00 0.	X						0.	0.	0.
(10) CYNTHIA FISHER DIRECTOR	2.00 0.	X						0.	0.	0.
(11) RANDI FISHER DIRECTOR	2.00 0.	X						0.	0.	0.
(12) TOM GOSS DIRECTOR	2.00 0.	X						0.	0.	0.
(13) ANDREA J. GRANT DIRECTOR	2.00 0.	X						0.	0.	0.
(14) STEPHEN L. HIGHTOWER DIRECTOR	2.00 0.	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 dotted 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			
15) RICK L. JAMES TREASURER	3.00 0.	X		X				0.	0.	0.
16) ORIN S. KRAMER DIRECTOR	2.00 0.	X						0.	0.	0.
17) SUSAN LAPIERRE DIRECTOR	2.00 0.	X						0.	0.	0.
18) JOHN L. NAU, III DIRECTOR	2.00 0.	X						0.	0.	0.
19) BRIEN O'BRIEN DIRECTOR	2.00 0.	X						0.	0.	0.
20) ROBERT S. RIVKIN DIRECTOR	2.00 0.	X						0.	0.	0.
21) MELINDA STEARNS DIRECTOR	2.00 0.	X						0.	0.	0.
22) GREGORY WEINGARTEN DIRECTOR	2.00 0.	X						0.	0.	0.
23) MELANI WALTON DIRECTOR	2.00 0.	X						0.	0.	0.
24) DAVID BERNHARDT DIRECTOR	2.00 0.	X						0.	0.	0.
25) PAUL DANIEL SMITH SECRETARY	2.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,489,678.	0.	227,647.
d Total (add lines 1b and 1c)								2,489,678.	0.	227,647.

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 **29**

	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>	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>	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>		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
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **37**

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 dotted 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			
(26) WILL SHAFROTH CEO	40.00 0.			X				467,672.	0.	41,197.
(27) DIETER FENKART-FROESCHL CHIEF OPERATING OFFICER	40.00 0.			X				147,231.	0.	22,950.
(28) MANDEEP SINGH CHIEF FINANCIAL OFFICER	40.00 0.			X				238,379.	0.	31,374.
(29) RUTH PRESCOTT CHIEF OF STAFF	40.00 0.			X				239,120.	0.	12,375.
(30) AMELIA HELLMAN (THRU 11/18) SVP, PHILANTHROPY	40.00 0.				X			248,353.	0.	10,541.
(31) DANIEL SAKURA SR ADV, LANDS & SPEC PROJ	40.00 0.					X		199,762.	0.	28,203.
(32) CARTER K. LAUGHLIN VP, PRINCIPAL GIFTS	40.00 0.					X		194,678.	0.	25,801.
(33) STEFANIE MATHEW VP, CORPORATE PARTENERSHIPS	40.00 0.					X		165,125.	0.	14,432.
(34) CHRYSTAL MORRIS MURPHY VP, COMMUNITY PARTNERSHIPS	40.00 0.					X		158,381.	0.	14,639.
(35) JENNIFER DUMAS DIRECTOR, PRINCIPAL GIFTS	40.00 0.					X		157,730.	0.	7,985.
(36) SUSAN NEWTON SVP, GRANTS & PROG (THRU 4/18)	40.00 0.						X	134,709.	0.	12,275.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 29

	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>	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>	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>		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

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for ANGELA HEARN.

1b Sub-total
1c Total from continuation sheets to Part VII, Section A
1d Total (add lines 1b and 1c)

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 29

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	10,064,169.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	54,252,956.					
	g Noncash contributions included in lines 1a-1f: \$		1,371,521.					
	h Total. Add lines 1a-1f			64,317,125.				
Program Service Revenue	2a PARK FUND MANAGEMENT	Business Code	900099	513,871.	513,871.			
	b EVENTS		900099	99,718.	99,718.			
	c LITIGATION SETTLEMENTS		900099	18,214.	18,214.			
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			631,803.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			4,921,744.			4,921,744.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			861,422.			861,442.	
		(i) Real	(ii) Personal					
	6a Gross rents							
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)				0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		46,123,766.						
	b Less: cost or other basis and sales expenses				45,921,191.			
	c Gain or (loss)				202,575.			
	d Net gain or (loss)				202,575.		202,575.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			0.			
	b Less: direct expenses	b			0.			
c Net income or (loss) from fundraising events				0.				
9a Gross income from gaming activities. See Part IV, line 19	a			0.				
b Less: direct expenses	b			0.				
c Net income or (loss) from gaming activities				0.				
10a Gross sales of inventory, less returns and allowances	a			1,758.				
b Less: cost of goods sold	b			0.				
c Net income or (loss) from sales of inventory				1,758.	1,758.			
Miscellaneous Revenue			Business Code					
11a MISCELLANEOUS		900099		-22,667.			-22,667.	
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d				-22,667.				
12 Total revenue. See instructions.				70,913,760.	633,561.		5,963,094.	

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	25,864,416.	25,864,416.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	291,954.	291,954.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,800,729.	683,376.	1,059,287.	1,058,066.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	6,920,722.	1,687,597.	2,621,938.	2,611,187.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	149,720.	36,806.	55,485.	57,429.
9 Other employee benefits	836,636.	205,670.	310,053.	320,913.
10 Payroll taxes	696,577.	171,239.	258,148.	267,190.
11 Fees for services (non-employees):	0.			
a Management				
b Legal	276,539.	73,272.	123,182.	80,085.
c Accounting	61,946.	6,000.	55,946.	
d Lobbying	37,604.	37,604.		
e Professional fundraising services. See Part IV, line 17.	443,300.			443,300.
f Investment management fees	17,404.	17,404.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 2	8,204,768.	6,192,171.	1,120,489.	892,108.
12 Advertising and promotion	105,499.	28,216.	46,972.	30,311.
13 Office expenses	1,112,593.	362,192.	213,025.	537,376.
14 Information technology	441,632.	52,407.	384,066.	5,159.
15 Royalties	0.			
16 Occupancy	913,896.	1,663.	912,233.	
17 Travel	563,310.	193,866.	158,183.	211,261.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	225,955.	3,882.	221,262.	811.
20 Interest	21,549.	4,933.	16,616.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	363,942.	229,148.	134,794.	
23 Insurance	98,917.		98,917.	
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 EXPENSE	8,398,008.			8,398,008.
b EVENT EXPENSES	1,939,485.	1,519,684.	329,223.	90,578.
c TEMPORARY HELP	384,564.	28,678.	268,677.	87,209.
d DUES & SUBSCRIPTIONS	223,082.	31,877.	133,622.	57,583.
e All other expenses _____	638,308.	69,471.	30,102.	538,735.
25 Total functional expenses. Add lines 1 through 24e	62,033,055.	37,793,526.	8,552,220.	15,687,309.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	700.	1	700.
	2 Savings and temporary cash investments	11,447,128.	2	12,103,073.
	3 Pledges and grants receivable, net	57,203,107.	3	53,941,456.
	4 Accounts receivable, net	3,687.	4	15,200.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	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 instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	2,498,750.	9	1,483,889.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,631,082.		
	b Less: accumulated depreciation	10b 1,686,670.	1,274,740.	10c 944,412.
	11 Investments - publicly traded securities	129,586,728.	11	144,257,348.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	47,075,012.	15	40,729,213.
16 Total assets. Add lines 1 through 15 (must equal line 34)	249,089,852.	16	253,475,291.	
Liabilities	17 Accounts payable and accrued expenses	8,408,949.	17	4,466,850.
	18 Grants payable	0.	18	1,746,922.
	19 Deferred revenue	1,089,156.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	40,625,012.	21	40,729,213.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	1,142,023.	24	182,444.
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	139,159.	25	67,184.	
26 Total liabilities. Add lines 17 through 25	51,404,299.	26	47,192,613.	
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	44,078,581.	27	49,491,396.
	28 Temporarily restricted net assets	102,312,681.	28	95,443,770.
	29 Permanently restricted net assets	51,294,291.	29	61,347,512.
	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	197,685,553.	33	206,282,678.	
34 Total liabilities and net assets/fund balances	249,089,852.	34	253,475,291.	

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	70,913,760.
2	Total expenses (must equal Part IX, column (A), line 25)	2	62,033,055.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,880,705.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	197,685,553.
5	Net unrealized gains (losses) on investments	5	-283,580.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
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	206,282,678.

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** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	69,861,221.	144,785,768.	70,385,176.	74,896,669.	64,317,125.	424,245,959.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	34,723.					34,723.
4 Total. Add lines 1 through 3.	69,895,944.	144,785,768.	70,385,176.	74,896,669.	64,317,125.	424,280,682.
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).						90,605,814.
6 Public support. Subtract line 5 from line 4						333,674,868.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	69,895,944.	144,785,768.	70,385,176.	74,896,669.	64,317,125.	424,280,682.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,819,169.	3,410,640.	6,492,815.	4,581,032.	5,783,186.	23,086,842.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	289,794.	10,477.	364,628.	-70,447.	-22,667.	571,785.
11 Total support. Add lines 7 through 10						447,939,309.
12 Gross receipts from related activities, etc. (see instructions)					12	7,138,110.
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 2018 (line 6, column (f) divided by line 11, column (f)).	14	74.49%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	68.56%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as 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?	11 a	
b	A family member of a person described in (a) above?	11 b	
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>	11 c	

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>	1	
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>	2	

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>	1	

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?	1	
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>	2	
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>	3	

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>	2a	
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>	2b	
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>	3a	
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>	3b	

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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS INCOME	289,794.	10,477.	364,628.	-70,447.	-22,667.	571,785.
TOTALS	<u>289,794.</u>	<u>10,477.</u>	<u>364,628.</u>	<u>-70,447.</u>	<u>-22,667.</u>	<u>571,785.</u>

Schedule of Contributors

2018

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

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

Name of organization **NATIONAL PARK FOUNDATION**

Employer identification number
52-1086761

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,064,481.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 4,592,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,271,819.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,427,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **NATIONAL PARK FOUNDATION**

Employer identification number
52-1086761

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		\$ 1,380,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **NATIONAL PARK FOUNDATION**

Employer identification number

52-1086761

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization NATIONAL PARK FOUNDATION

Employer identification number
52-1086761

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ **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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2018

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)		118,191.													
c Total lobbying expenditures (add lines 1a and 1b)		118,191.													
d Other exempt purpose expenditures		61,914,864.													
e Total exempt purpose expenditures (add lines 1c and 1d)		62,033,055.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		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) 2015	(b) 2016	(c) 2017	(d) 2018	(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	72,110.	94,313.	100,157.	118,191.	384,771.
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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; 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).

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

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."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)...

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.

Blank lines for providing supplemental information as requested in the instructions above.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

NATIONAL PARK FOUNDATION

52-1086761

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 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.

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

Schedule D (Form 990) 2018

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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	91,618,940.	78,546,156.	63,868,932.	41,532,675.	43,997,078.
b Contributions	10,118,435.	10,713,770.	10,437,981.	20,345,833.	38,765.
c Net investment earnings, gains, and losses	2,611,614.	4,783,957.	6,622,802.	4,530,487.	-520,873.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,557,881.	2,424,943.	2,383,559.	2,540,063.	1,982,295.
f Administrative expenses					
g End of year balance	101,791,108.	91,618,940.	78,546,156.	63,868,932.	41,532,675.

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

- a** Board designated or quasi-endowment ▶ 23.7500 %
- b** Permanent endowment ▶ 60.2700 %
- c** Temporarily restricted endowment ▶ 15.9800 %

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

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		442,775.		442,775.
b Buildings				
c Leasehold improvements				
d Equipment		2,188,307.	1,686,670.	501,637.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				944,412.

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. (Column (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. (Column (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 MGD AS AGENTS FOR OTHERS	40,729,213.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	40,729,213.

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	67,184.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	67,184.	

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		82,954,663.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-283,580.	
b	Donated services and use of facilities	12,341,987.	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		12,058,407.
3	Subtract line 2e from line 1		70,896,256.
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	17,504.	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		17,504.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		70,913,760.

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		74,357,538.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	12,341,987.	
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		12,341,987.
3	Subtract line 2e from line 1		62,015,551.
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	17,504.	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		17,504.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		62,033,055.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, 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.

SCHEDULE D, 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.

SCHEDULE D, 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.

SCHEDULE D, PART XI, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER PUBLIC LAW 90-209, AS DESCRIBED IN SECTION 501(C)(1)(A)(I) OF THE INTERNAL REVENUE CODE (IRC). IN ADDITION, IN 1981, THE FOUNDATION RECEIVED A DETERMINATION THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE IRC AND IT QUALIFIES AS A PUBLIC CHARITY UNDER SECTION 509(A)(1) OF THE IRC. THE FOUNDATION RECEIVED A DETERMINATION LETTER IN 2000 THAT SPECIFICALLY STATES IT IS EXEMPT FROM FILING THE RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX, FORM 990, UNLESS THE FOUNDATION HAS UNRELATED

Part XIII Supplemental Information (continued)

BUSINESS INCOME. EFFECTIVE FISCAL YEAR 2012, THE BOARD OF DIRECTORS ELECTED TO FILE FORM 990 ON AN ANNUAL BASIS. CONTRIBUTIONS ARE TAX DEDUCTIBLE TO DONORS UNDER SECTION 170 OF THE CODE.

UNDER FASB ASC NO. 740-10, INCOME TAXES, THE FOUNDATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED. THE FOUNDATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND; ACCORDINGLY, WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE FOUNDATION BELIEVES THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2017. FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018, RESPECTIVELY, THERE WERE NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS RECORDED OR INCLUDED IN THE ACCOMPANYING STATEMENTS OF ACTIVITIES.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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
- 2a 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			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				23,161,884.	8,431,208.	14,730,676.

- 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, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, 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.

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

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

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

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

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

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

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

Name ▶ _____

Address ▶ _____

- 15 a 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 explanation 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).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
EIDOLON COMMUNICATIONS, INC. 15 MAIDEN LN #1401 NEW YORK NY 10038	DIRECT MAIL AGENCY		X	11,189,366.	347,980.	10,841,386.
KEY ACQUISITION PARTNERS LLC 2525 RIVA RD #145 ANNAPOLIS MD 21401	LIST RENTALS		X		793,729.	-793,729.
CHAPMAN CUBINE AND HUSSEY INC 2000 15TH ST N #550 ARLINGTON VA 22201	DIGITAL FUNDRAISING		X	5,662,348.	1,606.	5,660,742.
SD&A TELESERVICES, INC. 5757 W CENTURY BLVD #300 LOS ANGELES CA 90045	TELEMARKET VENDOR		X	47,126.	53,293.	-6,167.
IMPACT COMMUNICATIONS 735 8TH ST SE WASHINGTON DC 20003	MARKETING AGENCY		X	6,263,044.	137,050.	6,125,994.

PRODUCTION SOLUTIONS, INC 1953 GALLOWS ROAD SUITE 600 VIENNA VA 22182	DIRECT MAIL FUNDRAISING	X	7,090,349.	-7,090,349.
GROFF CREATIVE 803 WOODSIDE PKWY SILVER SPRING MD 20910	PRINT/ DIGITAL MKT	X	7,201.	-7,201.

**SCHEDULE I
(Form 990)**

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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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▶ 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

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(1) ROOSEVELT-VANERBILT NAT'L HIST. ASSN. PO BOX 235 HYDE PARK, NY 12538	14-6035855	501(C)(3)		277,000.	APPRAISAL	LAND	CONNECT/ENGAGE: EKIP
(2) HARPERS FERRY NATIONAL HISTORICAL PARK P.O. BOX 65 HARPERS FERRY, WV 25401	53-0197094	115		1,225,000.	APPRAISAL	LAND	PROTECT: HARPER'S FERRY LAND
(3) MOJAVE DESERT LAND TRUST 60124 29 PALMS HWY JOSHUA TREE, CA 92252	73-1603033	501(C)(3)		260,000.	APPRAISAL	LAND	PROTECT: MOJAVE ESSEX ROAD
(4) JACKSON HOLE PUBLIC ART PO BOX 4413 JACKSON, WY 83001	45-4302238	501(C)(3)	5,243.				PROTECT
(5) BIG BEND NATIONAL PARK BIG BEND NATIONAL PARK, TX 79834-0129	53-0197094	115	5,400.				PROTECT
(6) TIMUCUAN TRAILS PARK FOUNDATION 9953 HECKSCHER DRIVE JACKSONVILLE, FL 32226	59-3614354	501(C)(3)	5,530.				CONNECT
(7) FRIENDS OF TUSKEGEE AIRMEN NAT'L HISTORIC P.O. BOX 831199 TUSKEGEE, AL 36083	32-0233016	501(C)(3)	5,800.				CONNECT
(8) HARRIET TUBMAN HOME 160 SOUTH STREET AUBURN, NY 13021	16-1534405	501(C)(3)	5,800.				PROTECT
(9) BROWN V BOARD OF EDUCATION 1515 SE MONROE STREET TOPEKA, KS 66612-1143	53-0197094	115	6,000.				CONNECT/ENGAGE
(10) TRUST BOARD OF EBEE'S LANDING NAT'L HIST. P.O. BOX 774 COUPEVILLE, WA 98239	91-1439198	115	6,000.				CONNECT
(11) COLORADO NATIONAL MONUMENT ASSOCIATION 1750 RIM ROCK DR FRUITA, CO 81521	84-6035626	501(C)(3)	6,000.				CONNECT
(12) CRATER LAKE NATIONAL PARK TRUST P.O. BOX 62 CRATER LAKE, OR 97604-0062	20-5826128	501(C)(3)	6,121.				PROTECT

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Schedule I (Form 990) (2018)

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(1) FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS 1131 BOONVILLE SPRINGFIELD, MO 65802	43-1560366	501(C)(3)	6,300.				CONNECT
(2) FRIENDS OF THE FLORISSANT FOSSIL BEDS, INC. PO BOX 851 FLORISSANT, CO 80816	84-1114146	501(C)(3)	6,690.				CONNECT
(3) CONCEPT SOUND & LIGHT, INC 10401 FELLWOCK DRIVE EVANSVILLE, IN 47720	35-2133210		6,815.				PROTECT
(4) PADRE ISLAND NATIONAL SEASHORE 20301 PARK ROAD 22 CORPUS CHRISTI, TX 78418	53-0197094	115	7,000.				PROTECT
(5) KEWEENAW NATIONAL HISTORICAL PARK P.O. BOX 471 CALUMET, MI 49913-0471	53-0197094	115	7,000.				PROTECT
(6) OZARK NATIONAL SCENIC RIVERWAYS P.O. BOX 490 VAN BUREN, MO 63965-0490	53-0197094	115	7,000.				CONNECT/ENGAGE
(7) AUTISM CLIMBS 166 EMERALD STREET BROOMFIELD, CO 80020	47-4680885	501(C)(3)	7,000.				CONNECT
(8) THE ALBUQUERQUE SIGN LANGUAGE ACADEMY 620 LOMAS BLVD NW ALBUQUERQUE, NM 87102	27-1007207	501(C)(3)	7,000.				CONNECT
(9) OUTER BANKS FOREVER 470 MARYLAND DR FORT WASHINGTON, PA 19034	23-1401703	501(C)(3)	7,000.				CONNECT
(10) POINT REYES NATIONAL SEASHORE 1 BEAR VALLEY RD POINT REYES, CA 94956-9799	53-0197094	115	7,000.				CONNECT
(11) CATOCTIN MOUNTAIN PARK 6602 FOXVILLE ROAD THURMONT, MD 21788	53-0197094	115	7,000.				PROTECT
(12) INTERMOUNTAIN REGIONAL OFFICE 1100 OLD SANTA FE TRAIL SANTA FE, NM 87505	53-0197094	501(C)(3)	7,000.				PROTECT

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(1) PINNACLES NATIONAL PARK FOUNDATION PO BOX 2080 HOLLISTER, CA 95024	76-0849623	501(C)(3)	7,200.				CONNECT/ENGAGE
(2) STONEWALL MUSEUM AND ARCHIVES 1300 E SUNRISE BLVD FLL, FL 33304	65-0139829	501(C)(3)	7,700.				CONNECT
(3) PALAIE GAOTEOTE TOFAU DBA FUAO EXPRESS P.O. BOX 6999 VATIA VILLAGE, AS 96799	21-8602621	115	7,750.				CONNECT
(4) TUBAC PRESIDIO STATE HISTORIC PARK 1 BURRUEL ST. #1296 TUBAC, AZ 85646	46-2133238	501(C)(3)	7,750.				CONNECT
(5) FRIENDS OF CANAVERAL, INC PO BOX 1526 NEW SMYRNA BEACH, FL 32170	59-2991163	501(C)(3)	8,000.				CONNECT/ENGAGE
(6) NPS - OREGON CAVES NATIONAL MONUMENT 1900 CAVES HWY CAVE JUNCTION, OR 97523	53-0197094	501(C)(3)	8,000.				CONNECT/ENGAGE
(7) CHATTAHOOCHEE PARKS CONSERVANCY 4861 LAURAL SPRING DRIVE ROSWELL, GA 30075	46-1326423	501(C)(3)	8,000.				CONNECT/ENGAGE
(8) C & O CANAL TRUST, INC. 1850 DUAL HWY. # 100 HAGERSTOWN, MD 21740	30-0401642	501(C)(3)	8,000.				CONNECT/ENGAGE
(9) CHICAGO ADVENTURE THERAPY PO BOX 13062 CHICAGO, IL 60613	42-1714477	501(C)(3)	8,000.				CONNECT
(10) THEODORE ROOSEVELT INAUGURAL SITE FOUNDATIO 641 DELAWARE AVE BUFFALO, NY 14202	16-6094785	501(C)(3)	8,000.				CONNECT
(11) PIPESTONE INDIAN SHRINE ASSOCIATION PO BOX 727 PIPESTONE, MN 56164	41-6043337	501(C)(3)	8,100.				CONNECT/ENGAGE
(12) KINGS MOUNTAIN NATIONAL MILITARY PARK 2625 PARK ROAD BLACKSBURG, SC 29702	53-0197094	115	8,243.				CONNECT/ENGAGE

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(1) CRATER LAKE NATIONAL PARK P.O. BOX 7 CRATER LAKE, OR 97604	53-0197094	115	8,500.				PROTECT
(2) FRIENDS OF SLEEPING BEAR DUNES, INC. PO BOX 545 EMPIRE, MI 49630	38-3178841	501(C)(3)	8,700.				CONNECT/ENGAGE
(3) SANTA FE TRAIL ASSOCIATION 1349 K-156 HWY LARNED, KS 67550	48-1058674	501(C)(3)	9,000.				CONNECT/ENGAGE
(4) OREGON NATURAL DESERT ASSOCIATION, INC. 50 SW BOND STREET BEND, OR 97702	94-3098621	501(C)(3)	9,000.				CONNECT
(5) WASHINGTON'S NATIONAL PARK FUND 1904 THIRD AVE SEATTLE, WA 98101	01-0869799	501(C)(3)	9,561.				CONNECT/ENGAGE
(6) SAINT PAUL'S CHURCH NATIONAL HISTORIC SITE 897 S. COLUMBUS AVE MT VERN, NY 10550-5018	53-0197094	501(C)(3)	9,625.				CONNECT/ENGAGE
(7) HAGERMAN FOSSIL BEDS NATIONAL MONUMENT 221 N STATE ST HAGERMAN, ID 83332	53-0197094	115	9,635.				CONNECT/ENGAGE
(8) DENVER PUBLIC SCHOOL 1860 LINCOLN ST, 11TH FL DENVER, CO 80203	84-6001099	501(C)(3)	9,800.				CONNECT/ENGAGE
(9) MERCED CITY SCHOOL DISTRICT 444 WEST 23RD STREET MERCED, CA 95340	77-3572124	115	9,800.				CONNECT/ENGAGE
(10) EARTH ISLAND INSTITUTE 2150 ALLSTON WAY BERKELEY, CA 94704	94-2889684	501(C)(3)	10,000.				CONNECT/ENGAGE EXPLO
(11) TEACHING RESPONSIBLE EARTH EDUCATION 4714 EARHART BLVD. NEW ORLEANS, LA 70125	72-1310276	501(C)(3)	10,000.				CONNECT/ENGAGE
(12) OUTDOOR OUTREACH 5275 MARKET ST SAN DIEGO, CA 92114	33-0860449	501(C)(3)	10,000.				CONNECT/ENGAGE

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(1) FORT LARNED OLD GUARD, INC. PO BOX 1 WOODSTON, KS 67675	48-1064493	501(C)(3)	10,000.				CONNECT/ENGAGE
(2) JEFFERSON NP ASSOCIATION ONE MEMORIAL DRIVE ST. LOUIS, MO 63102-1500	43-6062751	501(C)(3)	10,000.				CONNECT/ENGAGE
(3) KEWEENAW NHP ADVISORY COMMISSION 25970 RED JACKET RD CALUMET, MI 49913-0471	38-3595884	115	10,000.				CONNECT/ENGAGE
(4) OCMULGEE NATIONAL MONUMENT ASSOCIATION 1207 EMERY HWY MACON, GA 31217-4399	58-6033981	501(C)(3)	10,000.				CONNECT/ENGAGE
(5) CONSERVATION CORPS OF MINNESOTA & IOWA 60 PLATO BLVD E SAINT PAUL, MN 55107	41-1881102	501(C)(3)	10,000.				CONNECT
(6) TEENS, INC. PO BOX 1070 NEDERLAND, CO 80466	84-1380016	501(C)(3)	10,000.				CONNECT
(7) CHICAGO VOYAGERS 318 N. ELMWOOD LANE PALATINE, IL 60067	75-2986724	501(C)(3)	10,000.				CONNECT
(8) GIRLVENTURES 3543 18TH ST, #18 SAN FRANCISCO, CA 94110	94-3319189	501(C)(3)	10,000.				CONNECT
(9) CAL-WOOD EDUCATION CENTER PO BOX 347 JAMESTOWN, CO 80455	20-2472544	501(C)(3)	10,000.				CONNECT
(10) EAGLE MOUNT BOZEMAN 6901 GOLDENSTEIN LANE BOZEMAN, MT 59715	84-1383214	501(C)(3)	10,000.				CONNECT
(11) 1N10, INC. 1101 N. CENTRAL AVE. PHOENIX, AZ 85004	86-0728990	501(C)(3)	10,000.				CONNECT
(12) EXPLORE AUSTIN 1111 W. 24TH ST AUSTIN, TX 78705	20-5496495	501(C)(3)	10,000.				CONNECT

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(1) LOOP NOLA 1 PALM DRIVE NEW ORLEANS, LA 70124	47-5432248	501(C)(3)	10,000.				CONNECT
(2) INTERNATIONAL RESCUE COMMITTEE, INC 1200 SOUTH 192ND ST SEATAC, WA 98148	13-5660870	501(C)(3)	10,000.				CONNECT
(3) KEMOTRAIL CORPS, INC. 900 KENNESAW MT DR KENNESAW, GA 30152	33-1064049	501(C)(3)	10,000.				CONNECT
(4) NORTH CASCADES NATIONAL PARK 810 ST RTE 20 SEDRO WOOLLEY, WA 98284-1239	53-0197094	115	10,000.				CONNECT
(5) APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE BOSTON, MA 02129	04-6001677	501(C)(3)	10,000.				PROTECT
(6) FORT MONROE FOUNDATION 20 INGALLS ROAD FORT MONROE, VA 23651	27-4974146	501(C)(3)	10,000.				CONNECT
(7) SALINAS PUEBLO MISSIONS NATIONAL MONUMENT P.O. BOX 517 MOUNTAINAIR, NM 87036-0496	53-0197094	115	10,500.				PROTECT
(8) GRAND CANYON NATIONAL PARK PO BOX 129 GRAND CANYON, AZ 86023-0129	53-0197094	115	10,500.				PROTECT
(9) ALASKA REGIONAL OFFICE 240 W.5TH AVENUE ANCHORAGE, AK 99501	53-0197094	115	10,500.				PROTECT
(10) BLUE RIDGE PARKWAY FOUNDATION 323 GASHES CREEK ROAD ASHEVILLE, NC 28803	31-1512730	501(C)(3)	10,650.				PROTECT
(11) FRIENDS OF LYNDON B JOHNSON NATIONAL HIST. PO BOX 1831 JOHNSON CITY, TX 78636	32-0202408	501(C)(3)	10,800.				CONNECT/ENGAGE
(12) FRIENDS OF THE APOSTLE ISLANDS NAT'L LAKE PO BOX 1574 BAYFIELD, WI 54814	20-0079065	501(C)(3)	11,350.				CONNECT

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

Part I General Information on Grants and Assistance

- 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
- 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
(1) TUMACACORI NATIONAL HISTORICAL PARK P.O.BOX 8067 TUMACACORI, AZ 85640-0067	53-0197094	115	11,790.				CONNECT/ENGAGE
(2) MISSOURI RIVER RELIEF P.O. BOX 463 COLUMBIA, MO 65205	03-0425187	501(C)(3)	11,950.				CONNECT/ENGAGE
(3) ENVIRONMENTAL LEARNING FOR KIDS P.O. BOX 21679 DENVER, CO 80021	84-1436605	501(C)(3)	12,000.				CONNECT/ENGAGE
(4) SACRED ROK PO BOX 148 YOSEMITE, CA 95389	80-0440822	501(C)(3)	12,000.				CONNECT/ENGAGE
(5) PETRIFIED FOREST MUSEUM ASSOCIATION P.O BOX 2277 PETRIFIED FOREST, AZ 86028	86-0188821	501(C)(3)	12,000.				CONNECT/ENGAGE
(6) PRESIDENT'S PARK (WHITE HOUSE) 1100 OHIO DRIVE, SW WASHINGTON, DC 20242	53-0197094	115	12,000.				CONNECT/ENGAGE
(7) NORTH COUNTRY TRAIL ASSOCIATION INC. 229 E MAIN STREET LOWELL, MI 49331	38-2423480	501(C)(3)	12,000.				CONNECT/ENGAGE
(8) SOUL RIVER INC. 1926 N KILPATRICK STREET PORTLAND, OR 97213	45-4860210	501(C)(3)	12,000.				CONNECT
(9) NATIONAL PARK SERVICE - DENVER SERVICE CTR PO BOX 100000 HERNDON, VA 20171	53-0197094	115	12,013.				PROTECT
(10) NAT'L PARK SERVICE NATURAL RESOURCE STEWARD 1201 OAKRIDGE DRIVE FORT COLLINS, CO 80525	53-0197094	115	12,694.				PROTECT
(11) GATEWAY NATIONAL RECREATION AREA 210 NEW YORK AVE. STATEN ISLAND, NY 10305	53-0197094	115	13,000.				CONNECT/ ENGAGE
(12) GREENBELT PARK 6565 GREENBELT ROAD GREENBELT, MD 20770	53-0197094	115	13,000.				CONNECT/ENGAGE

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(1) GRAND CANYON YOUTH P.O. BOX 23376 FLAGSTAFF, AZ 86002	86-0905180	501(C)(3)	13,000.				CONNECT
(2) ATLANTA AUDUBON SOCIETY 4055 ROSWELL ROAD ATLANTA, GA 30342	58-1834323	501(C)(3)	13,000.				CONNECT
(3) CAMDEN COUNTY SCHOOLS 311 SOUTH EAST STREET KINGSLAND, GA 31548	58-6000201	115	13,225.				CONNECT/ENGAGE
(4) BIG THICKET NATIONAL PRESERVE 6044 FM 420 KOUNTZE, TX 77625	53-0197094	501(C)(3)	13,500.				PROTECT
(5) FRIENDS OF HORSESHOE BEND PO BOX 865 DADEVILLE, AL 36853	27-1992252	501(C)(3)	13,600.				CONNECT/ENGAGE
(6) CAPE COD NATIONAL SEASHORE 99 MARCONI SITE RD WELLFLEET, MA 02667-0250	53-0197094	115	13,792.				PROTECT
(7) CHAMIZAL NATIONAL MEMORIAL 800 S.SAN MARCIAL ST EL PASO, TX 79905-4123	53-0197094	115	14,000.				CONNECT/ENGAGE
(8) POUFRE HERITAGE ALLIANCE 3745 EAST PROSPECT FORT COLLINS, CO 80525	36-4507550	501(C)(3)	14,000.				CONNECT
(9) WWII VALOR IN THE PACIFIC NATIONAL MONUMENT 1 ARIZONA MEM PL HONOLULU, HI 96818-3145	53-0197094	115	14,045.				CONNECT
(10) LYCEE FRANCAIS DE LA NOUVELLE ORLEANS 5951 PATTON ST NEW ORLEANS, LA 70115	80-0502031	501(C)(3)	15,000.				CONNECT/ENGAGE
(11) ACCOKEEK FOUNDATION 3400 BRYAN POINT ROAD ACCOKEEK, MD 20607	52-6037288	501(C)(3)	15,000.				CONNECT/ENGAGE
(12) GUADALUPE MOUNTAINS NATIONAL PARK 400 PINE CANYON DR SALT FLAT, TX 79847-9400	53-0197094	501(C)(3)	15,000.				CONNECT/ENGAGE

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Employer identification number

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(1) CITY KIDS TO WILDERNESS PROJECT INC. 2437 15TH ST NW WASHINGTON, DC 20009	52-1976304	501(C)(3)	15,000.				CONNECT/ENGAGE
(2) RIOS TO RIVERS 266 WILDWOOD LANE ASPEN, CO 81611	46-0720031	501(C)(3)	15,000.				CONNECT/ENGAGE
(3) CCC FOUNDATION 921 11TH ST, #1100 SACRAMENTO, CA 95814	68-0160977	501(C)(3)	15,000.				CONNECT/ENGAGE
(4) BIG CITY MOUNTAINEERS, INC. 710 10TH STREET, SUITE 120 GOLDEN, CO 80401	65-0200163	501(C)(3)	15,000.				CONNECT/ENGAGE
(5) FRIENDS OF FORT VANCOUVER NATIONAL HISTORIC 1701 BROADWAY #345 VANCOUVER, WA 98663	47-2631569	501(C)(3)	15,000.				CONNECT/ENGAGE
(6) CATOCTIN FOREST ALLIANCE, INC. PO BOX 411 THURMONT, MD 21788-0411	26-4223157	501(C)(3)	15,000.				CONNECT/ENGAGE
(7) SOS OUTREACH P.O. BOX 2020 AVON, CO 81620	84-1332544	501(C)(3)	15,000.				CONNECT
(8) SOUTHEAST TENNESSEE RC&D COUNCIL 450 STUART ROAD NE CLEVELAND, TN 37312	51-0153265	501(C)(3)	15,000.				CONNECT
(9) NATIONAL COUNCIL OF NEGRO WOMEN, INC - WILL P.O. BOX 354 GREELEYVILLE, SC 29056	37-1644038	501(C)(3)	15,000.				CONNECT
(10) UNIVERSITY OF WYOMING DEPT 3971 LARAMIE, WY 82071	83-6000331	115	15,152.				PROTECT
(11) FRIENDS OF THE PRESERVE AT LITTLE RIVER CAN 4322 LITTLE RIVER TRL FT PAYNE, AL 35967	27-3123521	501(C)(3)	15,765.				CONNECT
(12) NEW YORK CITY H2O INC 410 EAST 6TH STREET NEW YORK, NY 10009	45-3860014	501(C)(3)	16,000.				CONNECT

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(1) FRIENDS OF OLD DOVER INC. PO BOX 44 DOVER, DE 19903	51-0202626	501(C)(3)	17,000.				CONNECT/ENGAGE
(2) EASTERN SIERRA CONSERVATION CORPS PO BOX 7163 MAMMOTH LAKES, CA 93546	81-2456264	501(C)(3)	17,000.				CONNECT
(3) LAVA BEDS NATURAL HISTORY ASSOCIATION PO BOX 865 TULELAKE, CA 96134	94-6139658	501(C)(3)	17,100.				CONNECT
(4) CITY OF LOWELL 375 MERRIMACK STREET LOWELL, MA 01852	04-6001396	115	17,164.				CONNECT
(5) CANYONLANDS NATIONAL PARK 2282 S. WEST RESOURCE BLVD. MOAB, UT 84532	53-0197094	115	17,489.				CONNECT/ENGAGE
(6) OVERMOUNTAIN VICTORY TRAIL ASSOCIATION 1780 MUSTER PLACE ABINGDON, VA 24210	62-1074440	501(C)(3)	18,000.				CONNECT/ENGAGE
(7) BRYCE CANYON NATURAL HISTORY ASSOCIATION P.O BOX 640051 BRYCE, UT 84764-0051	87-0258075	501(C)(3)	18,014.				CONNECT/ENGAGE
(8) NPS - OFFICE OF INTERNATIONAL AFFAIRS 1849 C STREET NW WASHINGTON, DC 20240	53-0197094	501(C)(3)	18,520.				CONNECT/ENGAGE
(9) KNIFE RIVER INDIAN HERITAGE FOUNDATION 600 COUNTY RD 37 STANTON, ND 58571	36-3391446	501(C)(3)	18,960.				CONNECT
(10) ROSIE THE RIVETER TRUST 440 CIVIC CENTER PLAZA RICHMOND, CA 94804	94-3335350	501(C)(3)	19,000.				CONNECT/ENGAGE
(11) INDEPENDENCE HISTORICAL TRUST 143 S. 3RD STREET PHILADELPHIA, PA 19106	23-7179598	501(C)(3)	19,950.				CONNECT
(12) CABRILLO NATIONAL MONUMENT FOUNDATION 1800 CABRILLO MEM WAY SAN DIEGO, CA 92106	95-1884723	501(C)(3)	20,000.				CONNECT/ENGAGE

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(1) DEATH VALLEY NATURAL HISTORY ASSOCIATION P.O. BOX 188 DEATH VALLEY, CA 92328	95-2083126	501(C)(3)	20,000.				CONNECT/ENGAGE
(2) FRIENDS OF HOMESTEAD NATIONAL MONUMENT 8523 W ST HWY 4 BEATRICE, NE 68310-6743	47-0842437	501(C)(3)	20,000.				CONNECT/ENGAGE
(3) JOSHUA TREE NP ASSOCIATION 77485 NATIONAL PARK DR 29 PALMS, CA 92277	95-2312513	501(C)(3)	20,000.				CONNECT/ENGAGE
(4) NATIONAL ALLIANCE OF FAITH & JUSTICE P.O. BOX 77075 WASHINGTON, DC 20013	55-0851833	501(C)(3)	20,000.				PROTECT
(5) NYC SOIL & WATER CONSERVATION DISTRICT 121 SIXTH AVENUE NEW YORK, NY 10013	13-3844690	115	20,480.				CONNECT
(6) ISLE ROYALE NATIONAL PARK 800 E. LAKESHORE DRIVE HOUGHTON, MI 49931	53-0197094	501(C)(3)	21,986.				PROTECT
(7) CITY OF BALTIMORE RECREATION & PARKS DEPT 3001 EAST DRIVE BALTIMORE, MD 21217	52-6000769	115	22,000.				CONNECT/ENGAGE
(8) AUDUBON NATURALIST SOCIETY OF C. ATLANTIC 8940 JONES MILL RD CHEVY CHASE, MD 20815	53-0233715	501(C)(3)	24,000.				CONNECT/ENGAGE
(9) ANCHORAGE PARK FOUNDATION 3201 C STREET ANCHORAGE, AK 99503	41-2205907	501(C)(3)	24,885.				CONNECT
(10) BLUE RIDGE PARKWAY 199 HEMPHILL KNOB ROAD ASHEVILLE, NC 28803	53-0197094	115	25,000.				CONNECT
(11) ZION NATIONAL PARK STATE ROUTE 9 SPRINGDALE, UT 84767-1099	53-0197094	501(C)(3)	25,000.				CONNECT/ENGAGE
(12) RESOURCE LEGACY FUND 555 CAPTL MALL, #1095 SACRAMENTO, CA 95814	95-4703838	501(C)(3)	25,000.				CONNECT

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(1) VOYAGEURS NATIONAL PARK 360 HWY 11 E INT'L FALLS, MN 56649	53-0197094	115	25,000.				CONNECT
(2) GREAT LAKES EXOTIC PLANT MANAGEMENT TEAM 401 N HAMILTON ST ST CROIX FALLS, WI 54024	53-0197094	115	25,000.				CONNECT
(3) PACIFIC HISTORIC PARKS 94-1187 KA UKA BLVD WAIPAHU, HI 96797	99-0194501	501(C)(3)	26,000.				CONNECT/ENGAGE
(4) PRO-TAINER, INC 1301 36TH AVENUE W ALEXANDRIA, MN 56308	41-1678692		26,032.				PROTECT
(5) FRIENDS OF GREAT SMOKY MOUNTAINS NAT'L PARK PO BOX 1660 KODAK, TN 37764	62-1564782	501(C)(3)	26,178.				CONNECT/ENGAGE
(6) SAINT GAUDENS MEMORIAL 34 SOUTH HIGHLAND AVE OSSINING, NY 10562	02-022-3438	501(C)(3)	26,250.				PROTECT
(7) MESA VERDE MUSEUM ASSOCIATION PO.BOX 38 MESA VERDE NATIONAL PA, CO 81330	84-0469675	501(C)(3)	29,208.				PROTECT
(8) MOTORCITIES NATIONAL HERITAGE AREA PARTNERS 200 RENAISSANCE CENTER DETROIT, MI 48243	38-3489636	501(C)(3)	30,000.				CONNECT/ENGAGE
(9) CUYAHOGA VALLEY NATIONAL PARK 15610 VAUGHN RD BRECKSVILLE, OH 44141-3018	53-0197094	115	30,000.				CONNECT/ENGAGE
(10) ALICE FERGUSON FOUNDATION 2001 BRYAN POINT ROAD ACCOKEEK, MD 20607	52-069-4646	501(C)(3)	30,000.				CONNECT/ENGAGE
(11) GROUNDWORK BRIDGEPORT, INC. 1001 MAIN STREET BRIDGEPORT, CT 06604	06-1556949	501(C)(3)	30,000.				CONNECT
(12) VOYAGEURS NATIONAL PARK ASSOCIATION 126 N. 3RD ST MINNEAPOLIS, MN 55401	41-6049473	501(C)(3)	31,350.				CONNECT

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(1) FARMINGTON RIVER WATERSHED ASSOCIATION 749 HOPMEADOW STREET SIMSBURY, CT 06070	06-0741585	501(C)(3)	32,216.				CONNECT
(2) DEFENDERS OF WILDLIFE 1130 17TH STREET NW WASHINGTON, DC 20036	53-0183181	501(C)(3)	36,000.				CONNECT
(3) SEQUOIA AND KING'S CANYON NATIONAL PARKS 47050 GENERALS HWY THREE RIVERS, CA 93271	53-0197094	115	36,500.				PROTECT
(4) PETRILLO IRON WORKS LLC 15 WEST 9TH ST. BROOKLYN, NY 11231	11-3624236		36,834.				PROTECT
(5) MALIBU LOST HILLS SHERIFF'S FOUNDATION 5737 KANAN ROAD AGOURA HILLS, CA 91301	27-5089193	501(C)(3)	36,900.				PROTECT
(6) BARATARIA TERREBONNE ESTUARY FOUNDATION 320 AUDUBON AVENUE THIBODAUX, LA 70310	72-1330053	501(C)(3)	37,125.				CONNECT/ENGAGE
(7) SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD ST PAUL, MN 55102	41-0706172	501(C)(3)	37,313.				CONNECT/ENGAGE
(8) SHENANDOAH NATIONAL PARK TRUST 1750 ALLIED ST CHARLOTTESVILLE, VA 22903	20-8685310	501(C)(3)	38,355.				PROTECT
(9) FRIENDS OF SAGUARO NP P.O. BOX 18998 TUCSON, AZ 85731-8998	86-0842503	501(C)(3)	39,165.				CONNECT/ENGAGE
(10) UTAH SKI & SNOWBOARD ASSOCIATION 150 WEST 500 S SALT LAKE CITY, UT 84101	87-0316293	501(C)(3)	40,000.				CONNECT/ENGAGE
(11) ROCK CREEK CONSERVANCY, INC 4300 MONTGOMERY AVE. BETHESDA, MD 20814	20-3874333	501(C)(3)	40,600.				CONNECT/ENGAGE
(12) GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 59912	56-2579734	501(C)(3)	41,363.				CONNECT/ENGAGE

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Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

Part I General Information on Grants and Assistance

- 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
- 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
(1) NORTHERN GREAT PLAINS EXOTIC PLANT MGMT 231 EAST ST JOSEPH ST RAPID CITY, SD 57701	53-0197094	501(C)(3)	42,500.				CONNECT
(2) GRAND TETON NATIONAL PARK FOUNDATION PO BOX 249 MOOSE, WY 83012	83-0322668	501(C)(3)	45,000.				CONNECT/ENGAGE
(3) OPEN SPACE INSTITUTE LAND TRUST, INC. 1350 BROADWAY NEW YORK, NY 10018	52-1053406	501(C)(3)	47,350.				PROTECT
(4) NATIONAL PARKS OF LAKE SUPERIOR FOUNDATION PO BOX 31 HOUGHTON, MI 49931	26-0203614	501(C)(3)	50,886.				PROTECT
(5) FRIENDS OF HAWAII VNP P.O. BOX 653 VOLCANO, HI 96785-0653	31-1577169	115	52,975.				CONNECT/ENGAGE
(6) BISCAYNE NATIONAL PARK 9700 S.W. 328TH HOMESTEAD, FL 33033-5634	53-0197094	115	53,282.				PROTECT
(7) PETROGLYPH NATIONAL MONUMENT 6001 UNSER BLVD ALBUQUERQUE, NM 87120-2033	53-0197094	115	54,708.				CONNECT
(8) MISSISQUOI RIVER BASIN ASSOCIATION 2839 VT ROUTE 105 EAST BERKSHIRE, VT 05447	54-2133563	501(C)(3)	55,000.				CONNECT
(9) AFRICAN BURIAL GROUND NATIONAL MONUMENT 290 BROADWAY NEW YORK, NY 10007	53-0197094	115	55,696.				PROTECT
(10) UPPER DELAWARE SCENIC & REC RIVER 274 RIVER ROAD BEACH LAKE, PA 18405-9737	53-0197094	115	55,990.				CONNECT/ENGAGE
(11) BOSTON HARBOR NOW, INC 15 STATE STREET BOSTON, MA 02109	04-3268863	501(C)(3)	56,000.				CONNECT/ENGAGE
(12) DUNES LEARNING CENTER 700 HOWE ROAD CHESTERTON, IN 46304	35-2031658	501(C)(3)	56,000.				CONNECT

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

Part I General Information on Grants and Assistance

- 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
- 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
(1) GLEN CANYON NATURAL HISTORY ASSOCIATION P.O. BOX 1835 PAGE, AZ 86040	74-2429545	501(C)(3)	56,182.				CONNECT/ENGAGE
(2) GOLDEN GATE NP CONSERVANCY FT MASON SAN FRANCISCO, CA 94123-0022	94-2781708	115	58,500.				CONNECT/ENGAGE
(3) BEARSAVER 1390 S MILLIKEN AVENUE ONTARIO, CA 91761	33-0372483	501(C)(3)	58,949.				PROTECT
(4) ZION NATURAL HISTORY ASSOCIATION 1 ZION NATIONAL PARK SPRINGDALE, UT 84767	87-0256961	115	59,433.				CONNECT/ENGAGE
(5) PREMIER TITLE OF ISLAND COUNTY 775 NE MIDWAY BLVD. OAK HARBOR, WA 98277	56-2529986		60,000.				PROTECT
(6) ST. CROIX RIVER ASSOCIATION PO BOX 655 ST. CROIX FALLS, WI 54024	26-3025933	501(C)(3)	62,000.				CONNECT
(7) ANACOSTIA WATERSHED SOCIETY, INC 4302 BALTIMORE AVENUE BLADENSBURG, MD 20710	52-1666511	501(C)(3)	63,105.				CONNECT
(8) DEATH VALLEY NATIONAL PARK P.O. BOX 579 DEATH VALLEY, CA 92328	53-0197094	115	63,471.				PROTECT
(9) JOSHUA TREE NATIONAL PARK 74485 NAT'L PARK DR 29 PALMS, CA 92277-3597	53-0197094	115	63,471.				PROTECT
(10) BANDELIER NATIONAL MONUMENT 15 ENTRANCE ROAD LOS ALAMOS, NM 87544-9508	53-0197094	501(C)(3)	65,000.				CONNECT
(11) MONTANA CONSERVATION CORPS 206 N GRAND AVE BOZEMAN, MT 59715	81-0467431	501(C)(3)	66,000.				CONNECT
(12) AMERICAN YOUTHWORKS 1901 E. BEN WHITE BLVD. AUSTIN, TX 78741	74-2197942	501(C)(3)	70,000.				CONNECT

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

Part I General Information on Grants and Assistance

- 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
- 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
(1) UNIVERSITY OF COLORADO, DENVER 13001 E 17TH PLACE AURORA, CO 80045	84-6000555	115	70,722.				CONNECT/ENGAGE
(2) BOSTON HARBOR ISLANDS NATIONAL RECREATION C/O BOSTON SUPPORT OFFICE BOSTON, MA 02109	53-0197094	501(C)(3)	75,000.				CONNECT
(3) SOUTH FLORIDA NATIONAL PARK 1390 S DIXIE HWY CL GABLES, FL 33146-2945	13-4341209	115	78,750.				CONNECT/ENGAGE
(4) DENALI EDUCATION CENTER P.O. BOX 212 DENALI NATIONAL PARK, AK 99755	92-0131177	501(C)(3)	81,500.				PROTECT
(5) RIVER RAISIN NATIONAL BATTLEFIELD PARK FOUN 1403 E. ELM AVE MONROE, MI 48162	46-2501428	501(C)(3)	83,300.				CONNECT/ENGAGE
(6) TEACHER COLLEGE, COLUMBIA UNIVERSITY 525 WEST 120TH STREET NEW YORK, NY 10027	13-1624202	501(C)(3)	87,000.				CONNECT
(7) THE ANZA TRAIL FOUNDATION 1180 EUGENIA PL CARPINTERIA, CA 93013-2000	83-0462492	501(C)(3)	89,000.				PROTECT
(8) MISSISSIPPI PARK CONNECTION 111 KELLOGG BLVD EAST SAINT PAUL, MN 55101	87-0786530	115	96,292.				CONNECT/ENGAGE
(9) CITY OF DETROIT- PARKS AND RECREATION 18100 MEYERS RD. DETROIT, MI 48235	38-6004606	115	96,374.				PROTECT
(10) FRIENDS OF FIRST STATE, INC. 5807 KENNETT PIKE WILMINGTON, DE 19807	83-0965927	501(C)(3)	96,500.				PROTECT
(11) INTERNATIONAL GAME FISH ASSOCIATION, INC 300 GULF STREAM WAY DANIA BEACH, FL 33004	23-7231048	501(C)(3)	100,000.				CONNECT
(12) THE NATURE CONSERVANCY 4245 N FAIRFAX DR ARLINGTON, VA 22203	53-0242652	501(C)(3)	100,000.				PROTECT

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

Part I General Information on Grants and Assistance

- 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
- 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
(1) ROCKY MOUNTAIN CONSERVANCY P.O. BOX 3100 EAST PARK, CO 80517	84-0472090	501(C)(3)	100,552.				CONNECT/ENGAGE
(2) NATIONAL PARK TRUST 401 E JEFFERSON ST. ROCKVILLE, MD 20850	52-1691924	501(C)(3)	110,250.				CONNECT/ENGAGE
(3) SEQUOIA PARKS CONSERVANCY 47050 GENERALS HWY THREE RIVERS, CA 93271	94-1379633	115	119,000.				CONNECT/ENGAGE
(4) DEVILS TOWER NATIONAL MONUMENT P.O. BOX 10 DEVILS TOWER, WY 82714-0010	53-0197094	115	130,000.				CONNECT
(5) FRIENDS OF KATAHDIN WOODS AND WATERS PO BOX 148 PORTLAND, ME 04112	81-5102906	501(C)(3)	133,131.				PROTECT
(6) HAWAII VOLCANOES NATIONAL PARK PO BOX 52 HAWAII NAT'L PARK, HI 96718-0052	53-0197094	115	133,886.				CONNECT
(7) BALTIMORE NATIONAL HERITAGE AREA ASSN 12 W. MADISON ST. BALTIMORE, MD 21201	45-2429915	501(C)(3)	134,389.				CONNECT/ENGAGE
(8) MOUNT RAINIER NATIONAL PARK 55210 238TH AVE E ASHFORD, WA 98304-9751	53-0197094	115	138,000.				CONNECT/ENGAGE MORA
(9) GROUNDWORK USA 22 MAIN ST. YONKERS, NY 10701	81-0554362	501(C)(3)	139,250.				CONNECT/ENGAGE
(10) ANDERSONVILLE NATIONAL HISTORIC SITE 496 CEMETERY ROAD ANDERSONVILLE, GA 31711	53-0197094	501(C)(3)	145,700.				CONNECT
(11) EASTERN NATIONAL 470 MARYLAND DR FT WASHINGTON, PA 19034	23-1401703	501(C)(3)	146,375.				CONNECT/ENGAGE
(12) GRAND TETON ASSOCIATION PO BOX 170 MOOSE, WY 83012	83-0185073	501(C)(3)	150,000.				PROTECT

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
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Department of the Treasury
Internal Revenue Service

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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
(1) WILSON'S CREEK NATIONAL BATTLEFIELD 6424 W. FARM ROAD 182 REPUBLIC, MO 65738	53-0197094	501(C)(3)	150,000.				PROTECT
(2) NPS-NATIONAL PARK SERVICE PO BOX 100000 HERNDON, VA 20171-9998	53-0197094	115	170,000.				CONNECT
(3) ICE AGE TRAIL ALLIANCE 2110 MAIN ST CROSS PLAINS, WI 53528	39-6076028	501(C)(3)	199,000.				CONNECT/ENGAGE
(4) NORTHWEST YOUTH CORPS 2621 AUGUSTA ST EUGENE, OR 97403	93-0818160	501(C)(3)	206,398.				CONNECT/ENGAGE
(5) OLYMPIC NATIONAL PARK 600 E PARK AVE PORT ANGELES, WA 98362-6757	53-0197094	115	230,186.				CONNECT/ENGAGE
(6) FRIENDS OF FLIGHT 93 P.O. BOX 911 SHANKSVILLE, PA 15560	27-0505853	501(C)(3)	236,528.				CONNECT/ENGAGE
(7) NATIONAL PARK SERVICE WASO OFFICE OF INTERP 1201 EYE STREET NW WASHINGTON, DC 20005	53-0197094	115	251,403.				PROTECT
(8) THE TRUST FOR PUBLIC LAND 101 MTGOMERY ST SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	258,500.				PROTECT
(9) NPS - STONEWALL NATIONAL MONUMENT 26 WALL STREET NEW YORK, NY 10005	53-0197094	115	290,864.				PROTECT
(10) GETTYSBURG FOUNDATION 1195 BALTIMORE PIKE GETTYSBURG, PA 17325	23-2969074	501(C)(3)	300,000.				PROTECT
(11) GRAND CANYON ASSOCIATION P.O.BOX 399 GRAND CANYON, AZ 86023	86-0179548	501(C)(3)	320,127.				PROTECT
(12) YELLOWSTONE PARK FOUNDATION 222 EAST MAIN ST #301 BOZEMAN, MT 59715	83-0311166	501(C)(3)	322,500.				CONNECT/ENGAGE

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

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Department of the Treasury
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Name of the organization

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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
(1) THE STATUE OF LIBERTY ELLIS ISLAND FDN 17 BATTERY PLACE NEW YORK, NY 10004	13-3118415	501(C)(3)	333,333.				CONNECT/ENGAGE
(2) YELLOWSTONE NATIONAL PARK P.O. BOX 168 YELLOWSTONE NP, WY 82190-0168	53-0197094	115	340,564.				PROTECT
(3) SANTA MONICA MOUNTAINS FUND 401 W HILLCREST DR THOUSAND OAKS, CA 91360	95-4187832	501(C)(3)	400,621.				CONNECT/ENGAGE
(4) FRIENDS OF ACADIA 43 COTTAGE ST. BAR HARBOR, ME 04609	01-0425071	501(C)(3)	402,000.				CONNECT/ENGAGE
(5) NATIONAL CAPITAL PARKS-EAST 1900 ANACOSTIA DR SE WASHINGTON, DC 20020	53-0197094	115	448,300.				PROTECT
(6) FLIGHT 93 NATIONAL MEMORIAL P.O. BOX 911 SOMERSET, PA 15501	53-0197094	115	454,000.				PROTECT
(7) FIDELITY TITLE AGENCY OF ALASKA, LLC 3150 C STREET ANCHORAGE, AK 99503	91-0880684		500,000.				PROTECT
(8) STUDENT CONSERVATION ASSOC. P.O.BOX 550 CHARLESTOWN, NH 03603	27-1832686	501(C)(3)	502,000.				CONNECT/ENGAGE
(9) CHICAGO NEIGHBORHOOD INITIATIVES INC 1000 E 111TH STREET CHICAGO, IL 60628	57-0551867	115	513,966.				PROTECT
(10) AUSTIN & ROGERS, PA 508 HAMPTON ST, #203 COLUMBIA, SC 29201	53-0197094		536,545.				PROTECT
(11) GREAT SMOKY MOUNTAINS NATIONAL PARK 107 PARK HEADQTRS RD	84-1450808	501(C)(3)	571,745.				PROTECT
(12) CONSERVATION LEGACY 701 CAMINO DEL RIO DURANGO, CO 81301	91-1632572	115	587,228.				CONNECT/ENGAGE

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

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

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Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

Part I General Information on Grants and Assistance

- 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
- 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
(1) WASHINGTON DEPT. OF FISH & WILDLIFE 600 CAPITOL WAY NORTH OLYMPIA, WA 98501	94-3058041	501(C)(3)	603,332.				PROTECT
(2) YOSEMITE CONSERVANCY 101 MTGOMERY ST SAN FRANCISCO, CA 94104	53-0197094	501(C)(3)	762,963.				CONNECT/ENGAGE
(3) GRAND TETON NATIONAL PARK P.O. DRAWER 170 MOOSE, WY 83012-0170	83-0322668	501(C)(3)	905,764.				PROTECT
(4) MARTIN LUTHER KING JR. NATIONAL HISTORIC SI 450 AUBURN AVE ATLANTA, GA 30312-0526	58-1030989	501(C)(3)	6,541,000.				PROTECT
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 226.

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

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CONNECT: 2019 DISTRIBUTION	1.	10,000.			
2 CONNECT: DJV TO 6	2.	20,375.			
3 CONNECT: GATE REIMBURSEMENTS PF	1.	75.			
4 CONNECT: LGBTQ THEME STUDY	1.	864.			
5 CONNECT: HUMANITYFELLOWGEN	1.	10,000.			
6 CONNECT: HUMANITYFELLOWLAB	1.	10,000.			
7 CONNECT: MELLONHUMANITYCAR	1.	10,000.			

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FT WAYNE TRAVEL REIMBURSEMENT	3.	1,164.			
2 FY19-FA FALL 2018 TRAVEL SCHOLARSHIP	1.	2,000.			
3 GRANT-CIVIL RIGHTS FELLOW	1.	10,300.			
4 KAWW LUNKSOOS CAMP SEPTIC	1.	2,550.			
5 FELLOW STIPEND 10/18	2.	10,000.			
6 CONNECT: MEETING TRAVEL HUMANITY FELLOW	1.	1,803.			
7 CONNECT: MELLON FACULTY STIPEND-LABOR	1.	7,500.			

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CONNECT: MELLON FELLOW MENTOR CIVIL RIGHTS	1.	7,500.			
2 CONNECT: MELLON GRANT TRAVEL REQUEST	1.	953.			
3 CONNECT: MELLON MENTOR GENDER	1.	7,500.			
4 CONNECT: MELLON FACULTY ADVISOR TRAVEL	1.	2,840.			
5 CONNECT: MELLON FACULTY MEETING TRAVEL	1.	1,903.			
6 NEXTGEN CONSERV-93019	1.	600.			
7 CONNECT: TRCP	2.	1,506.			

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CONNECT: MELLON HUMANITY FELLOW	19.	172,521.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART 1, 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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
1a	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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 WILL SHAFROTH CEO	(i)	425,522.	42,150.	0.	17,563.	23,634.	508,869.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 AMELIA HELLMAN (THRU 11) SVP, PHILANTHROPY	(i)	248,353.	0.	0.	1,408.	9,133.	258,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 DIETER FENKART-FROESCHL CHIEF OPERATING OFFICER	(i)	147,231.	0.	0.	0.	22,950.	170,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MANDEEP SINGH CHIEF FINANCIAL OFFICER	(i)	228,379.	10,000.	0.	9,386.	21,988.	269,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 DANIEL SAKURA SR ADV, LANDS & SPEC PROJ	(i)	187,762.	12,000.	0.	8,013.	20,190.	227,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 CARTER K. LAUGHLIN VP, PRINCIPAL GIFTS	(i)	173,678.	21,000.	0.	7,358.	18,443.	220,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 STEFANIE MATHEW VP, CORPORATE PARTENERSHIPS	(i)	154,125.	11,000.	0.	6,511.	7,921.	179,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 CHRYSYAL MORRIS MURPHY VP, COMMUNITY PARTNERSHIPS	(i)	153,131.	5,250.	0.	6,586.	8,053.	173,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JENNIFER DUMAS DIRECTOR, PRINCIPAL GIFTS	(i)	151,580.	6,150.	0.	5,651.	2,334.	165,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 RUTH PRESCOTT CHIEF OF STAFF	(i)	225,120.	14,000.	0.	9,301.	3,074.	251,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 ANGELA HEARN SVP, COMMUNICATION (THRU 5/18)	(i)	87,387.	0.	51,151.	2,470.	3,405.	144,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 SUSAN NEWTON SVP, GRANTS & PROG (THRU 4/18)	(i)	68,668.	0.	66,041.	2,642.	9,633.	146,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

SCHEDULE J, 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.

SCHEDULE J, PART I, LINE 4A:

ANGELA HEARN RECEIVED SEVERANCE IN THE AMOUNT OF \$51,151. SUSAN NEWTON RECEIVED SEVERANCE IN THE AMOUNT OF \$66,041. THE TERMS AND CONDITIONS OF BOTH SEVERANCE AGREEMENTS ARE CONSISTENT WITH INDUSTRY STANDARDS.

SCHEDULE J, PART I, LINE 4B:

THE FOUNDATION HAS ESTABLISHED A SECTION 457 (F) PLAN FOR WILLIAM GILBERT SHAFROTH, PRESIDENT AND CEO. THE TOTAL AMOUNT ACCRUED UNDER THE PLAN WAS \$130,575 AS OF SEPTEMBER 30, 2019.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**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 instructions and 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				
6 Cars and other vehicles.	X	1 .	146,157 .	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	233 .	889,651 .	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	X	1 .	277,000 .	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MERCHANDISE)	X	11 .	58,713 .	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2018

JSA

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.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL PARK FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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:

PROTECT NATIONAL PARKS - THE NATIONAL PARK FOUNDATION SECURES PRIVATE AND PHILANTHROPIC FUNDS TO ENHANCE, PRESERVE, AND RESTORE THE NATURAL AND HISTORICAL RESOURCES STEWARDED BY NPS. AS WELL AS ENHANCE THE VISITOR EXPERIENCE FOR THE 300+ MILLION ANNUAL VISITORS. THE FOUNDATION'S SUPPORT IS INVESTED PRIMARILY THROUGH STRATEGIC PARTNERSHIPS. SPECIFIC INVESTMENTS INCLUDE ACQUIRING PRIVATE INHOLDINGS IN NATIONAL PARKS, RESTORING TRAILS AND HISTORIC STRUCTURES, CONSERVING WILDLIFE AND HABITATS, MAKING THE PARKS MORE SUSTAINABLE IN THEIR USE OF NATURAL RESOURCES, AND ENSURING PARKS ARE MORE INVITING AND RESILIENT FOR CURRENT AND FUTURE VISITOR USE.

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 PARKS.

II. NPF MADE GRANTS TO LAND CONSERVATION PARTNERS TO ENABLE NPS TO

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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ACQUIRE LAND IN FISCAL YEAR 2019 AT ZION NATIONAL PARK, CAMP NELSON NATIONAL MONUMENT, EBEYS LANDING NATIONAL HISTORIC RESERVE AND THE APPALACHIAN NATIONAL SCENIC TRAIL (BALD MOUNTAIN POND). NPF ALSO DONATED LANDS TO THE NATIONAL PARK SERVICE AT THE HOME OF FRANKLIN D. ROOSEVELT NATIONAL HISTORIC SITE AND THE MOJAVE TRAILS NATIONAL MONUMENT. AMONG THE FOUNDATION'S MOST IMPORTANT ACCOMPLISHMENTS IN 2019 WAS THE ACQUISITION OF DR. MARTIN LUTHER KING JR'S BIRTH AND LIFE HOMES IN ATLANTA, GA. THESE ICONIC AND HISTORIC STRUCTURES WILL BE FOREVER UNDER THE STEWARDSHIP AND CARE OF THE NATIONAL PARK SERVICE.

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

IV. NPF DIRECTED FUNDS SECURED FROM COURT ORDERS, MITIGATION, AND THE SETTLEMENT OF CRIMINAL AND CIVIL CASES TO CONSERVATION PROJECTS AT GLACIER BAY NATIONAL PARK AND CONGAREE NATIONAL PARK.

V. NPF PROVIDED CAPACITY BUILDING SUPPORT TO THE PARK PARTNER COMMUNITY THROUGH TARGETED GRANTS IN KEY AREAS SUCH AS FUNDRAISING, GOVERNANCE, LEADERSHIP TRAINING. NPF CONTINUES TO DELIVER EDUCATION, TECHNICAL ASSISTANCE AND STRATEGIC LEADERSHIP TO 400+ GROUPS REPRESENTED IN THE BROADER PARK PARTNER COMMUNITY. THIS WORK HELPS TO GROW PARTNERSHIP OPPORTUNITIES AND FINANCIAL SUPPORT AT INDIVIDUAL LOCAL PARKS.

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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VI. NPF HELPS THE NATIONAL PARK SERVICE IDENTIFY AND MITIGATE FUTURE CHALLENGES. IN PARTNERSHIP WITH THE NATIONAL PARK SERVICE, NPF ENGAGED SUBJECT MATTER EXPERTS TO ASSIST IN DEVELOPING CREATIVE LONG-TERM PUBLIC-PRIVATE PARTNERSHIP OPPORTUNITIES IN SEVERAL KEY AREAS (VISITOR USE DEMAND, NPS HOUSING, ENERGY SAVINGS). THESE PROJECTS ARE ONGOING AND ARE INTENDED TO HELP "SOLVE TOMORROW'S CHALLENGES IN TODAY'S ENVIRONMENT."

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

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 MULTICULTURAL MILLENNIALS AND YOUNG GEN-X FAMILIES 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 BUILD THE NEXT GENERATION OF NATIONAL PARK STEWARDS. THE FOUNDATION'S PROGRAMS FOCUS ON CONNECTING AUDIENCES TO INTRODUCTORY EXPERIENCES IN OUR NATIONAL PARKS, FOSTERING LIFELONG CONNECTIONS, AND BUILDING STRONG PARTNERSHIPS. IN FY19, NPF PROVIDED \$7,038,827 IN GRANTS TO CONNECT PEOPLE TO OUR NATIONAL PARKS.

I. IN FY19, THE NATIONAL PARK FOUNDATION CONTINUED ITS WORK ON

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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FIND YOUR PARK/ENCUENTRA TU PARQUE, A PUBLIC AWARENESS AND EDUCATION PROGRAM. FIND YOUR PARK IS A MARKETING PROGRAM THAT MAKES PARKS RELEVANT ACROSS DIVERSE PERSPECTIVES, BRINGING AWARENESS OF NATIONAL PARKS, CONNECTING PEOPLE TO PARKS, AND INSPIRING THEM 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. THROUGH GRANTS FROM THE NATIONAL PARK FOUNDATION, NPS AND PARTNERS CREATED OPPORTUNITIES FOR APPROXIMATELY 300,000 TO CONNECT TO PARKS THROUGH COMMUNITY ENGAGEMENT PROGRAMS.

III. NPF SUPPORTED PROGRAMS AROUND THE NATION THAT HIRED 631 YOUTH TO SERVE IN CONSERVATION CORPS (OUT OF ROUGHLY 20,000 YOUTH THAT PARTICIPATE ANNUALLY). THESE CORPS MEMBERS RESTORED TRAILS AND REMOVED INVASIVE SPECIES AT CHICKAMAUGA AND CHATTANOOGA NATIONAL MILITARY PARK, HAWAII VOLCANOES NATIONAL PARK, AND CUYAHOGA VALLEY NATIONAL PARK, AMONG OTHERS.

IV. 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
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PROGRAMS AND PROVIDE TRANSPORTATION TO PARK SITES.

V. THE NATIONAL PARK SERVICE CENTENNIAL ACT WAS SIGNED INTO LAW ON DECEMBER 16, 2016. AMONG OTHER PROVISIONS, THE CENTENNIAL ACT IMPACTS PROGRAMMATIC SERVICES THROUGH THE CREATION OF THE SECOND CENTURY ENDOWMENT, WHICH RECEIVES \$10 MILLION IN ANNUAL FUNDING VIA SALES OF THE NATIONAL PARKS AND FEDERAL RECREATIONAL LANDS LIFETIME AND ANNUAL SENIOR PASSES. THE NATIONAL PARK FOUNDATION IS REQUIRED TO USE SECOND CENTURY ENDOWMENT INVESTMENT EARNINGS FOR PRIORITY NATIONAL PARK PROJECTS APPROVED BY THE SECRETARY OF THE INTERIOR. IN ADDITION, THE CENTENNIAL ACT AUTHORIZED UP TO \$5 MILLION IN ANNUAL APPROPRIATIONS FOR THE NATIONAL PARK FOUNDATION BETWEEN FISCAL YEARS 2017-2023. THE FOUNDATION MUST LEVERAGE FUNDS AT LEAST 1:1 WITH PHILANTHROPIC SUPPORT FOR PRIORITY PARK PROJECTS AND PROGRAMS. IN FY19, CONGRESS ALLOCATED \$5 MILLION FOR NPF'S ANNUAL APPROPRIATION. THE FOUNDATION HAS SUCCESSFULLY ALLOCATED THOSE DOLLARS IN COLLABORATION WITH NPS FOR HIGH PRIORITY NEEDS ACROSS THE COUNTRY. NPF AND NPS WORK CLOSELY TO IDENTIFY PROJECTS AND PROGRAMS THAT ENJOY STRONG LEVERAGING POTENTIAL FOR FEDERAL FUNDS. FINALLY, THE CENTENNIAL ACT DIRECTED ANY REVENUES FROM SENIOR PASS SALES THAT EXCEED \$10 MILLION TO SERVE AS FEDERAL FUNDING FOR THE CENTENNIAL CHALLENGE PROGRAM, WHICH THE NATIONAL PARK SERVICE LEVERAGES WITH MATCHING FUNDS FROM PARK PARTNERS, INCLUDING THE NATIONAL PARK FOUNDATION, FOR SIGNATURE PARK PROJECTS AND PROGRAMS.

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

THE ORGANIZATION IS NOT REQUIRED TO FILE A FORM 990 WITH THE INTERNAL

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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REVENUE SERVICE PURSUANT TO ITS IRS DETERMINATION LETTER; HOWEVER, IN 2012, THE BOARD ELECTED TO BEGIN FILING ON A VOLUNTARY BASIS.

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 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

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

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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FORM 990, PART VI, SECTION B LINES 15A & 15B:

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 XII, LINE 2C:

YES. NPF'S AUDIT COMMITTEE HAS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND THE COMPILATION OF FINANCIAL STATEMENTS. NPF'S NORMAL PRACTICE IS TO REVIEW AND ASSESS AUDIT FIRMS AT LEAST EVERY 5 YEARS. NPF ENGAGED IN

SELECTION PROCESS INCLUDED AN ASSESSMENT OF NPF'S ENGAGEMENT GOALS AND OBJECTIVES, SELECTION OF FIRMS FOR CONSIDERATION, INTRODUCTORY MEETINGS AND INVITATIONS FOR BIDDING, EVALUATION AND FINALLY A RECOMMENDATION. THE AUDIT COMMITTEE MADE THE FINAL DECISION BASED ON THE ASSESSMENT AND RECOMMENDATION.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PRODUCTION SOLUTIONS, INC 1953 GALLOW ROAD, SUITE 500 VIENNA, VA 22182	DIRECT MAIL SERVICES	6,956,770.
PLEASANT STREET ENTERTAINMENT, LLC	PROGRAM PROD SERVICE	2,589,567.

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
3401 WHITE ROSE WAY ENCINO, CA 91436		
GREY GLOBAL GROUP LLC 200 FIFTH AVENUE NEW YORK, NY 10010	PROGRAMMATIC CMPAIGN	2,322,943.
BURRELL COMMUNICATIONS GROUP, LLC 233 NORTH MICHIGAN AVENUE, SUITE 2900 CHICAGO, IL 60601	PROGRAMMATIC CMPAIGN	1,418,200.
KEY ACQUISITION PARTNERS, LLC 199 EAST MONTGOMERY AVE, #100 ROCKVILLE, MD 20850	DIRECT MAIL SERVICES	846,930.

ATTACHMENT 2FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
CREATIVE DEVOP & BRANDING	4,273,926.	4,167,502.	106,424.	0.
DATABASE SERVICES	779,202.	0.	340,465.	438,737.
RECRUITMENT SERVICES	243,655.	0.	243,655.	0.
DIRECT MAIL - CAGING	302,675.	0.	0.	302,675.
COMMUNICATION SERVICES	429,945.	0.	429,945.	0.
EVALUATION SERVICES	247,343.	247,343.	0.	0.
CONSULTANT AND OTHER FEES	1,928,022.	1,777,326.	0.	150,696.
TOTALS	<u>8,204,768.</u>	<u>6,192,171.</u>	<u>1,120,489.</u>	<u>892,108.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

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
(1) NPF SCHOODIC WOODS LLC 1500 K STREET SUITE 700, NW WASHINGTON, DC 20005 47-4792944	SEE PART VII	DC	0.	0.	NAT PARK FDN
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

SCHEDULE R, PART I, LINE (1), COLUMN (B):

PRIMARY ACTIVITY: FACILITATE LAND DONATIONS