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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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NATIONAL PARK FOUNDATION
% THE ORGANIZATION
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1500 K STREET NW Suite 700

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

D Employer identification number
52-1086761

E Telephone number
(202) 796-2500

G Gross receipts $ 111,527,441

F Name and address of principal officer:
WILLIAM GILBERT SHAFROTH
1500 K STREET NW700
WASHINGTON, DC 20005

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NATIONALPARKS.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1967

M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ▶ ☐ 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 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	74,656,778	81,830,308
9	Program service revenue (Part VIII, line 2g)	2,636,601	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,781,259	13,113,609
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,169,931	4,991,296
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89,244,569	99,935,213
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

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	288,766,343	340,217,064
21	Total liabilities (Part X, line 26)	17,180,602	16,404,402
22	Net assets or fund balances. Subtract line 21 from line 20	271,585,741	323,812,662

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

****** 2022-07-28
Signature of officer Date

MANDEEP SINGH CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01871563

Firm's name ▶ BDO USA LLP — Firm's EIN ▶

Firm's address ▶ 8401 GREENSBORO DRIVE 800 MCLEAN, VA 22102 — Phone no. (703) 893-0600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

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 Additional Data

4b (Code:) (Expenses $ 13,170,080 including grants of $ 9,874,473) (Revenue $ 0)
See Additional Data

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

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

4e **Total program service expenses ▶** 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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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? *If "Yes," complete Schedule C, Part II*	4	Yes	
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? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII*	11b		No
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
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? *If "Yes," complete Schedule J*	23	Yes	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
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? *If "Yes," complete Schedule L, Part II*	26		No
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? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

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	1a	49		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

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)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
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)? . .			**4a**	No
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? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
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? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
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?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
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?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
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?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
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? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
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**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
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**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	28		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ CO , HI , MA , MN , NH , NM , PA , SC , TN , UT , VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶THE ORGANIZATION 1500 K STREET NW SUITE 700 WASHINGTON, DC 20005 (202) 796-2500

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

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

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

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

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

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			
See Additional Data Table										

1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
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? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS 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, 2000 15th Street North Suite 550 ARLINGTON, VA 22201	Donor Acq Services	502,768

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 27

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	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		Business Code				
	2a					
	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
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)			0		
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	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	Business Code				
	11a MISCELLANEOUS	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 . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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 (non-employees):				
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 in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT MAIL EXPENSE	8,724,238	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 ▶ ☑ 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 IX . . . . . ☐

				(A) Beginning of year		(B) 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 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	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 ▶ ☑ 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 ▶ ☐ 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 Reconcilliation 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	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
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 . . . . . ☐

			Yes	No
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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 52-1086761
Name: NATIONAL PARK FOUNDATION

Form 990 (2020)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
William Shafroth CEO	40.0 0.0			X				546,327	0	41,845
Dieter Fenkart-Froeschl COO	40.0 0.0			X				296,480	0	37,980
Mandeep Singh CFO	40.0 0.0			X				254,797	0	36,333
Ruth Prescott Chief Of Staff	40.0 0.0				X			259,951	0	12,389
James Kelley Chief Philanthropy Officer	40.0 0.0				X			258,364	0	10,235
Robert Mathias Chief External Afairs	40.0 0.0				X			247,997	0	3,946
Daniel Sakura Sr Adv, Lands & Special Proj.	40.0 0.0						X	196,516	0	39,175
Carter Laughlin SVP, Principal Gifts	40.0 0.0					X		190,307	0	38,395
Valerie Kind VP, Major Gifts	40.0 0.0					X		175,331	0	29,866
Chrystal Morris Murphy SVP, Community Partnerships	40.0 0.0					X		186,109	0	19,031

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Stefanie Mathew SVP, Corporate Partnerships	40.0 0.0					X		182,720	0	18,195
Nicole Engdahl SVP, Planned & Annual Giving	40.0 0.0					X		172,205	0	15,826
Rhoda Altom Board of Directors	3.0 0.0	X						0	0	0
Patricia Arvielo Board of Directors	2.0 0.0	X						0	0	0
Al Baldwin Board of Directors	3.0 0.0	X						0	0	0
Austin Beutner Board of Directors	2.0 0.0	X						0	0	0
Thomas Brown Board of Directors	2.0 0.0	X						0	0	0
Steve Chazen Board of Directors	2.0 0.0	X						0	0	0
Karen Conway Board of Directors	3.0 0.0	X						0	0	0
Steven Denning Board of Directors	2.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
John DeStefano Board of Directors	2.0 0.0	X						0	0	0
LIsa Eccles Board of Directors	2.0 0.0	X						0	0	0
Cynthia Fisher Board of Directors, Asst. Sec	5.0 0.0	X						0	0	0
Randi Fisher Board of Directors	2.0 0.0	X						0	0	0
Tom Goss Board of Directors	3.0 0.0	X						0	0	0
Andrea Grant Board of Directors	3.0 0.0	X						0	0	0
William Grayson Board of Directors	2.0 0.0	X						0	0	0
William Hiltz Board of Directors, Chair	5.0 0.0	X						0	0	0
Rick James Board of Directors, Treasurer	5.0 0.0	X						0	0	0
Joseph Landy Board of Directors	3.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Susan LaPierre Board of Directors	2.0 0.0	X						0	0	0
Sean Maloney Board of Directors	2.0 0.0	X						0	0	0
John Nau III Board of Directors	3.0 0.0	X						0	0	0
Barbara Neal Board of Directors	2.0 0.0	X						0	0	0
William Pickard Board of Directors	2.0 0.0	X						0	0	0
Brenda Potterfield Board of Directors	2.0 0.0	X						0	0	0
Robert Rivkin Board of Directors	3.0 0.0	X						0	0	0
Melinda Stearns Board of Directors	2.0 0.0	X						0	0	0
Melani Walton Board of Directors	2.0 0.0	X						0	0	0
Gregory Weingarten Board of Directors	2.0 0.0	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NATIONAL PARK FOUNDATION

Employer identification number
52-1086761

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed 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 grant.") . .	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.). .	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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 87.883 %

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15** 73.293 %

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 . . . . . ▶ ☑

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
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? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	**1**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government 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? *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.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	**2b**		
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? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**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 - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). 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 (*provide details in* ***Part VI***). 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-- *explain in* ***Part VI***). 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 e			
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. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. 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).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493210004002

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.**

OMB No. 1545-0047

2020

Open to Public Inspection

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 the organization	Employer identification number
NATIONAL PARK FOUNDATION	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					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	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	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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.

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? ☐ **Yes** ☐ **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)).

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NATIONAL PARK FOUNDATION

Employer identification number
52-1086761

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

- ☑ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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

		Held at the End of the Year
a Total number of conservation easements	2a	4
b Total acreage restricted by conservation easements	2b	43.40
c Number of conservation easements on a certified historic structure included in (a)	2c	2
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	2

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 3

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☑ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 40.00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ 100

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☑ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $

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

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

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
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 in 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 ▶ 21.000 %
- b Permanent endowment ▶ 54.000 %
- c Term endowment ▶ 25.000 %

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
3a(i) (i) Unrelated organizations		No
3a(ii) (ii) Related organizations		No
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		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 10(c).)* ▶				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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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)	
(10)	
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	0
(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
(5)	
(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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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

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

1	Total revenue, gains, and other support per audited financial statements			1	165,896,771
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	23,009,553		
b	Donated services and use of facilities	2b	43,028,343		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	66,037,896
3	Subtract line **2e** from line **1**			3	99,858,875
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	76,338		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	76,338
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	99,935,213

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

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

1	Total expenses and losses per audited financial statements			1	113,669,850
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	43,028,343		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	43,028,343
3	Subtract line **2e** from line **1**			3	70,641,507
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	76,338		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	76,338
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	70,717,845

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-1086761
Name: NATIONAL PARK FOUNDATION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART II, LINE 9:	THE FOUNDATION ACQUIRES CONSERVATION PROPERTY THROUGH DONATIONS OR PURCHASES FOR SUBSEQUEN T SALE OR DONATION TO OR FOR THE BENEFIT OF THE NPS. REAL PROPERTY DONATED IS VALUED AT IT S ESTIMATED FAIR MARKET VALUE AT THE TIME OF DONATION. THE CARRYING VALUE IS REDUCED IF TH E ESTIMATED MARKET VALUE DECREASES BELOW THE ORIGINAL RECORDED VALUE. CONVENANTS ON THE PR OPERTIES RESTRICT THEIR FUTURE USE TO CONSERVATION ACTIVITIES.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART IV, LINE 2B:	FUNDS MANAGED AS AGENT FOR OTHER ENTITIES ARE EXCLUDED FROM NET ASSETS. THE FOUNDATION ACT S AS THE CUSTODIAL AGENT OF THESE FUNDS, SO THE RELATED REVENUES AND EXPENSES ARE NOT RECO GNIZED IN THE STATEMENT OF ACTIVITIES.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4:	THE FOUNDATION USES INVESTMENT EARNINGS, CONSISTENT WITH THE FUNDAMENTALS OF THE UNIFORM P RUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA), TO SUPPORT PROGRAMS AND PROJECTS OF THE NATIONAL PARK SERVICE BASED UPON PRIORITY AND FUNDS AVAILABILITY.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2:	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER PUBLIC LAW 90-209, AS DESCRIBED I N SECTION 501(C)(1)(A)(I) OF THE INTERNAL REVENUE CODE (IRC). IN ADDITION, IN 1981, THE FO UNDATION RECEIVED A DETERMINATION THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTIO N 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 I S EXEMPT FROM FILING THE RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX, FORM 990, UNLESS THE FOUNDATION HAS UNRELATED BUSINESS INCOME. EFFECTIVE FISCAL YEAR 2012, THE BOARD OF DIR ECTORS ELECTED TO FILE FORM 990 ON AN ANNUAL BASIS. CONTRIBUTIONS ARE TAX DEDUCTIBLE TO DO NORS UNDER SECTION 170 OF THE IRC. UNDER FASB ASC 740-10, INCOME TAXES, THE FOUNDATION MUS T RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WH EN 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 RECOGNI ZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE FOUNDATION BELIEVES THAT IT IS NO LONG ER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AU THORITIES FOR FISCAL YEARS BEFORE 2018. FOR THE YEARS ENDED SEPTEMBER 30, 2021 AND 2020, R ESPECTIVELY, THERE WERE NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS RECORD ED OR INCLUDED IN THE ACCOMPANYING STATEMENTS OF ACTIVITIES.

Supplemental Information

Return Reference	Explanation
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 SPO TS 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. ALTH OUGH THE VALUE OF THE DONATED AIRTIME AND COSTS WERE INCLUDED IN NPF'S AUDITED FINANCIAL S TATEMENTS AS REVENUE AND PROGRAMMATIC IMPACT EXPENSE RESPECTIVELY PER GENERALLY ACCEPTED A CCOUNTING PRINCIPLES, THEY HAVE BEEN REMOVED FROM REVENUE AND EXPENSE FROM THE 990 VIA SCH EDULE D 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 - CO NNECTING PEOPLE TO NATIONAL PARKS. HAD THE COST OF THESE PSAs NOT BEEN REMOVED FROM THE 99 0, NPF'S TOTAL PROGRAMMATIC FUNCTIONAL EXPENSE (990, PART IX) WOULD HAVE BEEN $85.7M, OR 7 9.2% OF TOTAL EXPENSES.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **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 **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? Yes	**(iii)** No	**(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
Chapman Cubine and Hussey Inc 2000 15th St N 550 Arlington, VA 22201	DIGITAL FUNDRAISING		No	7,723,940	331,442	7,392,499
Eidolon Communications INC 15 Maiden Lane Suite 1401 New York, NY 10038	DIRECT MAIL		No	12,910,961	152,404	12,758,556
IMPACT COMMUNICATIONS 8720 Georgia Ave Suite 302 Silver Spring, MD 20910	MARKETING AGENCY		No	8,919,221	135,348	8,783,873
Doing Good Digital LLC 312 Arizona Avenue Santa Monica, CA 90401	Digital Fundraising		No	0	8,250	-8,250
Public Interest Commn A Division o 6521 West 91st Avenue Westminister, CO 80031	Fundraising Agency		No	0	25,221	-25,221
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 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (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	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NATIONAL PARK FOUNDATION

Employer identification number
52-1086761

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

Return Reference	Explanation
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.

Additional Data

Software ID:
Software Version:
EIN: 52-1086761
Name: NATIONAL PARK FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
National Mall and Memorial Parks 900 Ohio Dr SW Washington, DC 20024	53-0197094	115	8,870,210				Protect
National Mall and Memorial Parks 900 Ohio Dr SW Washington, DC 20024	53-0197094	115	561,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
First American Title Ins Company PO Box 3609 Jackson, WY 83001	95-2566122		4,057,050				Protect
AAA Complete Building Services Inc 5151 WISCONSIN AVE NW WASHINGTON, DC 20016	52-1856083	115	2,458,626				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
National Capital Parks-East 1900 Anacostia Dr SW Washington, DC 20020	53-0197094	501(c)(3)	1,171,733				Protect
National Capital Parks-East 1900 Anacostia Dr SW Washington, DC 20020	53-0197094	501(c)(3)	455,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Friends of Katahdin Woods and Waters PO Box 18177 Portland, ME 04112	81-5102906	501(c)(3)	1,234,790				Protect
Friends of Katahdin Woods and Waters PO Box 18177 Portland, ME 04112	81-5102906	501(c)(3)	50,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Grand Canyon National Park PO Box 129 Grand Canyon, AZ 86023	53-0197094	115	522,725				Protect
Grand Canyon National Park PO Box 129 Grand Canyon, AZ 86023	53-0197094	115	500,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Conservation Legacy 701 Camino del Rio Durango, CO 81301	84-1450808	501(c)(3)	79,043				Protect
Conservation Legacy 701 Camino del Rio Durango, CO 81301	84-1450808	501(c)(3)	829,650				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
National Park Service Region 1 NCAH 1100 Ohio Dr SW Washington, DC 20242	53-0197094	115	353,300				Protect
National Park Service Region 1 NCAH 1100 Ohio Dr SW Washington, DC 20242	53-0197094	115	286,614				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Grand Canyon Association PO Box 399 Grand Canyon, AZ 86023	86-0179548	501(c)(3)	597,482				Protect
American Conservation Experience 2900 N Fort Valley Rd Flagstaff, AZ 86001	37-1473291	501(c)(3)	41,600				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Conservation Experience 2900 N Fort Valley Rd Flagstaff, AZ 86001	37-1473291	501(c)(3)	497,740				Connect
Washington Dept Of Fish & Wildlife 600 Capitol Way North Olympia, WA 98501	91-1632572	115	341,312				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Everglades National Park 40001 State Rd 9336 Homestead, FL 33034	53-0197094	115	528,800				Protect
Zion National Park State Route 9 Springdale, UT 847671099	53-0197094	115	250,000				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Zion National Park State Route 9 Springdale, UT 847671099	53-0197094	115	250,000				Connect
Martin Luther King Jr National Hist Park 450 Auburn Ave NE Atlanta, GA 30312	53-0197094	115	436,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Yosemite Conservancy 101 Montgomery St San Francisco, CA 94104	94-3058041	501(c)(3)	367,535				Protect
Yosemite Conservancy 101 Montgomery St San Francisco, CA 94104	94-3058041	501(c)(3)	20,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Gettysburg Foundation 1195 Baltimore Pike Gettysburg, PA 17325	23-2969074	501(c)(3)	375,000				Protect
Santa Monica Mountains Fund 401 West Hillcrest Dr Thous Oaks, CA 91360	95-4187832	501(c)(3)	218,517				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Santa Monica Mountains Fund 401 West Hillcrest Dr Thous Oaks, CA 91360	95-4187832	501(c)(3)	104,961				Connect
Flight 93 National Memorial PO Box 911 Somerset, PA 15501	53-0197094	115	314,089				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
National Park Service 107 Park HQ Road Gatlinburg, TN 37738	53-0197094	115	241,268				Protect
National Park Service 107 Park HQ Road Gatlinburg, TN 37738	53-0197094	115	72,500				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Northwest Youth Corps 2621 Augusta St Eugene, OR 97403	93-0818160	501(c)(3)	47,500				Protect
Northwest Youth Corps 2621 Augusta St Eugene, OR 97403	93-0818160	501(c)(3)	214,530				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NPS-National Park Service 13461 Sunrise Valley Dr Herndon, VA 20171	53-0197094	115	297,230				Protect
Grand Teton Association PO Box 170 Moose, WY 83012	83-0185073	501(c)(3)	275,000				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Student Conservation Assoc POBox 550 Charlestown, NH 03603	91-0880684	501(c)(3)	270,717				Connect
Yellowstone Forever 222 East Main St 301 Bozeman, MT 59715	53-0197094	501(c)(3)	190,000				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Yellowstone Forever 222 East Main St 301 Bozeman, MT 59715	53-0197094	501(c)(3)	10,000				Connect
Great Basin Institute 16750 Mt Rose Hwy Reno, NV 89511	88-0431016	501(c)(3)	121,413				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Great Basin Institute 16750 Mt Rose Hwy Reno, NV 89511	88-0431016	501(c)(3)	109,999				Connect
Denali Education Center PO BOX 212 Denali Natl Park, AK 99755	92-0131177	501(c)(3)	225,000				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Rocky Mountain Youth Corps PO Box 1960 Ranchos De Taos, NM 87557	85-0404817	501(c)(3)	222,491				Connect
Oregon State University A312 Kerr Admin Bldg Corvallis, OR 97331	61-1730890	115	215,933				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Voyageurs National Park 360 Hwy 11 E International Falls, MN 56649	53-0197094	115	200,000				Connect
National Park Service - Waso Office 1849 C St NW Washington, DC 20240	53-0197094	115	92,387				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
National Park Service - Waso Office 1849 C St NW Washington, DC 20240	53-0197094	115	96,924				Connect
Child And Family Services Of NW Michigan Inc 3785 VETERANS DR TRAVERSE CITY, MI 49684	38-2534222	115	188,684				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Friends of Big Bend National Park PO Box 200 Big Bend Natl Park, TX 79834	25-2670331	501(c)(3)	108,432				Protect
Friends of Big Bend National Park PO Box 200 Big Bend Natl Park, TX 79834	25-2670331	501(c)(3)	75,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Greening Youth Foundation 100 Edgewood Ave Atlanta, GA 30303	26-1211569	501(c)(3)	185,000				Connect
Eastern Sierra Conservation Corps PO Box 7163 Mammoth Lakes, CA 93546	81-2456264	501(c)(3)	185,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HistoriCorps 151 Summer St 991 Morrison, CO 80465	80-0844382	501(c)(3)	180,669				Connect
Denali National Park and Preserve PO Box 9 Denali Park, AK 99755	53-0197094	115	75,000				Protect

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Denali National Park and Preserve PO Box 9 Denali Park, AK 99755	53-0197094	115	75,000				Connect
Ice Age Trail Alliance 2110 Main St Cross Plains, WI 53528	39-6076028	501(c)(3)	118,715				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Ice Age Trail Alliance 2110 Main St Cross Plains, WI 53528	39-6076028	501(c)(3)	15,500				Connect
Grand Teton National Park PO Drawer 170 Moose, WY 83012	53-0197094	115	125,000				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Santa Monica MTS Nat'l Recreation Area 401 W Hillcrest Dr Thous Oaks, CA 91360	53-0197094	501(c)(3)	55,604				Protect
Santa Monica MTS Nat'l Recreation Area 401 W Hillcrest Dr Thous Oaks, CA 91360	53-0197094	501(c)(3)	61,600				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Trust for Public Land 101 Montgomery St San Fran, CA 94104	23-7222333	501(c)(3)	114,336				Protect
Environment for the Americas 5171 Eldorado Spring Dr Boulder, CO 80303	20-5844470	501(c)(3)	100,000				Connect

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Tallgrass Prairie National Preserve 2480B KS Hwy 177 Strong City, KS 66869	53-0197094	501(c)(3)	100,000				Protect
Dunes Learning Center 700 Howe Rd Chesterton, IN 46304	35-2031658	501(c)(3)	95,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Old Dominion University Research Foundation PO Box 6369 Norfolk, VA 23508	54-6068198	501(c)(3)	92,200				Connect
Fort Monroe National Monument 41 Bernard Rd Fort Monroe, VA 236511001	52-1086761	115	88,231				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Groundwork USA 22 Main St Yonkers, NY 10701	81-0554362	501(c)(3)	86,507				Connect
Emma Silverman 2348 Hooke Way Sacramento, CA 95822	01-0660068	501(c)(3)	86,048				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
National Park Trust 401 E Jefferson St Rockville, MD 20851	52-1691924	501(c)(3)	50,000				Protect
National Park Trust 401 E Jefferson St Rockville, MD 20851	52-1691924	501(c)(3)	35,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Neogen Corporation 620 Lesher Place Lansing, MI 48912	38-2367843		40,000				Protect
Neogen Corporation 620 Lesher Place Lansing, MI 48912	38-2367843		40,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mississippi Park Connection 111 Kellogg Blvd E Saint Paul, MN 55101	87-0786530	501(c)(3)	80,000				Connect
Cumberland Island National Seashore 101 Wheeler St St Marys, GA 31558	53-0197094	115	49,200				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cumberland Island National Seashore 101 Wheeler St St Marys, GA 31558	53-0197094	115	26,981				Connect
White Clay Watershed Association 182 Sawmill Rd Landenberg, PA 19350	23-7116453	501(c)(3)	75,000				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Wabanaki Youth in Science PO Box 215 Old Town, ME 04468	47-5239057	501(c)(3)	75,000				Connect
Mission Heritage Partners 6539 San Jose Dr San Antonio, TX 78214	74-2308287	501(c)(3)	37,500				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mission Heritage Partners 6539 San Jose Dr San Antonio, TX 78214	74-2308287	501(c)(3)	37,500				Connect
Joshua Tree National Park 74485 National Park Dr Palms, CA 92277	53-0197094	115	74,840				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Watershed Committee of the Ozarks 2400E Vly Water Mill Springfield, MO 65803	43-1531628	501(c)(3)	74,605				Connect
Conservation Corps North Bay 11 Pimentel Ct Novato, CA 94949	94-2831592	501(c)(3)	73,926				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Board of Regents of the Uni of WI Sys 21 N Park St Madison, WI 537151218	39-6006492	501(c)(3)	72,780				Protect
South Florida National Park Trust 1390 S Dixie HWY Coral Gables, FL 33146	13-4341209	501(c)(3)	72,004				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Montana Conservation Corps 206 N GRAND AVE BOZEMAN, MT 59715	81-0467431	501(c)(3)	19,000				Protect
Montana Conservation Corps 206 N GRAND AVE BOZEMAN, MT 59715	81-0467431	501(c)(3)	51,784				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Lake Clark National Park and Preserve 240 West 5th Ave Anchorage, AK 99501	53-0197094	115	69,000				Protect
Rock Creek Conservancy Inc 7200 Wisconsin Ave Bethesda, MD 20814	20-3874333		68,597				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SEEDS PO Box 2454 Traverse City, MI 49685	38-3482266	501(c)(3)	68,550				Connect
Boston Harbor Now Inc PO Box 961712 Boston, MA 02196	04-3268863		63,900				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Friends of Acadia 43 Cottage St Bar Harbor, ME 04609	01-0425071	501(c)(3)	62,000				Connect
Petrified Forest National Park POBOX 2217 Petrified Forest, AZ 86028	53-0197094	115	60,770				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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California Desert Land Conservancy PO BOX 1544 Joshua Tree, CA 92252	72-1603033	501(c)(3)	60,620				Protect
Great Sand Dunes Nat'l Park & Preserve 11500 Highway 150 Mosca, CO 81146	53-0197094	115	40,460				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Friends of Hawaii VNP PO Box 653 Volcano, HI 96785	31-1577169	501(c)(3)	60,000				Connect
River Raisin NatL Battlefield Park FDN 1403 E Elm Ave Monroe, MI 48162	46-2501428	501(c)(3)	58,366				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Bryce Canyon Natural History Association PO Box 640051 Bryce, UT 84764	87-0258075	501(c)(3)	58,028				Protect
Voyageurs National Park Association 126 N 3rd St 400 Minneapolis, MN 55401	41-6049473	501(c)(3)	54,995				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Friends of Virgin Islands National Park 529 Mongoose Junction St John, VI 00831	66-0463113	501(c)(3)	56,600				Connect
National WA Rochambeau Revol Route Assoc	33-1106734	501(c)(3)	30,000				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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National WA Rochambeau Revol Route Assoc 2835 Saint Paul St Baltimore, MD 21218	33-1106734	501(c)(3)	25,000				Connect
Buffalo National River 402 N Walnut St Harrison, MD 72601	53-0197094	115	53,600				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Mesa Verde Museum Association POBOX 38 Mesa Verde Natl Park, AR 81330	84-0469675	501(c)(3)	48,213				Protect
Save the Redwoods League 111 Sutter St San Francisco, CO 94104	94-0843915	501(c)(3)	51,900				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Devils Tower National Monument PO Box 10 Devils Tower, CA 827140010	53-0197094	115	43,519				Protect
Devils Tower National Monument PO Box 10 Devils Tower, WY 827140010	53-0197094	115	7,500				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Haleakala National Park PO Box 369 Makawao, WY 967680369	53-0197094	115	50,000				Protect
Manassas Battlefield Trust 12521 LEE Hwy MANASSAS, HI 20109	46-2501374	501(c)(3)	50,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Outdoor Afro 2323 BRdway Oakland, VA 94612	47-3094045	501(c)(3)	50,000				Protect
Big Thicket National Preserve 6044 FM 420 Kountze, CA 77625	53-0197094	115	50,000				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NPS Nat'l Trails & Wild & Scenic Rivers 1500 K STREET NW Washington, TX 20005	53-1097094	115	50,000				Protect
Saguaro National Park 3693 S Old Spanish Trial Tucson, DC 85730	53-0197094	115	48,012				Protect

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Blue Ridge Parkway Foundation 717 S Marshall St WinstonSalem, NC 27101	31-1512730	501(c)(3)	45,000				Connect
Wildlife Acoustics Inc 3 Mill Main Place Maynard, NC 01754	20-0508239		45,080				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Four Corners School of Outdoor Ed PO Box 1029 Monticello, MA 84535	39-1509336	501(c)(3)	44,800				Protect
Friends of Great Smoky Mountains Nat'l Park PO Box 1660 Kodak, TN 37764	62-1564782	115	38,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Ocmulgee National Park and Preserve Initiative 598 DT Walton Sr Way Macon, TN 31201	45-3622788	115	41,900				Protect
Conservancy for Cuyahoga Valley Nat'l Park 1403 W Hines Hill Rd Peninsula, GA 44264	34-1917257	115	40,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DOI - United States Geological Survey 1 Migratory Way Turners Fall, OH 01376	53-0196958	115	40,000				Protect
Klondike Gold Rush National Historical Park PO Box 517 Skagway, MA 99840	53-0197709	115	40,000				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Shenandoah National Park Trust 1750 Allied St Charlottesville, AK 22903	20-8685310	115	24,303				Protect
Shenandoah National Park Trust 1750 Allied St Charlottesville, VA 22903	20-8685310	115	15,000				Connect

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Calaveras Healthy Impact Product Solutions PO Box 616 West Point, VA 95255	26-1435215		38,392				Connect
Wilderness Land Trust PO Box 11697 Bainbridge Island, CA 98110	84-1192823	115	38,000				Protect

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Shuster Consulting Inc 3352 Lexington Rd Montgomery, WA 36106	45-3203950		37,650				Connect
Glen Canyon Natural History Assoc PO Box 1835 Page, AL 86040	74-2429545	501(c)(3)	35,550				Protect

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Sequoia and King's Canyon National Parks 47050 Generals Hwy Three Rivers, AZ 93271	53-0197094	115	10,500				Protect
Sequoia and King's Canyon National Parks 47050 Generals Hwy Three Rivers, CA 93271	53-0197094	115	25,000				Connect

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The Outside Las Vegas Foundation 919 E Bonneville Ave Las Vegas, CA 89101	26-2537847	501(c)(3)	35,000				Connect
Appalachian Trial Conservancy PO Box 807 Harpers Ferry, NV 25425	52-6046689	501(c)(3)	35,000				Connect

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Cabrillo National Monument FDN 1800 Cabrillo Mem Way San Diego, WV 92106	95-1884723	501(c)(3)	35,000				Connect
Wrangell-St Elias Natl Park and Preserve PO Box 439 Copper Center, CA 99573	53-0197094	115	13,900				Protect

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Wrangell-St Elias NATL Park and Preserve PO Box 439 Copper Center, AK 99573	53-0197094	115	21,000				Connect
University of Wyoming 1000 E University Laramie, AK 82071	83-6000331	115	33,500				Connect

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Kenai Fjords National Park POBox 1727 Seward, AK 996641727	53-0197094	115	30,000				Connect
Discover Your Northwest 164 S Jackson St Seattle, AK 98104	91-0921955	501(c)(3)	33,000				Connect

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Golden Gate National Recreation Area Fort Mason San Fransisco, WA 941231308	53-0197094	501(c)(3)	31,265				Protect
Southern Utah University 351 W University Blvd Cedar City, CA 84720	87-6000481	115	30,019				Connect

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Conservation Corps of Minnesota & Iowa 60 Plato Blvd E Saint Paul, UT 55107	41-1881102	501(c)(3)	30,000				Connect
Friends of Peirce Mill 2930 Brandywine St NW Washington, MN 20008	52-2010378	501(c)(3)	30,000				Connect

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Yosemite National Park PO Box 577 Yosemite, DC 95389	53-0197094	115	30,000				Connect
Sleeping Bear Dunes National Lakeshore 9922 Front St Empire, CA 49630	53-0197094	501(c)(3)	30,000				Connect

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Hawaii Volcanoes National Park PO Box 52 Hawaii Natl Park, MI 967180052	53-0197094	115	30,000				Connect
Lowell National Historical Park 67 Kirk St Lowell, HI 01852	53-0197094	115	30,000				Connect

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Pinnacles National Park 5000 Hwy 146 Paicines, MA 950439770	53-0197094	115	15,000				Protect
Pinnacles National Park 5000 Hwy 146 Paicines, CA 950439770	53-0197094	115	15,000				Connect

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Redwood National Park 1111 Second St Crescent City, CA 95531	53-0197094	115	30,000				Protect
The Louisiana Museum Foundation 1000 Bourbon St New Orleans, CA 70116	72-0954712	501(c)(3)	30,000				Connect

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James River Association 4833 Old Main St Richmond, LA 23231	51-0211913	501(c)(3)	29,936				Connect
Death Valley National Park PO Box 579 Death Valley, VA 92328	53-0197094	115	29,510				Protect

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Congaree National Park 100 Natl Park Rd Hopkins, CA 290619118	53-0197094	115	25,500				Protect
Friends of Chickamauga & Chattanooga NMP PO Box 748 Chattanooga, SC 37401	58-1708782	501(c)(3)	27,000				Connect

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Whiskeytown National Recreation Area 13461 Sunrise Valley Dr Herndon, TN 20171	53-0197094	501(c)(3)	26,880				Connect
Timucuan Park Foundation 2029 N 3rd St Jacksonville Beach, VA 32250	59-3614354	501(c)(3)	25,238				Connect

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The Conservation Fund 1655 N Fort Myer Dr Arlington, FL 22209	52-1388917	501(c)(3)	25,019				Protect
Old North Foundation of Boston Inc 193 Salem St Boston, VA 02113	04-3120688	501(c)(3)	25,000				Connect

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Connecticut Forest And Park Assoc 16 Meriden Rd Rockfall, MA 06481	06-0613430	501(c)(3)	25,000				Protect
The Friends of Valley Forge 1400N Otr Lne Dr King Of Prussia, CT 19406	23-2036005	501(c)(3)	25,000				Connect

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The Carpenters' Co of the City & Cty of Phila 320 Chestnut St Philadelphia, PA 19106	23-6392266	501(c)(3)	25,000				Connect
Historic Pullman Foundation 614 EAST 113TH St Chicago, PA 606285100	23-7281625	501(c)(3)	25,000				Connect

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Friends of Vicksburg Natl Military Park P O Box 821286 Vicksburg, IL 39182	26-1114156	501(c)(3)	25,000				Connect
St Croix River Association PO Box 655 St Croix Falls, MS 54024	26-3025933	501(c)(3)	25,000				Connect

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Wild Rivers Cons of the St Croix PO Box 655 St Croix Falls, WI 54024	26-3025933	501(c)(3)	25,000				Protect
Continental Divide Trail Coalition 710 10th St Ste 200 Golden, WI 80401	45-5051775	501(c)(3)	25,000				Connect

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Old Sardis Rivitalization Community Development Co 1240 4th St North Birmingham, CO 35204	46-1532435	501(c)(3)	25,000				Protect
Mesa Verde National Park PO Box 8 Mesa Verde Natl Park, AL 81330	53-0197094	115	25,000				Connect

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Martin Van Buren National Historic Site 1013 Old Post Rd Kinderhook, CO 121063605	53-0197094	501(c)(3)	25,000				Connect
Young Masterminds Initiative Inc 325 Macon St Brooklyn, NY 11216	83-1429530		25,000				Connect

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Flathead Rivers Alliance PO Box 1906 Whitefish, NY 59937	84-4763768	501(c)(3)	25,000				Protect
Great Basin National Park Foundation PO Box 181 Baker, MT 89311	88-0407290	501(c)(3)	25,000				Connect

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San Francisco Maritime Natl Park Assoc PO Box 470310 San Francisco, NE 94147	94-1254650	501(c)(3)	24,540				Connect
Outer Banks Forever PO Box 1635 Kill Devil Hills, CA 27948	23-1401703	501(c)(3)	24,500				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Save the Dunes Conservation Fund Inc 444 Barker Rd Michigan City, NC 46360	35-1915468	501(c)(3)	24,000				Connect
Tumacacori National Historical Park POBox 8067 Tumacacori, IN 85640	53-0197094	115	22,081				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Friends of Flight 93 PO Box 911 Shanksville, AZ 15560	27-0505853	501(c)(3)	21,420				Protect
City of Detroit - Detroit Parks and Recreation 18100 Meyers Rd Detroit, PA 48235	38-6004606	115	21,008				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sagamore Hill National Historic Site 20 Sagamore Hill Rd Oyster Bay, MI 11771	53-0197094	501(c)(3)	20,208				Protect
Friends of the Apostle Islands Natl Lakeshore PO Box 1574 Bayfield, NY 54814	20-0079065	501(c)(3)	20,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Eastern National 470 MD Dr Fort Washington, WI 19034	23-1401703	115	20,000				Connect
Rivers of Steel Heritage Corporation 623 East 8th Ave Homestead, PA 15120	25-1672667		20,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Crossroads of the American Revolution Assoc 101 Barrack St Trenton, PA 08608	30-0083430	501(c)(3)	20,000				Protect
Science Museum Of Minnesota 120 West Kellogg Blvd St Paul, NJ 55102	41-0706172	501(c)(3)	20,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Shenandoah National Park 3655 US Hwy 211 East Luray, MN 22835	53-0197094	115	20,000				Connect
Point Reyes National Seashore Association 1 Bear Valley Rd PtReyes Station, VA 94956	94-2228894	501(c)(3)	19,500				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Rosie the RiveterWWII H FNHP 1401 Marina Way South Richmond, CA 94804	53-0197094	501(c)(3)	19,200				Connect
Golden Gate NP Conservancy Fort Mason San Francisco, CA 941230022	94-2781708	501(c)(3)	18,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Zion National Park Forever Project 1 Zion Park Blvd Springdale, CA 84767	87-0256961	501(c)(3)	17,017				Protect
Castillo de San Marcos National Monument 1 Castillo Dr St Augustine, UT 320843699	53-0197094	115	7,675				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Castillo de San Marcos National Monument 1 Castillo Dr St Augustine, FL 320843699	53-0197094	115	9,000				Connect
Glacier National Park POBox 128 West Glacier, FL 599360128	53-0197094	115	16,400				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Padre Island National Seashore 20301 Park Rd 22 Corpus Christi, MT 78418	53-0197094	501(c)(3)	16,338				Protect
North Country Trail Association 229 E Main St Lowell, TX 49331	38-2423480	501(c)(3)	15,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Casa Grande Ruins National Memorial 1100 West Ruins Dr Coolidge, MI 85228	53-0197094	501(c)(3)	15,000				Protect
Friends of Mammoth Cave PO Box 2 Mammoth Cave, AZ 42259	61-1302865	501(c)(3)	15,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Western National Parks Association 12880 N Vistoso Village Tucson, KY 85755	86-0107049	501(c)(3)	15,000				Connect
Friends of Saguaro NP PO Box 18998 Tucson, AZ 85731	86-0842503	501(c)(3)	15,000				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sequoia Parks Conservancy 47050 Generals HWY Three Rivers, AZ 93271	94-1379633	501(c)(3)	10,000				Protect
Pipestone National Monument 13461 Sunrise Valley Dr Herndon, CA 20171	53-0187094	501(c)(3)	14,591				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Palo Alto Battlefield Natl Historical Park 600 E Harrison St Brownsville, VA 78520	53-0197094	115	14,340				Connect
Glacier National Park Conservancy PO Box 2749 Columbia Falls, MT 59912	56-2579734	501(c)(3)	12,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Glen Canyon National Recreation Area PO Box 1507 Page, MT 860401507	53-0197094	501(c)(3)	13,710				Protect
Mount Rainier National Park 55210 238th Ave E Ashford, AZ 98304	53-0197094	115	13,400				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Great Basin National Park 100 Great Basin Natl Park Baker, WA 89311	53-0197094	115	13,249				Protect
WCNY 415 West Fayette St Syracuse, NE 13204	16-0876277	501(c)(3)	12,500				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Glen Canyon Conservancy 12 N LAKE POWELL BLVD PAGE, NY 86040	74-2429545	501(c)(3)	12,064				Protect
Community Initiatives 1000 BRdway Ste 480 Oakland, AZ 94607	94-3255070	501(c)(3)	11,928				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Petroglyph National Monument 6001 Unser Blvd NW Albuquerque, NM 87120	53-0197094	115	8,000				Connect
Fort Frederica Association 100 Florence St StSimons Island, NM 31522	58-6039355	501(c)(3)	11,500				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Rosie The Riveter Trust 440 Civic Center Plaza Richmond, GA 94804	94-3335350	501(c)(3)	10,800				Connect
Interior Region 2 - South Atlantic-Gulf 1849 C St NW Washington, CA 20240	53-0197094	501(c)(3)	10,500				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Valley Forge National Historical Park 1400N Otr Lne Dr King of Prussia, DC 19406	53-0197094	115	10,500				Protect
American Trails PO Box 491797 Redding, PA 96049	52-1591902	501(c)(3)	10,375				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Pacific West Regional Office 333 Bush St San Francisco, CA 941042828	53-0197094	501(c)(3)	10,239				Protect
Fire Island Lighthouse Pres Society 4640 Captree Island, CA 11702	11-4592744	501(c)(3)	10,222				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Essex National Heritage Commission 10 Federal St Salem, NY 01970	04-3406670	501(c)(3)	10,000				Connect
Touro Synagogue Foundation 85 Touro St Newport, MA 02840	05-0255359	501(c)(3)	10,000				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Schoodic Institute 9 Atterbury Cir Winter Harbor, RI 04693	20-1054593	501(c)(3)	10,000				Connect
Environmental Grantmakers Association 475 Riverside Dr New York, ME 10115	20-8817646	501(c)(3)	10,000				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Poudre Heritage Alliance 3745 East Prospect Fort Collins, NY 80525	36-4507550	501(c)(3)	10,000				Connect
Friends of Whiskeytown PO Box 2 Whiskeytown, CO 96095	46-0511279	501(c)(3)	10,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Devils Postpile National Monument PO Box 3999 Mammoth Lakes, CA 93546	53-0197094	115	10,000				Connect
Grand Teton National Park Foundation PO Box 249 Moose, CA 83012	83-0322668	501(c)(3)	10,000				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Rocky Mountain Conservancy PO Box 3100 East Park, WY 80517	84-0472090	501(c)(3)	10,000				Connect
Nicodemus Historical Society 611 S 5TH Bogue, CO 67625	93-1012167	501(c)(3)	10,000				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mammoth Cave National Park 1 Mammoth Cave Pwy Mammoth Cave, KS 42259	53-0197094	115	9,900				Protect
Acadia National Park PO Box 177 Bar Harbor, KY 046090177	53-0197094	115	9,250				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cape Lookout National Seashore 131 Charles St Harkers Island, ME 28531	53-0197094	115	9,000				Protect
Designlab LLC 135 Penobscot Ave Millinocket, NC 04462	47-4986816		8,522				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Shenandoah National Park Association 3655 US Hwy 211 East Luray, ME 22835	54-0952015	501(c)(3)	8,400				Connect
Mesa Verde Foundation 8600 Ralston Rd Arvada, VA 80002	84-1404606	501(c)(3)	8,060				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Knife River Indian Heritage Foundation 600 County Rd 37 Stanton, CO 58571	36-3391446	501(c)(3)	8,000				Connect
Rock Creek Park 3545 Williamsburg Ln NW Washington, ND 20008	53-0197094	115	8,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Knife River Indian Villages Natl Historic Site PO Box 9 Stanton, DC 585710009	53-0197094	501(c)(3)	8,000				Connect
A Phillip Randolph Pullman Porter Museum Inc 10406 S Maryland Ave Chicago, ND 60628	36-4205581	501(c)(3)	7,500				Protect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Friends Of The Springfield Armory Nat'l Historic S ONE ARMORY SQUARE SPRINGFIELD, IL 01105	80-0952034	501(c)(3)	6,302				Connect
Petrillo Iron Works LLC 15 WEST 9TH ST Brooklyn, MA 11231	11-3624236		6,000				Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Wolf Trap National Park for the Performing Arts 1551 Trap Rd Vienna, NY 22182	53-0197094	115	6,000				Protect
Wrangell Institute for Science & Env Box 336E HC60 Cooper Center, VA 99573	92-0175090	501(c)(3)	6,000				Connect

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Schedule J (Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL PARK FOUNDATION

Employer identification number
52-1086761

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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.

Return Reference	Explanation
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.

Additional Data

Software ID:

Software Version:

EIN: 52-1086761

Name: NATIONAL PARK FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1William Shafroth CEO	(i)	521,327	25,000	0	20,875	20,970	588,172	0
	(ii)	0	0	0	0	0	0	0
1Dieter Fenkart-Froeschl COO	(i)	289,480	7,000	0	11,776	26,204	334,460	0
	(ii)	0	0	0	0	0	0	0
2Mandeep Singh CFO	(i)	247,797	7,000	0	10,129	26,204	291,130	0
	(ii)	0	0	0	0	0	0	0
3Ruth 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
4James Kelley Chief Philanthropy Officer	(i)	251,364	7,000	0	0	10,235	268,599	0
	(ii)	0	0	0	0	0	0	0
5Robert Mathias Chief External Afairs	(i)	240,997	7,000	0	0	3,946	251,943	0
	(ii)	0	0	0	0	0	0	0
6Stefanie 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
7Carter 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
8Valerie 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
9Nicole 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
10Chrystal 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
11Daniel 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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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 ▶ (MERCHANDISE)	X	4	11,821	FMV
26	Other ▶ (PRIZES)	X	3	9,646	FMV
27	Other ▶ (EVENTS)	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 IV, Donee Acknowledgement — 29

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

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

Return Reference	Explanation
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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NATIONAL PARK FOUNDATION

Employer identification number
52-1086761

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	PROTECT NATIONAL PARKS - THE NATIONAL PARK FOUNDATION SECURES PRIVATE AND PHILANTHROPIC FU NDS TO ENHANCE, PRESERVE, AND RESTORE THE NATURAL AND HISTORICAL RESOURCES STEWARDED BY NP S, AS WELL AS ENHANCE THE VISITOR EXPERIENCE FOR THE 300+ MILLION ANNUAL VISITORS. THE FOU NDATION'S SUPPORT IS INVESTED PRIMARILY THROUGH STRATEGIC PARTNERSHIPS. UNDER THE PROTECT PILLAR, NPF DELIVERS PROGRAMMATIC IMPACT TO THE PARKS IN THE FOLLOWING STRATEGIC AREAS: LA NDSCAPE AND WILDLIFE CONSERVATION - NPF COMMITS TO CONSERVING NATIVE WILDLIFE AND RESTORIN G 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 RAN GES IN ALASKA TO THE VAST SAWGRASS PRAIRIES OF FLORIDA'S EVERGLADES, NATIONAL PARKS HAVE S AFEGUARDED THE NATION'S STUNNING LANDSCAPES, NATURAL HABITATS, AND NATIVE WILDLIFE FROM MO DERN DEVELOPMENT. TODAY, NATIONAL PARKS PROTECT AND PRESERVE 85 MILLION ACRES OF LAND INCL UDING WORLD HERITAGE SITES, ICONIC LANDMARKS, AND MANY THREATENED AND ENDANGERED SPECIES. MANY SITES ARE INCREASINGLY SUBJECT TO ENVIRONMENTAL AND HUMAN IMPACTS THAT THREATEN THE H EALTH 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 PA RKS ARE PRIMARILY HISTORIC OR CULTURAL IN THEIR MISSION, BUT FEW AMERICANS VISIT THEM OR E VEN KNOW THEY EXIST. AS AMERICA'S STORYTELLER, THESE NATIONAL PARKS CAN ENGAGE ALL AUDIENC ES 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 IMAGIN E THE FUTURE. WITH THIS WORK, NPF AIMS TO SHARE MORE COMPREHENSIVE AND INCLUSIVE STORIES T HAT 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 SOLU TIONS TO IMPROVE PARK INFRASTRUCTURE AND TO MAKE IT EASIER FOR PARK VISITORS TO BE GOOD ST EWARDS OF THE PLACES THEY LOVE. NPF SUPPORTS ONGOING WORK ACROSS THE ENTIRE NATIONAL PARK SYSTEM THROUGH WASTE REDUCTION EFFORTS, WATER CONSERVATION PROJECTS, AND INVESTMENTS IN RE NEWABLE AND ALTERNATIVE ENERGY PROJECTS. THE PRESERVATION OF PARKS IS CENTRAL TO THE NATIO NAL PARK SERVICE'S MISSION, AND NPS'S GREEN PARKS PLAN ACTS AS A ROAD MAP OF AREAS TO FOCU S ON NOW AND IN THE FUTURE TO BUILD RESILIENT GREEN INFRASTRUCTURE AND EDUCATE PARK VISITO RS ON CLIMATE CHANGE AND SUSTAINABILITY. PARKS OF THE FUTURE - TWO HUNDRED MILLION MORE VI SITORS ARE EXPECTED ANNUALLY IN NATIONAL PARKS BY 2040, A 60 PERCENT INCREASE FROM 2018 LE VELS. NATIONAL PARKS MUST BE P

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	REPARED TO ADDRESS THE CHANGING DEMOGRAPHICS AND A DIVERSITY OF NEEDS FOR THESE NEW VISITO RS. FROM VISITOR CONGESTION TO THE WORKFORCE OF THE FUTURE. FROM RECREATIONAL ACCESS TO CA MPGROUND 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 I NVEST IN STRATEGIES TODAY THAT ENSURE WORLD CLASS VISITOR EXPERIENCES TOMORROW. THROUGH TR ANSFORMATIONAL INVESTMENTS IN BOTH EMERGING TECHNOLOGIES AND PROVEN SOLUTIONS, NPF ENVISIO NS A STRONGER AND MORE RESILIENT NATIONAL PARK SYSTEM IN 2040.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	CONNECT PEOPLE WITH NATIONAL PARKS - THE NATIONAL PARK FOUNDATION IS DEDICATED TO CREATING MEANINGFUL OPPORTUNITIES FOR PEOPLE TO VISIT AND CONNECT WITH OUR NATIONAL PARKS AND THE PROGRAMS THEY OFFER. NPF WORKS TO INVITE ALL PEOPLE TO EXPERIENCE, ENJOY, AND CREATE LIFE-LONG RELATIONSHIPS WITH NATIONAL PARKS AND BRING PARKS TO PEOPLE. THIS IS ACCOMPLISHED BY WAY OF INVESTMENTS TO REACH UNDERREPRESENTED AUDIENCES, INCREASE DIVERSITY AND INCLUSION, CREATE DIGITAL EXPERIENCES AND ATTRACT YOUNGER, MULTICULTURAL GENERATIONS AND FAMILIES TO ENGAGE WITH NATIONAL PARKS. IN ADDITION, THE NATIONAL PARK FOUNDATION IS DEDICATED TO ESTA BLISHING NATIONAL PARKS AS POWERFUL LEARNING ENVIRONMENTS THAT PROVIDE IN-DEPTH EXPERIENCE S 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 PARK S, FOSTERING LIFELONG CONNECTIONS, AND BUILDING STRONG PARTNERSHIPS. UNDER THE CONNECT PIL LAR, 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 AM ERICA'S LARGEST CLASSROOM, OFFERING UNPARALLELED EDUCATIONAL RESOURCES AS HANDS-ON LABORAT ORIES POISED TO INSPIRE A NEW GENERATION. NPF SUPPORTS YOUTH EDUCATION & ENGAGEMENT PROGRA MS 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 TRANSFOR MATIVE 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 EXPLORATION. OUTDOOR EXPLORATION - NATIONAL PARKS HOLD THE POWER TO INSPIRE A SENSE OF WO NDER AND A LOVE OF EXPLORATION. EXPLORATION OF PARKS' WILDLIFE, LANDSCAPES, HISTORY, AND C ULTURE 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, CO LLABORATING WITH PARTNER ORGANIZATIONS TO FOSTER INCLUSION, AND PROMOTING THE ENGAGEMENT O F 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 STEWARDS HIP. NPF SUPPORTS AN EXPANSIVE NETWORK OF LOCAL NON-PROFIT ORGANIZATIONS, VOLUNTEER GROUPS , AND SERVICE CORPS DEDICATED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	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 DIVERS IFY 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 COM MUNITIES & WORKFORCE PROGRAMS HIGHLIGHT THE POWER OF TEAMWORK AND COLLECTIVE DEDICATION TO PRESERVE THE NATION'S MOST TREASURED PLACES. ADDITIONALLY, INCREASED FUNDRAISING AND MANA GEMENT CAPACITY OF THE PARK PARTNER COMMUNITY STRENGTHENS COLLECTIVE SUPPORT OF CRITICAL P RESERVATION, RESTORATION, AND PROTECTION PROJECTS IN PARKS ACROSS THE COUNTRY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C:	IF AN INDIVIDUAL HAS A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST IN CONNECTION WITH ANY FOUNDATION TRANSACTION OR MATTER, THE INDIVIDUAL MUST IMMEDIATELY NOTIFY THE PRESIDENT, CHAIR OF THE BOARD, OR CHAIR OF THE GOVERNANCE COMMITTEE AND DISCLOSE ALL THE MATERIAL FACTS CONCERNING THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST AND HIS OR HER RELATIONSHIP TO THE TRANSACTION OR MATTER AT ISSUE. IF THE CONFLICT OF INTEREST ARISES IN CONNECTION WITH THE ACTIVITIES OF ANY DELIBERATIVE BODY (E.G., THE BOARD OF DIRECTORS, COMMITTEE OF THE BOARD), THE INDIVIDUAL WITH THE CONFLICT MUST IMMEDIATELY DISCLOSE THE CONFLICT TO THE OTHER MEMBERS OF THE BODY AND THE INDIVIDUAL MUST NOT PARTICIPATE IN THE DELIBERATION, CONSIDERATION, OR VOTE ON THE TRANSACTION OR MATTER AT ISSUE. A NOTATION MUST BE MADE IN THE MINUTES OF ANY MEETING AT WHICH DELIBERATION, CONSIDERATION, OR VOTE ON THE TRANSACTION OR MATTER AT ISSUE IS UNDERTAKEN INDICATING THAT THE INDIVIDUAL WITH A CONFLICT OR POTENTIAL CONFLICT OF INTEREST WAS EXCUSED FROM THE MEETING DURING THE TIME THAT CONSIDERATION OF THE TRANSACTION OR MATTER WAS UNDERTAKEN, TOOK NO PART IN ANY DISCUSSION PERTAINING TO THE TRANSACTION OR MATTER, AND REFRAINED FROM VOTING ON THE TRANSACTION OR MATTER. THE FOUNDATION ALSO UTILIZES A MANDATORY DISCLOSURE POLICY UNDER WHICH EACH OF THE FOLLOWING CATEGORIES OF INDIVIDUALS IS REQUIRED TO SUBMIT A MANDATORY ANNUAL DISCLOSURE STATEMENT OF ANY KNOWN OR POTENTIAL CONFLICTS OF INTEREST. THE DISCLOSURE FORM REQUIRES IDENTIFICATION AND SIGNATURE AND IS SUBMITTED TO THE PRESIDENT OR VICE CHAIR. THE FOLLOWING CLASSES OF INDIVIDUALS MUST SUBMIT THE DISCLOSURE ANNUALLY: A. BOARD OF DIRECTORS B. OFFICERS AND KEY EMPLOYEES C. OTHER SPECIFIC APPOINTEES AS DESIGNATED BY THE PRESIDENT OR THE BOARD OF DIRECTORS. THE PRESIDENT SHALL MAINTAIN AND ANNUALLY UPDATE A FILE OF MANDATORY DISCLOSURE STATEMENTS SIGNED BY EACH ABOVE-NAMED INDIVIDUAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NATIONAL PARK FOUNDATION

Employer identification number
52-1086761

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NPF SCHOODIC WOODS LLC 1500 K STREET SUITE 700 NW WASHINGTON, DC 20005 47-4792944	SEE PART VII	DC	0	0	NAT PARK FDN

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	(g) No

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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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	(i) Section 512(b)(13) controlled entity? No

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

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

		Yes	No
1 During the tax year, did the orgranization 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

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) Disproprtionate 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
SCHEDULE R, PART I, LINE (1), COLUMN (B):	PRIMARY ACTIVITY: FACILITATE LAND DONATIONS