

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 10/01, 2020, and ending 09/30, 2021

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

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

2020

Department of the Treasury Internal Revenue Service

Name of exempt organization or person subject to tax

NATIONAL PARK FOUNDATION

Taxpayer identification number

52-1086761

Name and title of officer or person subject to tax

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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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.

Table with 2 columns: Line number and Description. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, and Form 4720.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize BDO USA, LLP to enter my PIN 14227 as my signature

on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax

[Handwritten signature]

Date 07/28/2022

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.

54621813538

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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

[Handwritten signature]

Date 7/28/2022

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

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10/01, 2020, and ending 09/30, 20 21

B Check if applicable: <input 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			E Telephone number (202) 796-2500		
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 111,527,441.		
	1500 K STREET, NW		700			
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005						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)
F Name and address of principal officer: WILLIAM GILBERT SHAFROTH SAME AS "C" ABOVE						
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				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1967		M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	100.
	6 Total number of volunteers (estimate if necessary)	6	28.
	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)	74,656,778.	81,830,308.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,636,601.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,781,259.	13,113,609.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,169,931.	4,991,296.
		89,244,569.	99,935,213.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,156,810.	36,105,662.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,121,263.	13,585,250.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	373,727.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,655,312.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,281,011.	20,653,206.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	71,559,084.	70,717,845.	
19 Revenue less expenses. Subtract line 18 from line 12	17,685,485.	29,217,368.	
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)	288,766,343.	340,217,064.
	22 Net assets or fund balances. Subtract line 21 from line 20.	17,180,602.	16,404,402.
	271,585,741.	323,812,662.	

COPY FOR PUBLIC INSPECTION

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		7/28/2022		P01871563
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590		Phone no. 703-893-0600	
Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102					

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** (2020)

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 \$ 34,985,854. including grants of \$ 26,231,189.) (Revenue \$ 0.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 13,170,080. including grants of \$ 9,874,473.) (Revenue \$ 0.)
SEE SCHEDULE O

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

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

4e Total program service expenses ▶ 48,155,934.

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 donor-restricted endowments or in 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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 100		
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? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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? If "No," provide an explanation on Schedule O 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? If "Yes," complete Form 4720, Schedule O. 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 on 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 (28), 1b (28), 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, 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 on 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.
- See instructions for the order in which to list the persons above.

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) WILLIAM SHAFROTH CEO	40.00 0.			X				546,327.	0.	41,845.
(2) DIETER FENKART-FROESCHL COO	40.00 0.			X				296,480.	0.	37,980.
(3) MANDEEP SINGH CFO	40.00 0.			X				254,797.	0.	36,333.
(4) RUTH PRESCOTT CHIEF OF STAFF	40.00 0.				X			259,951.	0.	12,389.
(5) JAMES KELLEY CHIEF PHILANTHROPY OFFICER	40.00 0.				X			258,364.	0.	10,235.
(6) ROBERT MATHIAS CHIEF EXTERNAL AFFAIRS	40.00 0.				X			247,997.	0.	3,946.
(7) DANIEL SAKURA SR ADV, LANDS & SPECIAL PROJ.	40.00 0.						X	196,516.	0.	39,175.
(8) CARTER LAUGHLIN SVP, PRINCIPAL GIFTS	40.00 0.					X		190,307.	0.	38,395.
(9) VALERIE KIND VP, MAJOR GIFTS	40.00 0.					X		175,331.	0.	29,866.
(10) CHRYSTAL MORRIS MURPHY SVP, COMMUNITY PARTNERSHIPS	40.00 0.					X		186,109.	0.	19,031.
(11) STEFANIE MATHEW SVP, CORPORATE PARTNERSHIPS	40.00 0.					X		182,720.	0.	18,195.
(12) NICOLE ENGDAHL SVP, PLANNED & ANNUAL GIVING	40.00 0.					X		172,205.	0.	15,826.
(13) RHODA ALTOM BOARD OF DIRECTORS	3.00 0.	X						0.	0.	0.
(14) PATRICIA ARVIELO BOARD OF DIRECTORS	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) AL BALDWIN ----- BOARD OF DIRECTORS	3.00 ----- 0.	X					0.	0.	0.	
(16) AUSTIN BEUTNER ----- BOARD OF DIRECTORS	2.00 ----- 0.	X					0.	0.	0.	
(17) THOMAS BROWN ----- BOARD OF DIRECTORS	2.00 ----- 0.	X					0.	0.	0.	
(18) STEVE CHAZEN ----- BOARD OF DIRECTORS	2.00 ----- 0.	X					0.	0.	0.	
(19) KAREN CONWAY ----- BOARD OF DIRECTORS	3.00 ----- 0.	X					0.	0.	0.	
(20) STEVEN DENNING ----- BOARD OF DIRECTORS	2.00 ----- 0.	X					0.	0.	0.	
(21) JOHN DESTEFANO ----- BOARD OF DIRECTORS	2.00 ----- 0.	X					0.	0.	0.	
(22) LISA ECCLES ----- BOARD OF DIRECTORS	2.00 ----- 0.	X					0.	0.	0.	
(23) CYNTHIA FISHER ----- BOARD OF DIRECTORS, ASST. SEC	5.00 ----- 0.	X					0.	0.	0.	
(24) RANDI FISHER ----- BOARD OF DIRECTORS	2.00 ----- 0.	X					0.	0.	0.	
(25) TOM GOSS ----- BOARD OF DIRECTORS	3.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							2,967,104.	0.	303,216.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,967,104.	0.	303,216.	

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 ► 41

	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 ► 27

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) ANDREA GRANT ----- BOARD OF DIRECTORS	3.00 ----- 0.	X					0.	0.	0.	
(27) WILLIAM GRAYSON ----- BOARD OF DIRECTORS	2.00 ----- 0.	X					0.	0.	0.	
(28) WILLIAM HILTZ ----- BOARD OF DIRECTORS, CHAIR	5.00 ----- 0.	X					0.	0.	0.	
(29) RICK JAMES ----- BOARD OF DIRECTORS, TREASURER	5.00 ----- 0.	X					0.	0.	0.	
(30) JOSEPH LANDY ----- BOARD OF DIRECTORS	3.00 ----- 0.	X					0.	0.	0.	
(31) SUSAN LAPIERRE ----- BOARD OF DIRECTORS	2.00 ----- 0.	X					0.	0.	0.	
(32) SEAN MALONEY ----- BOARD OF DIRECTORS	2.00 ----- 0.	X					0.	0.	0.	
(33) JOHN NAU, III ----- BOARD OF DIRECTORS	3.00 ----- 0.	X					0.	0.	0.	
(34) BARBARA NEAL ----- BOARD OF DIRECTORS	2.00 ----- 0.	X					0.	0.	0.	
(35) WILLIAM PICKARD ----- BOARD OF DIRECTORS	2.00 ----- 0.	X					0.	0.	0.	
(36) BRENDA POTTERFIELD ----- BOARD OF DIRECTORS	2.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
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 **▶** 41

	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, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for ROBERT RIVKIN, MELINDA STEARNS, MELANI WALTON, and GREGORY WEINGARTEN.

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 41

Table with 3 columns: Question number, 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)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	16,887,662.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	64,942,646.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 1,711,232.				
	h	Total. Add lines 1a-1f			81,830,308.			
	Program Service Revenue	2a	_____	Business Code				
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		Total. Add lines 2a-2f			0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			5,187,596.		5,187,596.	
	4	Income from investment of tax-exempt bond proceeds . .			0.			
	5	Royalties			858,299.		858,299.	
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						19,518,241.		
	b	Less: cost or other basis and sales expenses . .	7b	11,591,628.	600.			
	c	Gain or (loss)	7c	7,926,613.	-600.			
d	Net gain or (loss)				7,926,013.	7,926,013.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0.			
b	Less: direct expenses	8b			0.			
c	Net income or (loss) from fundraising events.				0.			
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
b	Less: direct expenses	9b			0.			
c	Net income or (loss) from gaming activities.				0.			
10a	Gross sales of inventory, less returns and allowances	10a			2,479.			
b	Less: cost of goods sold	10b			0.			
c	Net income or (loss) from sales of inventory.				2,479.	2,479.		
Miscellaneous Revenue	11a	MISCELLANEOUS	Business Code	900099	29,786.		29,786.	
	b	LITIGATION SETTLEMENTS		900099	4,100,732.		4,100,732.	
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d				4,130,518.		
12	Total revenue. See instructions				99,935,213.		18,104,905.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	35,914,418.	35,914,418.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	191,244.	191,244.		
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	2,006,644.	523,671.	533,398.	949,575.
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	9,433,060.	2,282,023.	2,688,225.	4,462,812.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	282,309.	143,911.	4,392.	134,006.
9 Other employee benefits	1,082,560.	551,848.	16,843.	513,869.
10 Payroll taxes	780,677.	397,960.	12,146.	370,571.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	321,593.	22,015.	299,578.	
c Accounting	99,531.		99,531.	
d Lobbying	48,000.	48,000.		
e Professional fundraising services. See Part IV, line 17	373,727.			373,727.
f Investment management fees	76,338.	76,338.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,890,156.	2,514,675.	475,652.	899,829.
12 Advertising and promotion	552,357.	49,332.	454,783.	48,242.
13 Office expenses	1,001,325.	90,675.	148,170.	762,480.
14 Information technology	1,801,229.	140,267.	576,761.	1,084,201.
15 Royalties	0.			
16 Occupancy	1,343,171.	422,354.	40,235.	880,582.
17 Travel	105,859.	24,199.	28,116.	53,544.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	56,119.	18,194.	18,696.	19,229.
20 Interest	8,489.	775.	7,714.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	770,570.	141,371.	627,742.	1,457.
23 Insurance	11,557.		11,557.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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	8,724,238.	3,411,123.	296,472.	5,016,643.
b BAD DEBT EXPENSES	1,124,310.	757,068.	367,242.	
c EVENT EXPENSES	476,618.	384,188.	50,616.	41,814.
d TEMPORARY HELP	126,506.	2,957.	114,049.	9,500.
e All other expenses	115,240.	47,328.	34,681.	33,231.
25 Total functional expenses. Add lines 1 through 24e	70,717,845.	48,155,934.	6,906,599.	15,655,312.
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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	4,064,566.	1,790,478.	165,624.	2,108,464.

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	700.	1	700.
	2 Savings and temporary cash investments	8,533,540.	2	17,067,509.
	3 Pledges and grants receivable, net	58,368,445.	3	59,496,600.
	4 Accounts receivable, net.	22,393.	4	1,076,034.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	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	1,112,592.	9	490,492.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,334,474.		
	b Less: accumulated depreciation	10b 2,773,262.	4,753,953.	10c 4,561,212.
	11 Investments - publicly traded securities.	215,961,658.	11	257,510,136.
	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	13,062.	15	14,381.
16 Total assets. Add lines 1 through 15 (must equal line 33)	288,766,343.	16	340,217,064.	
Liabilities	17 Accounts payable and accrued expenses	5,241,207.	17	3,469,511.
	18 Grants payable	1,831,237.	18	1,134,900.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	13,062.	21	14,477.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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.	1,791,500.	24	0.
	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	8,303,596.	25	11,785,514.
	26 Total liabilities. Add lines 17 through 25.	17,180,602.	26	16,404,402.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	57,292,391.	27	70,639,776.
	28 Net assets with donor restrictions.	214,293,350.	28	253,172,886.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
32 Total net assets or fund balances	271,585,741.	32	323,812,662.	
33 Total liabilities and net assets/fund balances.	288,766,343.	33	340,217,064.	

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	99,935,213.
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,717,845.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,217,368.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	271,585,741.
5	Net unrealized gains (losses) on investments	5	23,009,553.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	323,812,662.

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 on 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 on Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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						

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

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70,385,176.	74,896,669.	64,317,125.	74,656,778.	81,830,308.	366,086,056.
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						0.
4 Total. Add lines 1 through 3.	70,385,176.	74,896,669.	64,317,125.	74,656,778.	81,830,308.	366,086,056.
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).						12,576,096.
6 Public support. Subtract line 5 from line 4						353,509,960.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	70,385,176.	74,896,669.	64,317,125.	74,656,778.	81,830,308.	366,086,056.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,492,815.	4,581,032.	5,783,186.	5,775,661.	6,045,895.	28,678,589.
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	535,514.	-62,313.	-4,453.	2,888,736.	4,130,518.	7,488,002.
11 Total support. Add lines 7 through 10						402,252,647.
12 Gross receipts from related activities, etc. (see instructions)					12	3,567,234.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	87.88%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	73.29%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS INCOME	364,628.	-70,447.	-22,667.	252,135.	29,786.	553,435.
LITIGATION SETTLEMENTS	170,886.	8,134.	18,214.	2,636,601.	4,100,732.	6,934,567.
TOTALS	<u>535,514.</u>	<u>-62,313.</u>	<u>-4,453.</u>	<u>2,888,736.</u>	<u>4,130,518.</u>	<u>7,488,002.</u>

Schedule of Contributors

2020

▶ 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	N/A	\$ 15,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 6,005,686.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 2,710,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 1,791,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 3,000,000.	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 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

2020

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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) 2020

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 (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		120,966.													
c Total lobbying expenditures (add lines 1a and 1b)		120,966.													
d Other exempt purpose expenditures		70,596,879.													
e Total exempt purpose expenditures (add lines 1c and 1d)		70,717,845.													
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) 2017	(b) 2018	(c) 2019	(d) 2020	(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	100,157.	118,191.	156,082.	120,966.	495,396.
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 required by the instructions.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

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

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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 3 columns: Line number, Description, and Amount. Includes rows for art/historical treasures held for public service and financial gain.

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

Schedule D (Form 990) 2020

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 make 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 program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--------------------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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	120,146,983.	101,791,108.	91,618,940.	78,546,156.	63,868,932.
b Contributions	9,981,388.	10,288,797.	10,118,435.	10,713,770.	10,437,981.
c Net investment earnings, gains, and losses	25,852,157.	10,119,090.	2,611,614.	4,783,957.	6,622,802.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,363,259.	2,052,012.	2,557,881.	2,424,943.	2,383,559.
f Administrative expenses					
g End of year balance	151,617,269.	120,146,983.	101,791,108.	91,618,940.	78,546,156.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 21.0000 %
 - b** Permanent endowment ▶ 54.0000 %
 - c** Term endowment ▶ 25.0000 %
- 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		492,875.		492,875.
b Buildings				
c Leasehold improvements		3,474,611.	629,933.	2,844,678.
d Equipment		310,172.	128,896.	181,276.
e Other		3,056,816.	2,014,433.	1,042,383.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,561,212.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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) REFUND ADVANCES	7,250,221.
(3) LEASE INCENTIVE LIABILITY	2,194,617.
(4) CHARITABLE GIFT ANNUITY	1,685,027.
(5) DEFERRED RENT	655,649.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	11,785,514.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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 USES INVESTMENT EARNINGS, CONSISTENT WITH THE FUNDAMENTALS OF THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA), TO SUPPORT PROGRAMS AND PROJECTS OF THE NATIONAL PARK SERVICE BASED UPON PRIORITY AND FUNDS AVAILABILITY.

SCHEDULE D, PART X, 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

Part XIII Supplemental Information (continued)

EXEMPT FROM INCOME TAX, FORM 990, UNLESS THE FOUNDATION HAS UNRELATED 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 IRC.

UNDER FASB ASC 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 2018. FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020, RESPECTIVELY, THERE WERE NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS RECORDED OR INCLUDED IN THE ACCOMPANYING STATEMENTS OF ACTIVITIES.

SCHEDULE D, PART XI, LINE 2B & PART XII, LINE 2A:

IN FISCAL YEAR 2021 NPF SECURED AND AIRED PUBLIC SERVICE ANNOUNCEMENTS (PSAS) ON LOCAL AND REGIONAL TELEVISION MEDIA OUTLETS ACROSS THE U.S. VALUED AT MORE THAN \$37.5M. THE PSA SPOTS USED IMAGERY AND NARRATION TO EDUCATE THE PUBLIC ABOUT NATIONAL PARKS AND TO INVITE AND ENCOURAGE ALL AUDIENCES TO VISIT AND ENJOY THEM. THE PSA AIRTIME WAS DONATED TO NPF. ALTHOUGH THE VALUE OF THE DONATED AIRTIME AND COSTS WERE INCLUDED IN NPF'S AUDITED FINANCIAL STATEMENTS AS REVENUE AND PROGRAMMATIC IMPACT EXPENSE RESPECTIVELY PER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THEY HAVE BEEN REMOVED FROM REVENUE AND EXPENSE FROM THE 990 VIA SCHEDULE D

Part XIII Supplemental Information *(continued)*

PARTS XI AND XII (DONATED SERVICES AND EXPENSES ARE EXCLUDED FROM 990 REPORTING). HOWEVER, THE AIRED PSAS PROVIDED SIGNIFICANT POSITIVE IMPACT AND POSITIVE MESSAGING TO THE PUBLIC AND FOR THE NATIONAL PARK SYSTEM CONSISTENT WITH ONE OF NPF'S MISSION PILLARS - CONNECTING PEOPLE TO NATIONAL PARKS. HAD THE COST OF THESE PSAS NOT BEEN REMOVED FROM THE 990, NPF'S TOTAL PROGRAMMATIC FUNCTIONAL EXPENSE (990, PART IX) WOULD HAVE BEEN \$85.7M, OR 79.2% OF TOTAL EXPENSES.

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.

2020

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 information.

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					29,554,122.	652,665.	28,901,457.

- 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.

ALL STATES

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))
Revenue	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			
CHAPMAN CUBINE AND HUSSEY INC. 2000 15TH ST N #550 ARLINGTON VA 22201	DIGITAL FUNDRAISING	X		7,723,940.	331,442.	7,392,499.
EIDOLON COMMUNICATIONS INC 15 MAIDEN LANE, SUITE 1401 NEW YORK NY 10038	DIRECT MAIL	X		12,910,961.	152,404.	12,758,556.
IMPACT COMMUNICATIONS 8720 GEORGIA AVE, SUITE 302 SILVER SPRING MD 20910	MARKETING AGENCY	X		8,919,221.	135,348.	8,783,873.
DOING GOOD DIGITAL, LLC 312 ARIZONA AVENUE SANTA MONICA CA 90401	DIGITAL FUNDRAISING	X			8,250.	-8,250.
PUBLIC INTEREST COMMN. A DIVISION OF SIGNIA 6521 WEST 91ST AVENUE WESTMINISTER CO 80031	FUNDRAISING AGENCY	X			25,221.	-25,221.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

Part I General Information on Grants and Assistance

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(1) NATIONAL MALL AND MEMORIAL PARKS 900 OHIO DR., SW WASHINGTON, DC 20024	53-0197094	115	8,870,210.				PROTECT
(2) NATIONAL MALL AND MEMORIAL PARKS 900 OHIO DR., SW WASHINGTON, DC 20024	53-0197094	115	561,000.				CONNECT
(3) FIRST AMERICAN TITLE INS COMPANY P.O. BOX 3609 JACKSON, WY 83001	95-2566122		4,057,050.				PROTECT
(4) AAA COMPLETE BUILDING SERVICES, INC. 5151 WISCONSIN AVE NW WASHINGTON, DC 20016	52-1856083	115	2,458,626.				PROTECT
(5) NATIONAL CAPITAL PARKS-EAST 1900 ANACOSTIA DR. SW WASHINGTON, DC 20020	53-0197094	501(C)(3)	1,171,733.				PROTECT
(6) NATIONAL CAPITAL PARKS-EAST 1900 ANACOSTIA DR. SW WASHINGTON, DC 20020	53-0197094	501(C)(3)	455,000.				CONNECT
(7) FRIENDS OF KATAHDIN WOODS AND WATERS P.O. BOX 18177 PORTLAND, ME 04112	81-5102906	501(C)(3)	1,234,790.				PROTECT
(8) FRIENDS OF KATAHDIN WOODS AND WATERS P.O. BOX 18177 PORTLAND, ME 04112	81-5102906	501(C)(3)	50,000.				CONNECT
(9) GRAND CANYON NATIONAL PARK P.O. BOX 129 GRAND CANYON, AZ 86023	53-0197094	115	522,725.				PROTECT
(10) GRAND CANYON NATIONAL PARK P.O. BOX 129 GRAND CANYON, AZ 86023	53-0197094	115	500,000.				CONNECT
(11) CONSERVATION LEGACY 701 CAMINO DEL RIO DURANGO, CO 81301	84-1450808	501(C)(3)	79,043.				PROTECT
(12) CONSERVATION LEGACY 701 CAMINO DEL RIO DURANGO, CO 81301	84-1450808	501(C)(3)	829,650.				CONNECT

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Schedule I (Form 990) 2020

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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(1) NATIONAL PARK SERVICE REGION 1: NCAH 1100 OHIO DR. SW WASHINGTON, DC 20242	53-0197094	115	353,300.				PROTECT
(2) NATIONAL PARK SERVICE REGION 1: NCAH 1100 OHIO DR. SW WASHINGTON, DC 20242	53-0197094	115	286,614.				CONNECT
(3) GRAND CANYON ASSOCIATION P.O. BOX 399 GRAND CANYON, AZ 86023	86-0179548	501(C)(3)	597,482.				PROTECT
(4) AMERICAN CONSERVATION EXPERIENCE 2900 N. FORT VALLEY RD FLAGSTAFF, AZ 86001	37-1473291	501(C)(3)	41,600.				PROTECT
(5) AMERICAN CONSERVATION EXPERIENCE 2900 N. FORT VALLEY RD FLAGSTAFF, AZ 86001	37-1473291	501(C)(3)	497,740.				CONNECT
(6) WASHINGTON DEPT. OF FISH & WILDLIFE 600 CAPITOL WAY NORTH OLYMPIA, WA 98501	91-1632572	115	341,312.				PROTECT
(7) EVERGLADES NATIONAL PARK 40001 STATE RD. 9336 HOMESTEAD, FL 33034	53-0197094	115	528,800.				PROTECT
(8) ZION NATIONAL PARK STATE ROUTE 9 SPRINGDALE, UT 84767-1099	53-0197094	115	250,000.				PROTECT
(9) ZION NATIONAL PARK STATE ROUTE 9 SPRINGDALE, UT 84767-1099	53-0197094	115	250,000.				CONNECT
(10) MARTIN LUTHER KING, JR. NATIONAL HIST PARK 450 AUBURN AVE, NE ATLANTA, GA 30312	53-0197094	115	436,000.				CONNECT
(11) YOSEMITE CONSERVANCY 101 MONTGOMERY ST SAN FRANCISCO, CA 94104	94-3058041	501(C)(3)	367,535.				PROTECT
(12) YOSEMITE CONSERVANCY 101 MONTGOMERY ST SAN FRANCISCO, CA 94104	94-3058041	501(C)(3)	20,000.				CONNECT

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Schedule I (Form 990) 2020

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(1) GETTYSBURG FOUNDATION 1195 BALTIMORE PIKE GETTYSBURG, PA 17325	23-2969074	501(C)(3)	375,000.				PROTECT
(2) SANTA MONICA MOUNTAINS FUND 401 WEST HILLCREST DR THOUS. OAKS, CA 91360	95-4187832	501(C)(3)	218,517.				PROTECT
(3) SANTA MONICA MOUNTAINS FUND 401 WEST HILLCREST DR THOUS. OAKS, CA 91360	95-4187832	501(C)(3)	104,961.				CONNECT
(4) FLIGHT 93 NATIONAL MEMORIAL P.O. BOX 911 SOMERSET, PA 15501	53-0197094	115	314,089.				PROTECT
(5) NATIONAL PARK SERVICE 107 PARK HQ ROAD GATLINBURG, TN 37738	53-0197094	115	241,268.				PROTECT
(6) NATIONAL PARK SERVICE 107 PARK HQ ROAD GATLINBURG, TN 37738	53-0197094	115	72,500.				CONNECT
(7) NORTHWEST YOUTH CORPS 2621 AUGUSTA ST. EUGENE, OR 97403	93-0818160	501(C)(3)	47,500.				PROTECT
(8) NORTHWEST YOUTH CORPS 2621 AUGUSTA ST. EUGENE, OR 97403	93-0818160	501(C)(3)	214,530.				CONNECT
(9) NPS-NATIONAL PARK SERVICE 13461 SUNRISE VALLEY DR HERNDON, VA 20171	53-0197094	115	297,230.				PROTECT
(10) GRAND TETON ASSOCIATION P.O. BOX 170 MOOSE, WY 83012	83-0185073	501(C)(3)	275,000.				PROTECT
(11) STUDENT CONSERVATION ASSOC. P.O. BOX 550 CHARLESTOWN, NH 03603	91-0880684	501(C)(3)	270,717.				CONNECT
(12) YELLOWSTONE FOREVER 222 EAST MAIN ST. #301 BOZEMAN, MT 59715	53-0197094	501(C)(3)	190,000.				PROTECT

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(1) YELLOWSTONE FOREVER 222 EAST MAIN ST. #301 BOZEMAN, MT 59715	53-0197094	501(C)(3)	10,000.				CONNECT
(2) GREAT BASIN INSTITUTE 16750 MT. ROSE HWY RENO, NV 89511	88-0431016	501(C)(3)	121,413.				PROTECT
(3) GREAT BASIN INSTITUTE 16750 MT. ROSE HWY RENO, NV 89511	88-0431016	501(C)(3)	109,999.				CONNECT
(4) DENALI EDUCATION CENTER P.O. BOX 212 DENALI NAT'L PARK, AK 99755	92-0131177	501(C)(3)	225,000.				PROTECT
(5) ROCKY MOUNTAIN YOUTH CORPS P.O. BOX 1960 RANCHOS DE TAOS, NM 87557	85-0404817	501(C)(3)	222,491.				CONNECT
(6) OREGON STATE UNIVERSITY A312 KERR ADMIN BLDG CORVALLIS, OR 97331	61-1730890	115	215,933.				CONNECT
(7) VOYAGEURS NATIONAL PARK 360 HWY 11 E. INTERNATIONAL FALLS, MN 56649	53-0197094	115	200,000.				CONNECT
(8) NATIONAL PARK SERVICE - WASO OFFICE 1849 C ST. NW WASHINGTON, DC 20240	53-0197094	115	92,387.				PROTECT
(9) NATIONAL PARK SERVICE - WASO OFFICE 1849 C ST. NW WASHINGTON, DC 20240	53-0197094	115	96,924.				CONNECT
(10) CHILD AND FAMILY SERVICES OF NW MICHIGAN, I 3785 VETERANS DR TRAVERSE CITY, MI 49684	38-2534222	115	188,684.				CONNECT
(11) FRIENDS OF BIG BEND NATIONAL PARK P.O. BOX 200 BIG BEND NAT'L PARK, TX 79834	25-2670331	501(C)(3)	108,432.				PROTECT
(12) FRIENDS OF BIG BEND NATIONAL PARK P.O. BOX 200 BIG BEND NAT'L PARK, TX 79834	25-2670331	501(C)(3)	75,000.				CONNECT

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(1) GREENING YOUTH FOUNDATION 100 EDGEWOOD AVE ATLANTA, GA 30303	26-1211569	501(C)(3)	185,000.				CONNECT
(2) EASTERN SIERRA CONSERVATION CORPS P.O. BOX 7163 MAMMOTH LAKES, CA 93546	81-2456264	501(C)(3)	185,000.				CONNECT
(3) HISTORICORPS 151 SUMMER ST. #991 MORRISON, CO 80465	80-0844382	501(C)(3)	180,669.				CONNECT
(4) DENALI NATIONAL PARK AND PRESERVE P.O. BOX 9 DENALI PARK, AK 99755	53-0197094	115	75,000.				PROTECT
(5) DENALI NATIONAL PARK AND PRESERVE P.O. BOX 9 DENALI PARK, AK 99755	53-0197094	115	75,000.				CONNECT
(6) ICE AGE TRAIL ALLIANCE 2110 MAIN ST CROSS PLAINS, WI 53528	39-6076028	501(C)(3)	118,715.				PROTECT
(7) ICE AGE TRAIL ALLIANCE 2110 MAIN ST CROSS PLAINS, WI 53528	39-6076028	501(C)(3)	15,500.				CONNECT
(8) GRAND TETON NATIONAL PARK P.O. DRAWER 170 MOOSE, WY 83012	53-0197094	115	125,000.				PROTECT
(9) SANTA MONICA MTS NAT'L RECREATION AREA 401 W HILLCREST DR THOUS. OAKS, CA 91360	53-0197094	501(C)(3)	55,604.				PROTECT
(10) SANTA MONICA MTS NAT'L RECREATION AREA 401 W HILLCREST DR THOUS. OAKS, CA 91360	53-0197094	501(C)(3)	61,600.				CONNECT
(11) THE TRUST FOR PUBLIC LAND 101 MONTGOMERY ST SAN FRAN., CA 94104	23-7222333	501(C)(3)	114,336.				PROTECT
(12) ENVIRONMENT FOR THE AMERICAS 5171 ELDORADO SPRING DR. BOULDER, CO 80303	20-5844470	501(C)(3)	100,000.				CONNECT

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(1) TALLGRASS PRAIRIE NATIONAL PRESERVE 2480B KS HWY 177 STRONG CITY, KS 66869	53-0197094	501(C)(3)	100,000.				PROTECT
(2) DUNES LEARNING CENTER 700 HOWE RD. CHESTERTON, IN 46304	35-2031658	501(C)(3)	95,000.				CONNECT
(3) OLD DOMINION UNIVERSITY RESEARCH FOUNDATION P.O. BOX 6369 NORFOLK, VA 23508	54-6068198	501(C)(3)	92,200.				CONNECT
(4) FORT MONROE NATIONAL MONUMENT 41 BERNARD RD. FORT MONROE, VA 23651-1001	52-1086761	115	88,231.				PROTECT
(5) GROUNDWORK USA 22 MAIN ST. YONKERS, NY 10701	81-0554362	501(C)(3)	86,507.				CONNECT
(6) EMMA SILVERMAN 2348 HOOKE WAY SACRAMENTO, CA 95822	01-0660068	501(C)(3)	86,048.				CONNECT
(7) NATIONAL PARK TRUST 401 E JEFFERSON ST ROCKVILLE, MD 20851	52-1691924	501(C)(3)	50,000.				PROTECT
(8) NATIONAL PARK TRUST 401 E JEFFERSON ST ROCKVILLE, MD 20851	52-1691924	501(C)(3)	35,000.				CONNECT
(9) NEOGEN CORPORATION 620 LESHAR PLACE LANSING, MI 48912	38-2367843		40,000.				PROTECT
(10) NEOGEN CORPORATION 620 LESHAR PLACE LANSING, MI 48912	38-2367843		40,000.				CONNECT
(11) MISSISSIPPI PARK CONNECTION 111 KELLOGG BLVD E SAINT PAUL, MN 55101	87-0786530	501(C)(3)	80,000.				CONNECT
(12) CUMBERLAND ISLAND NATIONAL SEASHORE 101 WHEELER ST ST. MARYS, GA 31558	53-0197094	115	49,200.				PROTECT

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(1) CUMBERLAND ISLAND NATIONAL SEASHORE 101 WHEELER ST ST. MARYS, GA 31558	53-0197094	115	26,981.				CONNECT
(2) WHITE CLAY WATERSHED ASSOCIATION 182 SAWMILL RD LANDENBERG, PA 19350	23-7116453	501(C)(3)	75,000.				PROTECT
(3) WABANAKI YOUTH IN SCIENCE P.O. BOX 215 OLD TOWN, ME 04468	47-5239057	501(C)(3)	75,000.				CONNECT
(4) MISSION HERITAGE PARTNERS 6539 SAN JOSE DR. SAN ANTONIO, TX 78214	74-2308287	501(C)(3)	37,500.				PROTECT
(5) MISSION HERITAGE PARTNERS 6539 SAN JOSE DR. SAN ANTONIO, TX 78214	74-2308287	501(C)(3)	37,500.				CONNECT
(6) JOSHUA TREE NATIONAL PARK 74485 NATIONAL PARK DR 29 PALMS, CA 92277	53-0197094	115	74,840.				PROTECT
(7) WATERSHED COMMITTEE OF THE OZARKS 2400E VLY WATER MILL SPRINGFIELD, MO 65803	43-1531628	501(C)(3)	74,605.				CONNECT
(8) CONSERVATION CORPS NORTH BAY 11 PIMENTEL CT. NOVATO, CA 94949	94-2831592	501(C)(3)	73,926.				PROTECT
(9) THE BOARD OF REGENTS OF THE UNI OF WI SYS 21 N. PARK ST. MADISON, WI 53715-1218	39-6006492	501(C)(3)	72,780.				PROTECT
(10) SOUTH FLORIDA NATIONAL PARK TRUST 1390 S DIXIE HWY CORAL GABLES, FL 33146	13-4341209	501(C)(3)	72,004.				CONNECT
(11) MONTANA CONSERVATION CORPS 206 N GRAND AVE BOZEMAN, MT 59715	81-0467431	501(C)(3)	19,000.				PROTECT
(12) MONTANA CONSERVATION CORPS 206 N GRAND AVE BOZEMAN, MT 59715	81-0467431	501(C)(3)	51,784.				CONNECT

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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) LAKE CLARK NATIONAL PARK AND PRESERVE 240 WEST 5TH AVE ANCHORAGE, AK 99501	53-0197094	115	69,000.				PROTECT
(2) ROCK CREEK CONSERVANCY, INC 7200 WISCONSIN AVE BETHESDA, MD 20814	20-3874333		68,597.				CONNECT
(3) SEEDS P.O. BOX 2454 TRAVERSE CITY, MI 49685	38-3482266	501(C)(3)	68,550.				CONNECT
(4) BOSTON HARBOR NOW, INC P.O. BOX 961712 BOSTON, MA 02196	04-3268863		63,900.				CONNECT
(5) FRIENDS OF ACADIA 43 COTTAGE ST. BAR HARBOR, ME 04609	01-0425071	501(C)(3)	62,000.				CONNECT
(6) PETRIFIED FOREST NATIONAL PARK P.O.BOX 2217 PETRIFIED FOREST, AZ 86028	53-0197094	115	60,770.				PROTECT
(7) CALIFORNIA DESERT LAND CONSERVANCY P.O. BOX 1544 JOSHUA TREE, CA 92252	72-1603033	501(C)(3)	60,620.				PROTECT
(8) GREAT SAND DUNES NAT'L PARK & PRESERVE 11500 HIGHWAY 150 MOSCA, CO 81146	53-0197094	115	40,460.				CONNECT
(9) FRIENDS OF HAWAII VNP P.O. BOX 653 VOLCANO, HI 96785	31-1577169	501(C)(3)	60,000.				CONNECT
(10) RIVER RAISIN NATL BATTLEFIELD PARK FDN 1403 E. ELM AVE MONROE, MI 48162	46-2501428	501(C)(3)	58,366.				CONNECT
(11) BRYCE CANYON NATURAL HISTORY ASSOCIATION P.O BOX 640051 BRYCE, UT 84764	87-0258075	501(C)(3)	58,028.				PROTECT
(12) VOYAGEURS NATIONAL PARK ASSOCIATION 126 N. 3RD ST, #400 MINNEAPOLIS, MN 55401	41-6049473	501(C)(3)	54,995.				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) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

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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

- 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) FRIENDS OF VIRGIN ISLANDS NATIONAL PARK 529 MONGOOSE JUNCTION ST. JOHN, VI 00831	66-0463113	501(C)(3)	56,600.				CONNECT
(2) NATIONAL WA ROCHAMBEAU REVOL ROUTE ASSOC 2835 SAINT PAUL ST. BALTIMORE, 21218	33-1106734	501(C)(3)	30,000.				PROTECT
(3) NATIONAL WA ROCHAMBEAU REVOL ROUTE ASSOC 2835 SAINT PAUL ST. BALTIMORE, MD 21218	33-1106734	501(C)(3)	25,000.				CONNECT
(4) BUFFALO NATIONAL RIVER 402 N WALNUT ST. HARRISON, MD 72601	53-0197094	115	53,600.				PROTECT
(5) MESA VERDE MUSEUM ASSOCIATION P.O..BOX 38 MESA VERDE NAT'L PARK, AR 81330	84-0469675	501(C)(3)	48,213.				PROTECT
(6) SAVE THE REDWOODS LEAGUE 111 SUTTER ST SAN FRANCISCO, CO 94104	94-0843915	501(C)(3)	51,900.				PROTECT
(7) DEVILS TOWER NATIONAL MONUMENT P.O. BOX 10 DEVILS TOWER, CA 82714-0010	53-0197094	115	43,519.				PROTECT
(8) DEVILS TOWER NATIONAL MONUMENT P.O. BOX 10 DEVILS TOWER, WY 82714-0010	53-0197094	115	7,500.				CONNECT
(9) HALEAKALA NATIONAL PARK P.O. BOX 369 MAKAWAO, WY 96768-0369	53-0197094	115	50,000.				PROTECT
(10) MANASSAS BATTLEFIELD TRUST 12521 LEE HWY MANASSAS, HI 20109	46-2501374	501(C)(3)	50,000.				CONNECT
(11) OUTDOOR AFRO 2323 BRD.WAY OAKLAND, VA 94612	47-3094045	501(C)(3)	50,000.				PROTECT
(12) BIG THICKET NATIONAL PRESERVE 6044 FM 420 KOUNTZE, CA 77625	53-0197094	115	50,000.				PROTECT

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Employer identification number

52-1086761

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(1) NPS, NAT'L TRAILS & WILD & SCENIC RIVERS 1500 K STREET, NW WASHINGTON, TX 20005	53-1097094	115	50,000.				PROTECT
(2) SAGUARO NATIONAL PARK 3693 S OLD SPANISH TRIAL TUCSON, DC 85730	53-0197094	115	48,012.				PROTECT
(3) BLUE RIDGE PARKWAY FOUNDATION 717 S. MARSHALL ST. WINSTON-SALEM, NC 27101	31-1512730	501(C)(3)	45,000.				CONNECT
(4) WILDLIFE ACOUSTICS, INC 3 MILL & MAIN PLACE MAYNARD, NC 01754	20-0508239		45,080.				PROTECT
(5) FOUR CORNERS SCHOOL OF OUTDOOR ED P.O. BOX 1029 MONTICELLO, MA 84535	39-1509336	501(C)(3)	44,800.				PROTECT
(6) FRIENDS OF GREAT SMOKY MOUNTAINS NAT'L PARK P.O. BOX 1660 KODAK, TN 37764	62-1564782	115	38,000.				CONNECT
(7) OCMULGEE NATIONAL PARK AND PRESERVE INITIAT 598 DT WALTON SR WAY MACON, TN 31201	45-3622788	115	41,900.				PROTECT
(8) CONSERVANCY FOR CUYAHOGA VALLEY NAT'L PARK 1403 W HINES HILL RD. PENINSULA,, GA 44264	34-191-7257	115	40,000.				CONNECT
(9) DOI - UNITED STATES GEOLOGICAL SURVEY 1 MIGRATORY WAY TURNERS FALL, OH 01376	53-0196958	115	40,000.				PROTECT
(10) KLONDIKE GOLD RUSH NATIONAL HISTORICAL PARK P.O. BOX 517 SKAGWAY, MA 99840	53-0197709	115	40,000.				PROTECT
(11) SHENANDOAH NATIONAL PARK TRUST 1750 ALLIED ST CHARLOTTESVILLE, AK 22903	20-8685310	115	24,303.				PROTECT
(12) SHENANDOAH NATIONAL PARK TRUST 1750 ALLIED ST CHARLOTTESVILLE, VA 22903	20-8685310	115	15,000.				CONNECT

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

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Employer identification number

52-1086761

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(1) CALAVERAS HEALTHY IMPACT PRODUCT SOLUTIONS P.O. BOX 616 WEST POINT, VA 95255	26-1435215		38,392.				CONNECT
(2) WILDERNESS LAND TRUST P.O. BOX 11697 BAINBRIDGE ISLAND, CA 98110	84-1192823	115	38,000.				PROTECT
(3) SHUSTER CONSULTING INC 3352 LEXINGTON RD. MONTGOMERY, WA 36106	45-3203950		37,650.				CONNECT
(4) GLEN CANYON NATURAL HISTORY ASSOC P.O. BOX 1835 PAGE, AL 86040	74-2429545	501(C)(3)	35,550.				PROTECT
(5) SEQUOIA AND KING'S CANYON NATIONAL PARKS 47050 GENERALS HWY THREE RIVERS, AZ 93271	53-0197094	115	10,500.				PROTECT
(6) SEQUOIA AND KING'S CANYON NATIONAL PARKS 47050 GENERALS HWY THREE RIVERS, CA 93271	53-0197094	115	25,000.				CONNECT
(7) THE OUTSIDE LAS VEGAS FOUNDATION 919 E. BONNEVILLE AVE LAS VEGAS, CA 89101	26-2537847	501(C)(3)	35,000.				CONNECT
(8) APPALACHIAN TRIAL CONSERVANCY P.O. BOX 807 HARPERS FERRY, NV 25425	52-6046689	501(C)(3)	35,000.				CONNECT
(9) CABRILLO NATIONAL MONUMENT FDN 1800 CABRILLO MEM. WAY SAN DIEGO, WV 92106	95-1884723	501(C)(3)	35,000.				CONNECT
(10) WRANGELL-ST. ELIAS NATL PARK AND PRESERVE P.O BOX 439 COPPER CENTER, CA 99573	53-0197094	115	13,900.				PROTECT
(11) WRANGELL-ST. ELIAS NATL PARK AND PRESERVE P.O BOX 439 COPPER CENTER, AK 99573	53-0197094	115	21,000.				CONNECT
(12) UNIVERSITY OF WYOMING 1000 E UNIVERSITY LARAMIE, AK 82071	83-6000331	115	33,500.				CONNECT

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Schedule I (Form 990) 2020

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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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

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(1) KENAI FJORDS NATIONAL PARK P.O.BOX 1727 SEWARD, AK 99664-1727	53-0197094	115	30,000.				CONNECT
(2) DISCOVER YOUR NORTHWEST 164 S. JACKSON ST. SEATTLE, AK 98104	91-092-1955	501(C)(3)	33,000.				CONNECT
(3) GOLDEN GATE NATIONAL RECREATION AREA FORT MASON SAN FRANCISCO, WA 94123-1308	53-0197094	501(C)(3)	31,265.				PROTECT
(4) SOUTHERN UTAH UNIVERSITY 351 W UNIVERSITY BLVD CEDAR CITY, CA 84720	87-6000481	115	30,019.				CONNECT
(5) CONSERVATION CORPS OF MINNESOTA & IOWA 60 PLATO BLVD E SAINT PAUL, UT 55107	41-1881102	501(C)(3)	30,000.				CONNECT
(6) FRIENDS OF PEIRCE MILL 2930 BRANDYWINE ST. NW WASHINGTON, MN 20008	52-2010378	501(C)(3)	30,000.				CONNECT
(7) YOSEMITE NATIONAL PARK P.O. BOX 577 YOSEMITE, DC 95389	53-0197094	115	30,000.				CONNECT
(8) SLEEPING BEAR DUNES NATIONAL LAKESHORE 9922 FRONT ST. EMPIRE, CA 49630	53-0197094	501(C)(3)	30,000.				CONNECT
(9) HAWAII VOLCANOES NATIONAL PARK P.O. BOX 52 HAWAII NATL PARK, HI 96718-0052	53-0197094	115	30,000.				CONNECT
(10) LOWELL NATIONAL HISTORICAL PARK 67 KIRK ST. LOWELL, HI 01852	53-0197094	115	30,000.				CONNECT
(11) PINNACLES NATIONAL PARK 5000 HWY 146 PAICINES, MA 95043-9770	53-0197094	115	15,000.				PROTECT
(12) PINNACLES NATIONAL PARK 5000 HWY 146 PAICINES, CA 95043-9770	53-0197094	115	15,000.				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) 2020

**SCHEDULE I
(Form 990)**

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

NATIONAL PARK FOUNDATION

Employer identification number

52-1086761

Part I General Information on Grants and Assistance

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(1) REDWOOD NATIONAL PARK 1111 SECOND ST. CRESCENT CITY, CA 95531	53-0197094	115	30,000.				PROTECT
(2) THE LOUISIANA MUSEUM FOUNDATION 1000 BOURBON ST NEW ORLEANS, CA 70116	72-0954712	501(C)(3)	30,000.				CONNECT
(3) JAMES RIVER ASSOCIATION 4833 OLD MAIN ST. RICHMOND, LA 23231	51-0211913	501(C)(3)	29,936.				CONNECT
(4) DEATH VALLEY NATIONAL PARK P.O. BOX 579 DEATH VALLEY, VA 92328	53-0197094	115	29,510.				PROTECT
(5) CONGAREE NATIONAL PARK 100 NATL PARK RD. HOPKINS, CA 29061-9118	53-0197094	115	25,500.				PROTECT
(6) FRIENDS OF CHICKAMAUGA & CHATTANOOGA NMP P.O. BOX 748 CHATTANOOGA, SC 37401	58-1708782	501(C)(3)	27,000.				CONNECT
(7) WHISKEYTOWN NATIONAL RECREATION AREA 13461 SUNRISE VALLEY DR. HERNDON, TN 20171	53-0197094	501(C)(3)	26,880.				CONNECT
(8) TIMUCUAN PARK FOUNDATION 2029 N 3RD ST. JACKSONVILLE BEACH, VA 32250	59-3614354	501(C)(3)	25,238.				CONNECT
(9) THE CONSERVATION FUND 1655 N. FORT MYER DR ARLINGTON, FL 22209	52-1388917	501(C)(3)	25,019.				PROTECT
(10) OLD NORTH FOUNDATION OF BOSTON, INC. 193 SALEM ST. BOSTON, VA 02113	04-3120688	501(C)(3)	25,000.				CONNECT
(11) CONNECTICUT FOREST AND PARK ASSOC 16 MERIDEN RD ROCKFALL, MA 06481	06-0613430	501(C)(3)	25,000.				PROTECT
(12) THE FRIENDS OF VALLEY FORGE 1400N OTR LNE DR. KING OF PRUSSIA, CT 19406	23-2036005	501(C)(3)	25,000.				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) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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**
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(1) THE CARPENTERS' CO. OF THE CITY & CTY OF PH 320 CHESTNUT ST. PHILADELPHIA, PA 19106	23-6392266	501(C)(3)	25,000.				CONNECT
(2) HISTORIC PULLMAN FOUNDATION 614 EAST 113TH ST. CHICAGO, PA 60628-5100	23-7281625	501(C)(3)	25,000.				CONNECT
(3) FRIENDS OF VICKSBURG NATL MILITARY PARK P. O BOX 821286 VICKSBURG, IL 39182	26-111-4156	501(C)(3)	25,000.				CONNECT
(4) ST. CROIX RIVER ASSOCIATION P.O. BOX 655 ST. CROIX FALLS, MS 54024	26-3025933	501(C)(3)	25,000.				CONNECT
(5) WILD RIVERS CONS OF THE ST. CROIX P.O. BOX 655 ST. CROIX FALLS, WI 54024	26-3025933	501(C)(3)	25,000.				PROTECT
(6) CONTINENTAL DIVIDE TRAIL COALITION 710 10TH ST., STE 200 GOLDEN, WI 80401	45-5051775	501(C)(3)	25,000.				CONNECT
(7) OLD SARDIS RIVITALIZATION COMMUNITY DEVELOP 1240 4TH ST NORTH BIRMINGHAM, CO 35204	46-1532435	501(C)(3)	25,000.				PROTECT
(8) MESA VERDE NATIONAL PARK P.O. BOX 8 MESA VERDE NATL PARK, AL 81330	53-0197094	115	25,000.				CONNECT
(9) MARTIN VAN BUREN NATIONAL HISTORIC SITE 1013 OLD POST RD. KINDERHOOK, CO 12106-3605	53-0197094	501(C)(3)	25,000.				CONNECT
(10) YOUNG MASTERMINDS INITIATIVE, INC. 325 MACON ST. BROOKLYN, NY 11216	83-1429530		25,000.				CONNECT
(11) FLATHEAD RIVERS ALLIANCE P.O. BOX 1906 WHITEFISH, NY 59937	84-4763768	501(C)(3)	25,000.				PROTECT
(12) GREAT BASIN NATIONAL PARK FOUNDATION P.O. BOX 181 BAKER, MT 89311	88-0407290	501(C)(3)	25,000.				CONNECT

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(1) SAN FRANCISCO MARITIME NATL PARK ASSOC P.O. BOX 470310 SAN FRANCISCO, NE 94147	94-1254650	501(C)(3)	24,540.				CONNECT
(2) OUTER BANKS FOREVER P.O. BOX 1635 KILL DEVIL HILLS, CA 27948	23-1401703	501(C)(3)	24,500.				CONNECT
(3) SAVE THE DUNES CONSERVATION FUND, INC. 444 BARKER RD. MICHIGAN CITY, NC 46360	35-1915468	501(C)(3)	24,000.				CONNECT
(4) TUMACACORI NATIONAL HISTORICAL PARK P.O.BOX 8067 TUMACACORI, IN 85640	53-0197094	115	22,081.				CONNECT
(5) FRIENDS OF FLIGHT 93 P.O. BOX 911 SHANKSVILLE, AZ 15560	27-0505853	501(C)(3)	21,420.				PROTECT
(6) CITY OF DETROIT - DETROIT PARKS AND RECREAT 18100 MEYERS RD. DETROIT, PA 48235	38-6004606	115	21,008.				PROTECT
(7) SAGAMORE HILL NATIONAL HISTORIC SITE 20 SAGAMORE HILL RD. OYSTER BAY, MI 11771	53-0197094	501(C)(3)	20,208.				PROTECT
(8) FRIENDS OF THE APOSTLE ISLANDS NATL LAKESHO P.O. BOX 1574 BAYFIELD, NY 54814	20-0079065	501(C)(3)	20,000.				CONNECT
(9) EASTERN NATIONAL 470 MD DR FORT WASHINGTON, WI 19034	23-1401703	115	20,000.				CONNECT
(10) RIVERS OF STEEL HERITAGE CORPORATION 623 EAST 8TH AVE HOMESTEAD, PA 15120	25-1672667		20,000.				CONNECT
(11) CROSSROADS OF THE AMERICAN REVOLUTION ASSOC 101 BARRACK ST. TRENTON, PA 08608	30-0083430	501(C)(3)	20,000.				PROTECT
(12) SCIENCE MUSEUM OF MINNESOTA 120 WEST KELLOGG BLVD ST PAUL, NJ 55102	41-0706172	501(C)(3)	20,000.				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) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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

- 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) SHENANDOAH NATIONAL PARK 3655 US HWY 211 EAST LURAY, MN 22835	53-0197094	115	20,000.				CONNECT
(2) POINT REYES NATIONAL SEASHORE ASSOCIATION 1 BEAR VALLEY RD PT.REYES STATION, VA 94956	94-2228894	501(C)(3)	19,500.				CONNECT
(3) ROSIE THE RIVETER/WWII H FNHP 1401 MARINA WAY SOUTH RICHMOND, CA 94804	53-0197094	501(C)(3)	19,200.				CONNECT
(4) GOLDEN GATE NP CONSERVANCY FORT MASON SAN FRANCISCO, CA 94123-0022	94-278-1708	501(C)(3)	18,000.				CONNECT
(5) ZION NATIONAL PARK FOREVER PROJECT 1 ZION PARK BLVD SPRINGDALE, CA 84767	87-025-6961	501(C)(3)	17,017.				PROTECT
(6) CASTILLO DE SAN MARCOS NATIONAL MONUMENT 1 CASTILLO DR. ST. AUGUSTINE, UT 32084-3699	53-0197094	115	7,675.				PROTECT
(7) CASTILLO DE SAN MARCOS NATIONAL MONUMENT 1 CASTILLO DR ST. AUGUSTINE, FL 32084-3699	53-0197094	115	9,000.				CONNECT
(8) GLACIER NATIONAL PARK P.O.BOX 128 WEST GLACIER, FL 59936-0128	53-0197094	115	16,400.				PROTECT
(9) PADRE ISLAND NATIONAL SEASHORE 20301 PARK RD. 22 CORPUS CHRISTI, MT 78418	53-0197094	501(C)(3)	16,338.				PROTECT
(10) NORTH COUNTRY TRAIL ASSOCIATION 229 E MAIN ST. LOWELL, TX 49331	38-2423480	501(C)(3)	15,000.				CONNECT
(11) CASA GRANDE RUINS NATIONAL MEMORIAL 1100 WEST RUINS DR. COOLIDGE, MI 85228	53-0197094	501(C)(3)	15,000.				PROTECT
(12) FRIENDS OF MAMMOTH CAVE P.O BOX 2 MAMMOTH CAVE, AZ 42259	61-130-2865	501(C)(3)	15,000.				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) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

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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) WESTERN NATIONAL PARKS ASSOCIATION 12880 N VISTOSO VILLAGE TUCSON, KY 85755	86-010-7049	501(C)(3)	15,000.				CONNECT
(2) FRIENDS OF SAGUARO NP P.O. BOX 18998 TUCSON, AZ 85731	86-084-2503	501(C)(3)	15,000.				PROTECT
(3) SEQUOIA PARKS CONSERVANCY 47050 GENERALS HWY THREE RIVERS, AZ 93271	94-1379633	501(C)(3)	10,000.				PROTECT
(4) PIPESTONE NATIONAL MONUMENT 13461 SUNRISE VALLEY DR. HERNDON, CA 20171	53-0187094	501(C)(3)	14,591.				CONNECT
(5) PALO ALTO BATTLEFIELD NATL HISTORICAL PARK 600 E. HARRISON ST. BROWNSVILLE, VA 78520	53-0197094	115	14,340.				CONNECT
(6) GLACIER NATIONAL PARK CONSERVANCY P.O. BOX 2749 COLUMBIA FALLS, MT 59912	56-2579734	501(C)(3)	12,000.				CONNECT
(7) GLEN CANYON NATIONAL RECREATION AREA P.O. BOX 1507 PAGE, MT 86040-1507	53-0197094	501(C)(3)	13,710.				PROTECT
(8) MOUNT RAINIER NATIONAL PARK 55210 238TH AVE E ASHFORD, AZ 98304	53-0197094	115	13,400.				CONNECT
(9) GREAT BASIN NATIONAL PARK 100 GREAT BASIN NATL PARK BAKER, WA 89311	53-019-7094	115	13,249.				PROTECT
(10) WCNV 415 WEST FAYETTE ST. SYRACUSE, NE 13204	16-0876277	501(C)(3)	12,500.				CONNECT
(11) GLEN CANYON CONSERVANCY 12 N. LAKE P.O.WELL BLVD PAGE, NY 86040	74-2429545	501(C)(3)	12,064.				PROTECT
(12) COMMUNITY INITIATIVES 1000 BRD.WAY, STE 480 OAKLAND, AZ 94607	94-3255070	501(C)(3)	11,928.				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 ▶

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

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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) PETROGLYPH NATIONAL MONUMENT 6001 UNSER BLVD, NW ALBUQUERQUE, NM 87120	53-0197094	115	8,000.				CONNECT
(2) FORT FREDERICA ASSOCIATION 100 FLORENCE ST. ST.SIMONS ISLAND, NM 31522	58-6039355	501(C)(3)	11,500.				CONNECT
(3) ROSIE THE RIVETER TRUST 440 CIVIC CENTER PLAZA RICHMOND, GA 94804	94-3335350	501(C)(3)	10,800.				CONNECT
(4) INTERIOR REGION 2 - SOUTH ATLANTIC-GULF 1849 C ST. NW WASHINGTON, CA 20240	53-0197094	501(C)(3)	10,500.				PROTECT
(5) VALLEY FORGE NATIONAL HISTORICAL PARK 1400N OTR LNE DR KING OF PRUSSIA, DC 19406	53-0197094	115	10,500.				PROTECT
(6) AMERICAN TRAILS P.O. BOX 491797 REDDING, PA 96049	52-1591902	501(C)(3)	10,375.				CONNECT
(7) PACIFIC WEST REGIONAL OFFICE 333 BUSH ST SAN FRANCISCO, CA 94104-2828	53-0197094	501(C)(3)	10,239.				PROTECT
(8) FIRE ISLAND LIGHTHOUSE PRES SOCIETY 4640 CAPTREE ISLAND, CA 11702	11-4592744	501(C)(3)	10,222.				CONNECT
(9) ESSEX NATIONAL HERITAGE COMMISSION 10 FEDERAL ST. SALEM, NY 01970	04-3406670	501(C)(3)	10,000.				CONNECT
(10) TOURO SYNAGOGUE FOUNDATION 85 TOURO ST. NEWPORT, MA 02840	05-0255359	501(C)(3)	10,000.				PROTECT
(11) SCHOODIC INSTITUTE 9 ATTERBURY CIR, WINTER HARBOR, RI 04693	20-1054593	501(C)(3)	10,000.				CONNECT
(12) ENVIRONMENTAL GRANTMAKERS ASSOCIATION 475 RIVERSIDE DR. NEW YORK, ME 10115	20-8817646	501(C)(3)	10,000.				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 ▶ _____

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

▶ 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

- 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) POUFRE HERITAGE ALLIANCE 3745 EAST PROSPECT FORT COLLINS, NY 80525	36-4507550	501(C)(3)	10,000.				CONNECT
(2) FRIENDS OF WHISKEYTOWN P.O. BOX 2 WHISKEYTOWN, CO 96095	46-0511279	501(C)(3)	10,000.				CONNECT
(3) DEVILS POSTPILE NATIONAL MONUMENT P.O. BOX 3999 MAMMOTH LAKES, CA 93546	53-0197094	115	10,000.				CONNECT
(4) GRAND TETON NATIONAL PARK FOUNDATION P.O. BOX 249 MOOSE, CA 83012	83-032-2668	501(C)(3)	10,000.				PROTECT
(5) ROCKY MOUNTAIN CONSERVANCY P.O. BOX 3100 EAST PARK, WY 80517	84-0472090	501(C)(3)	10,000.				CONNECT
(6) NICODEMUS HISTORICAL SOCIETY 611 S. 5TH BOGUE, CO 67625	93-1012167	501(C)(3)	10,000.				PROTECT
(7) MAMMOTH CAVE NATIONAL PARK 1 MAMMOTH CAVE PWY MAMMOTH CAVE, KS 42259	53-0197094	115	9,900.				PROTECT
(8) ACADIA NATIONAL PARK P.O. BOX 177 BAR HARBOR, KY 04609-0177	53-0197094	115	9,250.				CONNECT
(9) CAPE LOOKOUT NATIONAL SEASHORE 131 CHARLES ST HARKERS ISLAND, ME 28531	53-0197094	115	9,000.				PROTECT
(10) DESIGNLAB, LLC 135 PENOBSCOT AVE MILLINOCKET, NC 04462	47-4986816		8,522.				PROTECT
(11) SHENANDOAH NATIONAL PARK ASSOCIATION 3655 US HWY 211 EAST LURAY, ME 22835	54-0952015	501(C)(3)	8,400.				CONNECT
(12) MESA VERDE FOUNDATION 8600 RALSTON RD. ARVADA, VA 80002	84-1404606	501(C)(3)	8,060.				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) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

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

▶ 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

- 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) KNIFE RIVER INDIAN HERITAGE FOUNDATION 600 COUNTY RD 37 STANTON, CO 58571	36-3391446	501(C)(3)	8,000.				CONNECT
(2) ROCK CREEK PARK 3545 WILLIAMSBURG LN, NW	53-0197094	115	8,000.				CONNECT
(3) KNIFE RIVER INDIAN VILLAGES NATL HISTORIC S P.O. BOX 9 STANTON, DC 58571-0009	53-0197094	501(C)(3)	8,000.				CONNECT
(4) A. PHILLIP RANDOLPH PULLMAN PORTER MUSEUM I 10406 S. MARYLAND AVE CHICAGO, ND 60628	36-4205581	501(C)(3)	7,500.				PROTECT
(5) FRIENDS OF THE SPRINGFIELD ARMORY NAT'L HIS ONE ARMORY SQUARE SPRINGFIELD, IL 01105	80-0952034	501(C)(3)	6,302.				CONNECT
(6) PETRILLO IRON WORKS LLC 15 WEST 9TH ST. BROOKLYN, MA 11231	11-3624236		6,000.				CONNECT
(7) WOLF TRAP NATIONAL PARK FOR THE PERFORMING 1551 TRAP RD. VIENNA, NY 22182	53-0197094	115	6,000.				PROTECT
(8) WRANGELL INSTITUTE FOR SCIENCE & ENV BOX 336E HC60 COOPER CENTER, VA 99573	920-175090	501(C)(3)	6,000.				CONNECT
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 225.

3 Enter total number of other organizations listed in the line 1 table 11.

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

Schedule I (Form 990) 2020

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 MELLON HUMANITIES FELLOWS	5.	191,244.			
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

2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM SHAFROTH CEO	(i)	521,327.	25,000.	0.	20,875.	20,970.	588,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DIETER FENKART-FROESCHL COO	(i)	289,480.	7,000.	0.	11,776.	26,204.	334,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MANDEEP SINGH CFO	(i)	247,797.	7,000.	0.	10,129.	26,204.	291,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 RUTH PRESCOTT CHIEF OF STAFF	(i)	252,951.	7,000.	0.	10,000.	2,389.	272,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JAMES KELLEY CHIEF PHILANTHROPY OFFICER	(i)	251,364.	7,000.	0.	0.	10,235.	268,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ROBERT MATHIAS CHIEF EXTERNAL AFFAIRS	(i)	240,997.	7,000.	0.	0.	3,946.	251,943.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 STEFANIE MATHEW SVP, CORPORATE PARTNERSHIPS	(i)	178,475.	4,245.	0.	7,200.	10,995.	200,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 CARTER LAUGHLIN SVP, PRINCIPAL GIFTS	(i)	185,307.	5,000.	0.	7,629.	30,766.	228,702.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 VALERIE KIND VP, MAJOR GIFTS	(i)	172,331.	3,000.	0.	7,122.	22,744.	205,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 NICOLE ENGDAHL SVP, PLANNED & ANNUAL GIVING	(i)	168,205.	4,000.	0.	6,720.	9,106.	188,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 CHRYSYAL MORRIS MURPHY SVP, COMMUNITY PARTNERSHIPS	(i)	185,109.	1,000.	0.	7,539.	11,492.	205,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 DANIEL SAKURA SR ADV, LANDS & SPECIAL PROJ.	(i)	196,516.	0.	0.	8,364.	30,811.	235,691.	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 2 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 4B:

THE FOUNDATION HAS ESTABLISHED SECTION 457(F) AND 457(B) PLANS FOR IT'S PRESIDENT AND CEO. THE AMOUNT ACCRUED UNDER THE PLAN WAS \$273,039 AS OF SEPTEMBER 30, 2021.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**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.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	118.	1,680,450.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>MERCHANDISE</u>)	X	4.	11,821.	FMV
26 Other ▶ (<u>PRIZES</u>)	X	3.	9,646.	FMV
27 Other ▶ (<u>EVENTS</u>)	X	2.	9,315.	FMV
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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) 2020

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 M, PART I, COLUMN B:

THE AMOUNT REPORTED IN COLUMN B REPRESENTS THE NUMBER OF ITEMS.

**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

2020

**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. NPF'S OVERARCHING GOAL IS TO ENSURE AMERICA'S NATIONAL PARKS REACH THEIR FULLEST POTENTIAL AND TOUCH AS MANY LIVES AS POSSIBLE.

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. UNDER THE PROTECT PILLAR, NPF DELIVERS PROGRAMMATIC IMPACT TO THE PARKS IN THE FOLLOWING STRATEGIC AREAS:

LANDSCAPE AND WILDLIFE CONSERVATION - NPF COMMITS TO CONSERVING NATIVE WILDLIFE AND RESTORING CRITICAL HABITATS AND ECOSYSTEMS IN THE NATION'S MOST TREASURED PLACES FOR THE ENJOYMENT, EDUCATION, AND INSPIRATION OF CURRENT AND FUTURE GENERATIONS. FROM MAJESTIC MOUNTAIN RANGES IN ALASKA TO THE VAST SAWGRASS PRAIRIES OF FLORIDA'S EVERGLADES, NATIONAL PARKS HAVE SAFEGUARDED THE NATION'S STUNNING LANDSCAPES, NATURAL HABITATS, AND NATIVE WILDLIFE FROM MODERN DEVELOPMENT. TODAY, NATIONAL PARKS PROTECT

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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AND PRESERVE 85 MILLION ACRES OF LAND INCLUDING WORLD HERITAGE SITES, ICONIC LANDMARKS, AND MANY THREATENED AND ENDANGERED SPECIES. MANY SITES ARE INCREASINGLY SUBJECT TO ENVIRONMENTAL AND HUMAN IMPACTS THAT THREATEN THE HEALTH OF WILDLIFE. RISING SEA LEVELS, CHANGING WEATHER PATTERNS, AND ECOSYSTEM DEGRADATION ARE LEADING TO PARADIGM SHIFTS IN SOCIETY. CONSERVATION AND PRESERVATION ARE AT THE CORE OF THE FOUNDATION'S MISSION.

HISTORY AND CULTURE - NEARLY HALF OF THE NATION'S NATIONAL PARKS ARE PRIMARILY HISTORIC OR CULTURAL IN THEIR MISSION, BUT FEW AMERICANS VISIT THEM OR EVEN KNOW THEY EXIST. AS AMERICA'S STORYTELLER, THESE NATIONAL PARKS CAN ENGAGE ALL AUDIENCES AND TELL A BROADER AND MORE INCLUSIVE STORY OF AMERICAN HISTORY. NPF HELPS TO SAFEGUARD THE HISTORIC SITES AND COLLECTIONS THAT HOLD AMERICAN'S SHARED HISTORY, RECOGNIZING THAT NATIONAL DISCOURSE IS EVER EVOLVING TO REFLECT ON THE PAST, ENGAGE THE PRESENT, AND IMAGINE THE FUTURE. WITH THIS WORK, NPF AIMS TO SHARE MORE COMPREHENSIVE AND INCLUSIVE STORIES THAT AMPLIFY THE FULL RANGE OF EXPERIENCE AND VOICES THAT ARE WOVEN INTO THE FABRIC OF THE UNITED STATES.

RESILIENCE AND SUSTAINABILITY - IN PARTNERSHIP WITH NPS AND OTHER PARTNERS, NPF IS MAKING NATIONAL PARKS MORE RESILIENT AND SUSTAINABLE BY SUPPORTING INNOVATIVE SOLUTIONS TO IMPROVE PARK INFRASTRUCTURE AND TO MAKE IT EASIER FOR PARK VISITORS TO BE GOOD STEWARDS OF THE PLACES THEY LOVE. NPF SUPPORTS ONGOING WORK ACROSS THE ENTIRE NATIONAL PARK SYSTEM

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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THROUGH WASTE REDUCTION EFFORTS, WATER CONSERVATION PROJECTS, AND INVESTMENTS IN RENEWABLE AND ALTERNATIVE ENERGY PROJECTS. THE PRESERVATION OF PARKS IS CENTRAL TO THE NATIONAL PARK SERVICE'S MISSION, AND NPS'S GREEN PARKS PLAN ACTS AS A ROAD MAP OF AREAS TO FOCUS ON NOW AND IN THE FUTURE TO BUILD RESILIENT GREEN INFRASTRUCTURE AND EDUCATE PARK VISITORS ON CLIMATE CHANGE AND SUSTAINABILITY.

PARKS OF THE FUTURE - TWO HUNDRED MILLION MORE VISITORS ARE EXPECTED ANNUALLY IN NATIONAL PARKS BY 2040, A 60 PERCENT INCREASE FROM 2018 LEVELS. NATIONAL PARKS MUST BE PREPARED TO ADDRESS THE CHANGING DEMOGRAPHICS AND A DIVERSITY OF NEEDS FOR THESE NEW VISITORS. FROM VISITOR CONGESTION TO THE WORKFORCE OF THE FUTURE. FROM RECREATIONAL ACCESS TO CAMPGROUND AND TRANSPORTATION EXPERIENCES OF THE FUTURE. FROM HOW AUDIENCES FEEL WELCOME TO HOW NEW AUDIENCES CAN BE DEVELOPED AND CULTIVATED. NATIONAL PARKS MUST REMAIN NIMBLE AND INVEST IN STRATEGIES TODAY THAT ENSURE WORLD CLASS VISITOR EXPERIENCES TOMORROW. THROUGH TRANSFORMATIONAL INVESTMENTS IN BOTH EMERGING TECHNOLOGIES AND PROVEN SOLUTIONS, NPF ENVISIONS A STRONGER AND MORE RESILIENT NATIONAL PARK SYSTEM IN 2040.

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

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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ACCOMPLISHED BY WAY OF INVESTMENTS TO REACH UNDERREPRESENTED AUDIENCES, INCREASE DIVERSITY AND INCLUSION, CREATE DIGITAL EXPERIENCES AND ATTRACT YOUNGER, MULTICULTURAL GENERATIONS AND 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. UNDER THE CONNECT PILLAR, NPF DELIVERS PROGRAMMATIC IMPACT TO THE PARKS IN THE FOLLOWING STRATEGIC AREAS:

YOUTH ENGAGEMENT AND EDUCATION - THE AVERAGE CHILD SPENDS FIVE TO EIGHT HOURS A DAY IN FRONT OF A DIGITAL SCREEN AND ONLY ABOUT 12 MINUTES OF ACTIVE TIME OUTDOORS. NATIONAL PARKS ARE AMERICA'S LARGEST CLASSROOM, OFFERING UNPARALLELED EDUCATIONAL RESOURCES AS HANDS-ON LABORATORIES POISED TO INSPIRE A NEW GENERATION. NPF SUPPORTS YOUTH EDUCATION & ENGAGEMENT PROGRAMS THAT PROVIDE WAYS FOR KIDS TO ENJOY, UNDERSTAND, AND CONNECT WITH THE NATURE, HISTORY, AND CULTURE OF PARKS THROUGH A VARIETY OF CLASSROOM SUBJECTS AT NATIONAL PARKS ACROSS THE COUNTRY. EDUCATION PROGRAMS TIED TO PARKS ENHANCE CLASSROOM CURRICULUM AND HAVE A TRANSFORMATIVE IMPACT ON STUDENTS, INCREASING CRITICAL THINKING SKILLS, KNOWLEDGE, SELF-CONFIDENCE, AND MOTIVATION TO LEARN. BEYOND TIME SPENT IN THE PARKS, CLASSROOM ACTIVITIES CONDUCTED BEFORE AND AFTER IN-PARK OR VIRTUAL FIELD TRIPS REINFORCE WHAT STUDENTS LEARN DURING THEIR

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

OUTDOOR EXPLORATION - NATIONAL PARKS HOLD THE POWER TO INSPIRE A SENSE OF WONDER AND A LOVE OF EXPLORATION. EXPLORATION OF PARKS' WILDLIFE, LANDSCAPES, HISTORY, AND CULTURE IS AN IMPORTANT AND MEMORABLE ELEMENT OF NATIONAL PARK EXPERIENCES FOR ALL VISITORS. NPF SUPPORTS ONGOING OPPORTUNITIES TO PROMOTE ACCESS FOR EVERYONE TO EXPERIENCE, ENJOY, AND CULTIVATE LIFE-LONG CONNECTIONS TO THE SOCIAL, MENTAL, AND PHYSICAL HEALTH BENEFITS OF THE OUTDOORS THROUGH MAGNIFICENT NATIONAL PARKS. BY TEACHING VALUABLE LIFELONG SKILLS, COLLABORATING WITH PARTNER ORGANIZATIONS TO FOSTER INCLUSION, AND PROMOTING THE ENGAGEMENT OF COMMUNITIES OF COLOR WITH OUTDOOR RECREATION, NPF'S OUTDOOR EXPLORATION PROGRAMS CREATE AND DEEPEN LONGSTANDING CONNECTIONS TO NATIONAL PARKS FOR ALL.

COMMUNITIES AND WORKFORCE - NATIONAL PARKS ARE THE LANDSCAPES WHERE AMERICAN'S BUILD COMMUNITY AND CULTIVATE STEWARDSHIP. NPF SUPPORTS AN EXPANSIVE NETWORK OF LOCAL NON-PROFIT ORGANIZATIONS, VOLUNTEER GROUPS, AND SERVICE CORPS DEDICATED TO CRITICAL PRESERVATION AND RESTORATION PROJECTS ACROSS THE COUNTRY. NPF'S COMMUNITIES & WORKFORCE PROGRAMMING AIMS TO GROW THE CAPACITY OF PARTNERS, AS WELL AS INSPIRE AND DIVERSIFY THE NEXT GENERATION OF OUTDOOR LEADERS. THROUGH EFFORTS LIKE SERVICE CORPS CREWS THAT PRESERVE HISTORICAL SITES, RESTORE TRAILS, AND REMOVE INVASIVE SPECIES IN PARKS, NPF'S COMMUNITIES & WORKFORCE PROGRAMS HIGHLIGHT THE POWER OF TEAMWORK AND COLLECTIVE DEDICATION TO PRESERVE THE

Name of the organization NATIONAL PARK FOUNDATION	Employer identification number 52-1086761
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NATION'S MOST TREASURED PLACES. ADDITIONALLY, INCREASED FUNDRAISING AND MANAGEMENT CAPACITY OF THE PARK PARTNER COMMUNITY STRENGTHENS COLLECTIVE SUPPORT OF CRITICAL PRESERVATION, RESTORATION, AND PROTECTION PROJECTS IN PARKS ACROSS THE COUNTRY.

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

THE ORGANIZATION IS NOT REQUIRED TO FILE A FORM 990 WITH THE INTERNAL REVENUE SERVICE PURSUANT TO ITS IRS DETERMINATION LETTER; HOWEVER, IN 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

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

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

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

THE FOLLOWING CLASSES OF INDIVIDUALS MUST SUBMIT THE DISCLOSURE ANNUALLY:

A. BOARD OF DIRECTORS

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

B. OFFICERS AND KEY EMPLOYEES

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

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

FORM 990, PART VI, SECTION B 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 PAY 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.

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	6,976,165.
BURELL COMMUNICATIONS GROUP LLC 233 NORTH MICHIGAN AVE, SUITE 2 CHICAGO, IL 60601	PROGRAMMATIC CMPAIGN	1,337,134.
GREY GLOBAL GROUP LLC 200 FIFTH AVENUE NEW YORK, NY 10010	PROGRAMMATIC CMPAIGN	727,806.
KEY ACQUISITION PARTNERS, LLC 2525 RIVA ROAD, SUITE 145 ANNAPOLIS, MD 21401	DONOR ACQ SERVICES	583,081.
CHAPMAN CUBINE AND HUSSEY, INC.	DONOR ACQ SERVICES	502,768.

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

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>
2000 15TH STREET NORTH, SUITE 550 ARLINGTON, VA 22201		

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NPF SCHOODIC WOODS LLC 47-4792944 1500 K STREET SUITE 700, NW WASHINGTON, DC 20005	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) 2020

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